



## Subject Specific Grant Guide

# Grants to Support Public Health Projects

This guide identifies funding opportunities released in the previous year. Please note that this guide may not capture all available funding opportunities. Additionally, some programs may have changed or may not be released due to shifting administrative priorities among funding agencies. The grants included here represent traditionally offered opportunities intended to serve as a reliable foundation for your funding research.

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## FEDERAL GRANT PROFILE



**Department:** U.S. Department of Health and Human Services  
**Agency:** Substance Abuse and Mental Health Services Administration

### FY 2024 Minority HIV/AIDS Initiative: Integrated Behavioral Health and HIV Care for Unsheltered Populations Pilot Project

#### Grant Overview

The purpose of this program is to pilot a portable clinical care approach to underserved populations experiencing unsheltered homelessness by integrating behavioral health, HIV treatment, and prevention services. Projects will pilot comprehensive health care services to persons sleeping in settings not designed for shelter, such as cars, encampments, transportation settings, or abandoned buildings. Eligible applicants are state and local governments, tribal organizations, community-based public and private nonprofits, programs operated by or in accordance with a contract or award with the Indian Health Service, and public or nonprofit entities, including faith-based organizations.

#### Program History

Three awards were made under this pilot program in FY 2023 totaling \$2M.

#### Key Information and Tips

**Total Funding:** \$ 2.6 million

**Award Range:** up to \$666,666

**Match:** Not required

**Solicitation Date:** May 9, 2024

**Proposal Due:** July 8, 2024

<https://www.samhsa.gov/grants/grant-announcements/ti-24-013>



#### Tips:

- The funding agency expects recipients to implement high-quality programs, practices, and policies that are recovery-oriented, trauma-informed, and equity-based to improve behavioral health.
- Award recipients are encouraged to address the behavioral health needs of active-duty military service members, national guard, reserve service members, veterans, military families and the LGBTQI+ population.

**Department:** U.S. Department of Health and Human Services

**Agency:** Substance Abuse and Mental Health Services Administration

# FY 2024 Minority HIV/AIDS Initiative: Integrated Behavioral Health and HIV Care for Unsheltered Populations Pilot Project

## Detailed Summary

The purpose of this program is to pilot a portable clinical care approach to underserved populations experiencing unsheltered homelessness by integrating behavioral health, HIV treatment, and prevention services. Projects will pilot comprehensive health care services to persons sleeping in settings not designed for shelter, such as cars, encampments, transportation settings, or abandoned buildings. The program's approach focuses on "meeting people where they are," with the aim of improving their overall health and quality of life.

Through this program, the funding agency aims to improve health care for people experiencing unsheltered homelessness while learning, through the experience of supported projects, best practices for substance use disorder (SUD), HIV, viral hepatitis, sexually transmitted illness (STI), mental health, and harm reduction service delivery by providing portable clinical care. Portable clinical care promotes direct outreach by bringing services and providers out of the clinic and into the places where people are in need of services. This approach will allow recipients to provide behavioral health care services that address many of the reasons unsheltered individuals do not engage with the health care system.

Required project activities include:

- Provision of basic primary health care services and supplies
- Low-barrier substance use disorder treatment
- Taking a systemic approach to address infectious diseases and conditions, including HIV/AIDS, STIs, viral hepatitis, monkeypox (Mpox), and tuberculosis, as appropriate
- Harm reduction services
- Mental health care, treatment, and referral
- Providing care coordination and case management services to address infectious diseases and the social determinants of health, including housing
- Documenting best practices and lessons learned while implementing integrated care using a portable clinical care approach; and disseminating findings from pilot projects
- Additional optional allowable activities include:
  - Training/workforce development
  - Incorporating undetectable = untransmittable (U=U) messaging in communication strategies
  - Addressing the intersection between oral and behavioral health by providing dental kits to promote oral health for individuals experiencing unsheltered homelessness
  - Distributing over-the-counter medications, as needed
  - Distributing hygiene kits, as needed

- Developing formal partnerships to provide recovery support services (RSS), including peer support services
- Purchasing tents or similar other temporary and moveable structures
- Distribute safer sex kits, including condoms
- Providing equipment and supplies to enhance harm reduction efforts
- System capacity building

All projects must include a project director at a minimum of 25 percent level of effort, a project coordinator at 100 percent level of effort, and a project evaluator at a minimum of 25 percent level of effort. Recipients are encouraged to consider hiring people with lived experience.

The funding agency expects recipients to implement high-quality programs, practices, and policies that are recovery-oriented, trauma-informed, and equity-based to improve behavioral health.

Award recipients are encouraged to address the behavioral health needs of active-duty military service members, national guard and reserve service members, veterans, and military families. Award recipients are also encouraged to address the behavioral health needs of the LGBTQI+ population.

The funding agency will hold virtual award recipient meetings and expects recipients to fully participate in these meetings.

## Applicant Eligibility

Eligible applicants are states, the District of Columbia, and territories, political subdivisions of states, Indian tribes and tribal organizations, community-based public and private nonprofit entities, programs operated by or in accordance with a contract or award with the Indian Health Service, and other public or private nonprofit entities, including faith-based organizations.

Consortia of tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval. A single tribe in the consortium must be the legal applicant, the recipient of funding, and the entity legally responsible for satisfying award requirements.

The funding agency believes that only existing, experienced, and appropriately credentialed organizations with an established record of service delivery and expertise will be able to provide required services for this program. Applicants are encouraged to include appropriately credentialed organizations that provide services to underserved, diverse populations. All required activities must be provided by applicants directly, by subrecipients, or through referrals to partner agencies.

The funding agency expects to make one award to an applicant serving rural areas, pending sufficient application volume.

An applicant may submit more than one application, as long as each application focuses on a different population of focus or a different geographic/catchment area. The project title must be different for each application. If more than one application is received from an eligible entity serving the same geographic catchment area, only the highest scoring application serving that geographic area will be considered for funding. Entities that received FY 2023 funding from the Portable Clinical Care Pilot Project program are not eligible to apply.

## Funding

An estimated \$2.6 million is expected to be available to support up to four cooperative agreements of up to \$650,000 per year through this program. The funding agency expects to make one award to an applicant serving rural areas, pending sufficient application volume.

Awards are expected to be issued no later than September 29, 2024.

The project period is expected to begin on September 30, 2024, and will last up to three years. Award recipients are expected to begin the delivery of services by the fourth month of the project period. Annual continuation awards will depend on the availability of funds, progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

If the award recipient meeting for this program is held in-person, award recipients will be permitted to revise their project budgets to include in it the costs of attendance.

Award recipients or treatment or prevention providers may provide up to a \$30 non-cash incentive to individuals to participate in required data collection follow-up. For projects including contingency management as a component of the treatment program, each individual contingency must be \$15 or less in value, and clients may not receive contingencies totaling more than \$75 per budget period.

Minor alterations and renovations may be authorized for up to 25 percent of a given budget period or \$150,000, whichever is less, for existing facilities, if necessary and appropriate to the project. Costs of food for individuals receiving services may not exceed \$10 per person, per day. Vehicle purchases may be allowed with prior funding agency approval.

## Matching and Cost Sharing

Matching funds are not required for this program; however, if applicable, applicants must provide a description of existing resources and other support they expect to receive for the project as a result of cost matching. Other support is defined as funds or resources, whether nonfederal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions, or nonfederal means. Other sources of funds may be used for unallowable costs.

Award recipients must first use revenue from third-party payments, such as Medicare or Medicaid, to pay for uninsured or underinsured individuals. Recipients must implement policies and procedures that ensure other sources of funding are used first when available for such individuals. Award funds may be used for payment of services for individuals who are not covered by public or other health insurance programs.

## Contact Information

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<https://www.samhsa.gov/grants/grant-announcements/ti-24-013>



**Department:** U.S. Department of Health and Human Services  
**Agency:** Administration for Community Living

## FY 2024 Alzheimer's Disease Programs Initiative (ADPI): State and Community Grant Program Part A & B

### Grant Overview

The purpose of this program is to support and promote the development and expansion of dementia-capable home- and community-based service (HCBS) systems in states, communities and tribes. Eligible applicants are governmental entities within states and territories designated as state agencies for dementia capability; domestic private or public nonprofits; and community-based organizations (CBOs).

### Program History

	Total Funding	# of Awards
2022	\$9,202,878	10
2023	\$15,367,549	18

### Key Information

**Total Funding:** \$47.5 million

**Award Range:** \$850,000 - \$900,000 Part A; \$900,000 - \$1,000,000 Part B

**Match:** 25 percent

**Solicitation date:** April 12, 2024

**Proposal due:** June 11, 2024

More information can be found [here](#).



### Awardee Profile

Alabama Department of Senior Services  
Montgomery, AL

**AMOUNT:** \$1,130,000

**YEAR:** 2023

The grant funded the expansion of the PANDA project, which strives to enable people with Alzheimer's Disease to remain in their homes, allows caregivers to receive support reduce hospitalization, and seek to reduce overall cost associated with care. and economic need.

**Department:** U.S. Department of Health and Human Services

**Agency:** Administration for Community Living

# FY 2024 Alzheimer's Disease Programs Initiative (ADPI): State and Community Grant Program Part A & B

## Detailed Summary

The purpose of this program is to support and promote the development and expansion of dementia-capable home- and community-based service (HCBS) systems in states and communities. Funded awards will pilot and evaluate new or expanded community-level, dementia-capable HCBS programs.

Program goals are to:

- Fill gaps in services and supports both by providing HCBS to targeted special populations and by providing targeted training at the federal, state, and community levels
- Support activities informed by the work of both the National Alzheimer's Project Act (NAPA) Advisory Council on Research, Care, and Services and the RAISE Family Caregiving Advisory Council
- Pilot programs to states, tribes, and communities, evaluate program outcomes, and use outcome data to garner support for sustaining successful initiatives beyond the federal program period
- Advance non-clinical, social models of HCBS in support of people living with dementia and their caregivers
- Maximize the independence, well-being, and health of older adults, people living with disabilities, and their families and caregivers

Applicants must identify by name and describe the dementia-specific, evidence-based, or evidence-informed intervention they propose to implement. The application must include how the intervention will fit into the applicant's overall program and identify its intended beneficiaries, such as persons living with dementia or family caregivers.

Award recipients are required to dedicate 50 percent of the total program budget to the provision of direct services to persons living with dementia and their caregivers.

Funding will be provided for the following program components:

- (Part A): Grants to States
- (Part B): Grants to Communities

The purpose of the Grants to Communities component is to support public and private community-based organizations that operate within an existing dementia-capable HCBS system. Funding is designed to provide dementia-capable HCBS to targeted special populations, including education and training.

- Applicants are required to address all three of the following gap areas:

- Provision of effective supportive services to persons living alone with Alzheimer's disease and related dementias (ADRD)
- Improvement of the quality and effectiveness of programs and services dedicated to individuals aging with intellectual and developmental disabilities (IDD) with ADRD or those at high risk of developing ADRD
- Delivery of behavioral symptom management training and expert consultations for family caregivers

When developing the project and addressing the required gaps, applicants are encouraged to consider including activities that address the need for innovations in respite care, the needs of individuals with early onset dementia and their caregivers, and/or building workforce capacity to deliver dementia-capable long-term services and supports through training.

Awards through this component are dedicated to filling service gaps identified through the work of, and recommendations from, the National Alzheimer's Project Act Advisory Council. Funded projects should align, where appropriate, with the 2022 National Strategy to Support Family Caregivers

## Applicant Eligibility

Eligible applicants are as follows:

(Option A): Grants to States: Eligible applicants are governmental entities within states and territories designated as state agencies for dementia capability.

Applicants must describe in the application any partnerships or collaborations that will be involved in the project.

Applicants must not have active awards through this program overall. Priority consideration will be given to applicants that have not benefited from the funding agency's Alzheimer's and dementia grant programs since before 2014. Applicants that have benefited from an Alzheimer's program offered by the funding agency between 2014 and 2020 must provide details of the previous dementia systems project and how the new proposed project builds upon or enhances previously funded work.

(Option B): Grants to Communities: Eligible applicants are domestic private or public nonprofit, community-based organizations (CBOs) able to demonstrate that they meet all the following criteria:

- Currently operating within an existing dementia capable home- and community-based service (HCBS) system dedicated to the population that they serve
- Identifying and fostering opportunities for new partnerships, educational opportunities, or expanded or additional services and supports in the targeted gap areas that would enhance and strengthen the HCBS existing system, as well as the system's infrastructure and ability to implement such activities
- Already engaged in working relationships with their state agencies charged with creating and sustaining dementia-capable HCBS systems

In addition, applicants through this component should be leaders in existing dementia-capable HCBS systems.

Applicants must describe in the application any partnerships or collaborations that will be involved in the project.

Applicants may have no more than one award through this program overall at a time.

## Funding

In FY 2024, An estimated total of \$47,537,320 is available to support approximately 49 cooperative agreements through this program overall. Funding will be dispersed as follows:

- (Option A): Grants to States: An unspecified amount of funding available through this component to support cooperative agreements ranging from approximately \$800,000 to \$900,000.
- (Option B): Grants to Communities: An unspecified amount of funding available through this component to support cooperative agreements ranging from approximately \$900,000 to \$1 million.

In addition to providing monetary awards, this program will provide technical assistance, including regularly scheduled technical assistance conference calls, webinars, learning collaboratives, and one-on-one technical assistance opportunities initiated by the funding agency's staff, resource center staff, or the award recipient.

The project period will last 36 months and will consist of three 12-month budget periods. The project period is anticipated to start on September 1, 2024.

All projects must involve phased project implementation, including a planning phase and implementation phase. Applicants must propose a planning phase of no less than six months from the award notification date. During the planning phase, award recipients will be able to access no more than 15 percent of the total award amount to refine and expand on the work and evaluation plans submitted with their applications.

At least 50 percent of the total award amount must be dedicated to the provision of direct services. Funding may be used for meals only in limited circumstances linked to program activities, such as during travel or when approved in advance by the funding agency.

## Matching and Cost Sharing

Applicants must provide at least 25 percent of the total project costs via nonfederal cash and/or in-kind contributions.

The matching requirement may be met through any combination of:

- Cash contributed by the applicant organization
- Cash contributed by partners or other third parties
- In-kind (non-cash) contributions from third parties

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<https://www.grants.gov/search-results-detail/349507>



**Department:** U.S. Department of Health and Human Services

**Agency:** Health Resources and Services Administration

## FY 2025 Behavioral Health Workforce Education and Training Program for Paraprofessionals

### Grant Overview

The purpose of this program is to develop and expand community-based experiential training, such as field placements and internships to increase the skills, knowledge, and capacity of students preparing to become mental health workers, peer support specialists, and other behavioral health paraprofessionals. Eligible applicants are state-licensed mental health training providers that are: public or private institutions of higher education; non-profits with or without 501(c)(3) status; hospitals; HRSA-funded health centers and Federally Qualified Health Centers (FQHCs); rural health clinics; other community-based clinical settings; state and local governments; and Native American tribal governments and organizations.

### Program History

No program history is available.

### Key Information and Tips

**Total Funding:** Up to \$10.9 million

**Match:** Not required

**Solicitation date:** January 15, 2025

**Proposal due:** April 1, 2025

<https://www.hrsa.gov/grants/find-funding/HRSA-25-066>



### Tips

- A special focus is placed on projects related to children, adolescents, and transitional-age youth (young adults) who have experienced trauma and are at risk for behavioral health disorders, including anxiety, depression, and substance use disorder.

**Department:** U.S. Department of Health and Human Services

**Agency:** Health Resources and Services Administration

# FY 2025 Behavioral Health Workforce Education and Training Program for Paraprofessionals

## Detailed Summary

The purpose of this program is to develop and expand community-based experiential training, such as field placements and internships to increase the skills, knowledge, and capacity of students preparing to become mental health workers, peer support specialists, and other behavioral health paraprofessionals.

The program has a special focus on developing knowledge and understanding of the needs of children, adolescents, and transitional-age youth who have experienced trauma and are at risk for behavioral health disorders, including anxiety, depression, and substance use disorder. It emphasizes developmental opportunities and educational support in interprofessional collaboration by using team-based care in integrated behavioral health and primary care settings to improve the distribution of a well-trained behavioral health workforce. It also aims to recruit a workforce that is interested in serving high-need and high-demand areas.

All training will be separated into two levels:

- **Level 1: Pre-service:** Includes didactic and experiential field training
- **Level 2: In-service (optional):** Training at a registered Department of Labor apprenticeship site

Program objectives include:

- Establishing and enhancing relationships with community-based partners to expand and improve access to quality behavioral health services in high-need and high-demand areas
- Promoting collaborative training by using team-based models of care in integrated or interprofessional behavioral health and primary care settings
- Recruiting a workforce interested in working with children, adolescents, and transitional-age youth in high-need communities

An applicant must design the project to meet the following expectations:

- Provide a Level 1 pre-service training program, including didactic and experiential field training
- Provide required tuition and stipend support to Level 1 pre-service and, as applicable, Level 2 in-service trainees for no less than six consecutive months and no more than 12 consecutive months (or 24 months for part-time students)
  - It is encouraged to provide a special focus on paraprofessional child and adolescent mental health workers in Level 1 and Level 2 training, including training to increase skills and capacity to meet the needs of children, adolescents, and transitional-age youth who have experienced trauma

- Recruit individuals for training as mental health workers, peer support specialists, and other behavioral health paraprofessionals interested in serving high-need and high-demand areas
- Improve trainees' cultural competence to meet the needs of underserved communities. Provide training based on the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care Standards
- Demonstrate knowledge and understanding of the concerns of the population served, especially individuals with mental health disorder symptoms or diagnoses, particularly children, adolescents, and transitional-age youth
- Establish or leverage partnerships with community-based organizations and tribal colleges to provide experiential training, career development, and job placement following completion of training
- Enhance existing certificate training programs with curriculum development or other improvements, including experiential learning in the form of field placements or internships
- Incorporate technology integration by providing options for distance learning, didactic and experiential training activities, and telehealth services, and by increasing digital health literacy
- Promote the integration of behavioral health into primary care, school-based, and interprofessional settings to improve access to quality behavioral health services in high-need and high-demand areas
- Conduct continuous quality improvement and program evaluation at the completion of the period of performance
- Participate in federally designed evaluations to assess program effectiveness upon request
- Collaborate regularly with other BHWET Program for Paraprofessionals grant recipients to leverage resources and enhance interprofessional training opportunities

For Level 2: In-service training/apprenticeship (optional)

- If implementing Level 2 in-service training, aim for at least 35 percent of those who complete Level 1 pre-service training to enter a Level 2 in-service registered apprenticeship program for each year of the grant. The applicant will serve as the conduit between the Level 1 step and the apprenticeship training program
- Level 2 in-service training consists of an apprenticeship with on-the-job training that happens after Level 1 pre-service training. This model combines on-the-job training with instruction and emphasizes team-based practices to attain skills that meet national standards. The model also involves progressive increases in an apprentice's wages
- Develop a registered apprenticeship program or establish a partnership with an existing registered apprenticeship program that has been registered with the Department of Labor or a state apprenticeship agency. Tribes or tribal organizations may request to use the Indian Health Service Community Health Aide Program model of apprenticeship

## **Applicant Eligibility**

Eligible applicants are state-licensed mental health training providers that are: public or private institutions of higher education; non-profits with or without 501(c)(3) status; hospitals; HRSA-funded health centers and Federally Qualified Health Centers (FQHCs); rural health clinics; other community-based clinical settings; state and local governments; and Native American tribal governments and organizations.

The applicant's training program must be either accredited by a nationally recognized accrediting agency, as specified by the U.S. Department of Education, or approved by a state or tribal government to provide a behavioral health-related training program. The applicant must provide a copy of its active accreditation or

active approval from the state government as an attachment. The applicant must maintain its accreditation or state approval status throughout the period of performance and notify the funder of any change in status.

## Funding Details

In FY 2025, approximately \$10.9 million dollars is available to support an estimated 29 awards for up to \$500,000 a year.

Applicants pursuing Level 1: Pre-service training awards can request up to \$350,000 per year. Applicants pursuing both Level 1: Pre-service and Level 2: In-service training awards may request up to \$500,000 a year.

The project period includes four 12-month budget periods for a total 4-year performance period from September 1, 2025 to August 31, 2029. The applicant's request for years 2, 3, and 4 cannot exceed its year 1 request.

## Cost Sharing and Matching

There is no required cost match.

## Contact Information

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<https://www.hrsa.gov/grants/find-funding/HRSA-25-066>

## FEDERAL GRANT PROFILE



**Department:** U.S. Department of Health and Human Services  
**Agency:** Centers for Disease Control and Prevention (CDC)

# FY 2024 Behavioral Risk Factor Surveillance System (BRFSS): Impact on Population Health

### Grant Overview

The purpose of this program is to provide financial and technical aid to help communities monitor behavioral risk factors and chronic health conditions among adults across the United States. Eligible applicants are local governments; special district governments; independent school districts; public, state-controlled, and private institutions of higher education; federally recognized Native American tribal governments; public housing authorities and Indian housing authorities; Native American tribal organizations; nonprofit organizations; and for-profit organizations and small businesses.

### Program History

There is no available history for this program.

### Key Information

**Total Funding:** \$159 million

**Award Range:** Up to \$600,000

**Match:** Not required

**Solicitation Date:** February 13, 2024

**Proposal Due:** April 15, 2024

<https://www.grants.gov/search-results-detail/349236>



### Tips

- Applicants are required to develop and maintain collaborative relationships with other CDC-funded programs, projects, and organizations; as well as community members and organizations.
- Award recipients must participate in annual program meetings. Budgets must include costs for two individuals to participate.

**Department:** U.S. Department of Health and Human Services

**Agency:** Centers for Disease Control and Prevention (CDC)

# FY 2024 Behavioral Risk Factor Surveillance System (BRFSS): Impact on Population Health

## Detailed Summary

The purpose of this program is to provide financial and technical aid to help communities monitor behavioral risk factors and chronic health conditions among adults across the United States. The program's objective is to monitor health risk behaviors at various administrative levels by using standardized telephone questionnaires. The data will be collected specifically for use for public health purposes by state health departments, U.S. territories, freely associated states, and the funding agency. The use of state and local government surveillance systems can improve public health by helping local public health agencies:

- Closely monitor health disparities
- Implement targeted preventive efforts
- Address emerging public health situations
- Highlight health disparities in under-represented communities

Program strategies include:

- Strategy 1: collecting data and developing plans:
  - Collecting BRFSS data
  - Innovating the process
  - Planning the surveillance
- Strategy 2: building community partnerships:
  - Collaborating with community advisory groups
  - Growing strategic partnerships
- Strategy 3: conducting outreach and education:
  - Sharing information with under-represented communities
  - Hosting community meetings

All award recipients must report on the following outcomes:

- More timely access to BRFSS data for local areas
- Expanded communication and marketing campaigns with under-represented communities' partners or advisory groups related to accessing the data
- Greater sharing and use of data among partners that promote health equity within under-represented communities

The program focuses primarily on adults over the age of 18 who do not live in institutions. The focus population must include under-represented populations, including:

- Rural and frontier communities that are consistently below U.S. poverty levels
- Those affected by health disparities
- Organizations that form partnerships with under-represented communities

Project activities will align with the funding agency's Healthy People 2030 focus areas, including:

- Cancer
- Social Determinants of Health
- Access to Health Services
- Quality of Life and Well-Being
- Diabetes
- Older Adults
- Binge Drinking
- Smoking
- Physical Activity

## Applicant Eligibility

Eligible applicants are local governments; special district governments; independent school districts; public, state-controlled, and private institutions of higher education; federally recognized Native American tribal governments; public housing authorities and Indian housing authorities; Native American tribal organizations; nonprofit organizations; and for-profit organizations and small businesses.

Applicants are required to develop and maintain collaborative relationships with other Centers for Disease Control and Prevention (CDC)-funded programs, projects, and organizations; as well as community members and organizations.

## Funding

In FY 2024, an estimated \$159 million is expected to be available to support approximately 57 cooperative agreements through this program. An estimated \$31.8 million is expected to be available for each budget period, with awards ranging from \$70,000 to \$600,000, and averaging from \$125,000 to \$450,000, per 12-month budget period.

Projects are expected to start on August 1, 2024. Project periods will span five years, divided into 12-month budget periods.

There will only be one awarded recipient per state, territory, or freely associated state.

## Matching and Cost-Share

Matching funds are not required for this program.

## Contact Information

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<https://www.grants.gov/search-results-detail/349236>

## FEDERAL GRANT PROFILE



**Department:** U.S. Department of Health and Human Services  
**Agency:** Health Resources and Services Administration

# FY 2025 Black Lung Clinics Program

### Grant Overview

The purpose of this program is to reduce the morbidity and mortality associated with occupation-related coal mine dust lung disease (CMDLD), also known as black lung disease, by providing medical services, outreach services, educational services, and benefits counseling services. Eligible applicants are state, public, and private entities, including public and private institutions of higher education; nonprofit organizations with or without 501(c)(3) status; for-profit organizations, including small businesses; state, county, city, township, and special district governments, including the District of Columbia, domestic territories, and the freely associated states; independent school districts; federally qualified health centers (FQHCs), community health centers, and rural health clinics (RHCs) and hospitals, including rural emergency hospitals; and Native American tribal governments or tribal organizations.

### Program History

Program history is not available.

### Key Information

**Total Funding:** \$12 million

**Award Range:** Varies by service area

**Match:** Not required

**Solicitation date:** December 12, 2024

**Proposal due:** February 11, 2025

<https://grants.gov/search-results-detail/355370>



### Tips

- The funding agency plans to fund awards in five 12-month budget periods for a total five-year period of performance from July 1, 2025 to June 30, 2030.
- The program and awards depend on the appropriation of funds and are subject to change based on the availability and amount of appropriations.
- You must propose to serve the entirety of the service area you are applying to cover.
- You must propose only one service area unless you are a state entity and propose to serve the entire state.

**Department:** U.S. Department of Health and Human Services

**Agency:** Health Resources and Services Administration

## FY 2025 Black Lung Clinics Program

### Detailed Summary

The purpose of this program is to reduce the morbidity and mortality associated with occupation-related coal mine dust lung disease (CMDLD), also known as black lung disease, by providing medical services, outreach services, educational services, and benefits counseling services. All projects must provide the following minimum services:

- Access to medical staff: staff must include a contracted or on-site, board-certified physician with special training or experience in the diagnosis and treatment of respiratory diseases as well as a patient care coordinator
- Patient education and outreach: award recipients must deliver current, evidence-based information to coal miners in a variety of formats and forums
- Lung function testing: award recipients must offer on-site resting spirometry and oximetry, with or without a bronchodilator challenge
- Chest imaging: award recipients must offer posteroanterior chest x-rays (CXR) conducted by a contracted or on-site, board-certified radiologist and interpreted by a certified B-reader
- Pulmonary rehabilitation: award recipients must offer accredited phase II and phase III pulmonary rehabilitation services on-site, through contract, or by referral
- Lung disease treatment: award recipients must provide current, evidence-based information and treatment to coal mine dust-induced lung disease; and evaluate and treat or refer coal miners for commonly associated conditions
- Compensation counseling: award recipients must help miners file federal black lung, state worker's compensation, and Social Security Disability Insurance claims, as appropriate
- Department of Labor (DOL) examination: award recipients must be able to refer patients to an approved and certified DOL medical examiner
- Data collection: award recipients must collect patient-level data as prescribed by the funding agency and report across all project years
- Technical assistance: award recipients must participate in programmatic technical assistance from the Black Lung Data and Resource Center

Award recipients are also expected to provide additional services, which will vary depending on the service areas they serve.

### Applicant Eligibility

Eligible applicants are state, public, and private entities, including public and private institutions of higher education; nonprofit organizations with or without 501(c)(3) status; for-profit organizations, including small businesses; state, county, city, township, and special district governments, including the District of Columbia, domestic territories, and the freely associated states; independent school districts; federally qualified health

centers (FQHCs), community health centers, and rural health clinics (RHCs) and hospitals, including rural emergency hospitals; and Native American tribal governments or tribal organizations.

Eligible entities may be located in any state, the District of Columbia, American Samoa, Guam, the Republic of the Marshall Islands, the Federated States of Micronesia, the Northern Mariana Islands, the Republic of Palau, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands.

## Funding

In FY 2025, approximately \$12 million is expected to be available to support up to 15 awards through this program. The funding agency intends to make one award per service area. Award amounts will vary by service area.

Awards are expected to be issued by July 1, 2025. Project periods will span five years, beginning on July 1, 2025, and ending on June 30, 2030. Project periods will consist of five 12-month budget periods. Funding beyond the first year will depend on funding availability, satisfactory project progress, and a decision that continued funding is in the government's best interest. Project income must be used for approved project-related activities.

## Matching and Cost Sharing

Matching funds are not required for this program and will not be considered during the application evaluation process. However, applicants will be held accountable for any matching funds they propose in their applications.

## Contact Information

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<https://grants.gov/search-results-detail/355370>

## FEDERAL GRANT PROFILE



**Department:** U.S. Department of Health and Human Services

**Agency:** Centers for Disease Control and Prevention (CDC)

# FY 2024 Capacity Building Assistance (CBA) for HIV Prevention Programs to End the HIV Epidemic in the United States

### Grant Overview

The purpose of this program is to strengthen the capacity and improve the performance of the nation's HIV workforce. Funding will support a network of providers to implement a multicomponent program that builds individual competencies and technical expertise; strengthens organizational capacities; and enables supportive structural environments for the nation's HIV workforce to plan, integrate, implement, evaluate, and sustain HIV prevention and surveillance programs. Eligibility for this program is unrestricted.

### Program History

There is no available history for this program.

### Key Information

**Total Funding:** \$25,500,000

**Award Range:** Varies

**Match:** Not required

**Solicitation date:** March 21, 2024

**Proposal due:** March 31, 2024 (LOI), April 30, 2024 (Full Application)

More information can be found [here](#).



### Tips

- CDC will prioritize High-Impact Prevention (HIP) interventions, public health strategies, and topics of national importance for training development and dissemination.
- Applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals.

**Department:** U.S. Department of Health and Human Services

**Agency:** Centers for Disease Control and Prevention (CDC)

# FY 2024 Capacity Building Assistance (CBA) for HIV Prevention Programs to End the HIV Epidemic in the United States

## Detailed Summary

The purpose of this program is to strengthen the capacity and improve the performance of the nation's HIV workforce. Funding will support a network of providers to implement a multicomponent program that builds individual competencies and technical expertise; strengthens organizational capacities; and enables supportive structural environments for the nation's HIV workforce to plan, integrate, implement, evaluate, and sustain HIV prevention and surveillance programs. This program also promotes and supports national HIV prevention goals and strategies, the Centers for Disease Control's (CDC's) High-Impact Prevention (HIP) approach, and the Division of HIV Prevention's health equity priorities of addressing social determinants of health (SDOH) and syndemics affecting HIV-related outcomes.

This program will constitute a national CBA Provider Network (CPN) to deliver CBA services to an interdisciplinary HIV workforce within CDC-funded community-based organizations (CBOs), state and local health departments, and their local partners. The CPN will implement the following six interrelated program components:

Component A: Technical Assistance to Enhance Integrated HIV Activities for Health Department Jurisdictions: required strategies and activities include:

- Collaborate and engage with a broad spectrum of national partners, including organizations that represent hepatitis/sexually transmitted infection (STI) programs, that have common interests and that represent state, territorial, and local health department jurisdictions HIV prevention and surveillance programs
- Establish, cultivate, and maintain collaborative strategic partnership(s) with other national partner(s) in support of HIV prevention and surveillance programs

Component B: Instructor-Led Training for High-Impact HIV Prevention Programs: required strategies and activities include:

- Develop new in-person and/or virtual instructor-led training packages for a minimum of four HIP interventions, public health strategies, and/or topics of national importance per budget year
- In consultation with CDC, maintain and/or update content for existing in-person and/or virtual instructor-led training curricula and related materials for HIP interventions, public health strategies, and topics of national importance to reflect the most advanced science and practice

Component C: eLearning Training for High-Impact HIV Prevention Programs: required strategies and activities include:

- Develop new asynchronous web-based training using CDC-approved software for a minimum of four courses that may comprise of HIP interventions, public health strategies, and/or topics of national importance per budget year
- Maintain, update, and transition existing content from classroom training to asynchronous web-based training using CDC-approved software

Component D: Technical Assistance for High-Impact HIV Prevention Programs: required strategies and activities include:

- Deliver customized technical assistance to meet the needs of directly funded entities and their partners as requested through the CBA tracking system
- In partnership with CDC, support implementation of interventions and public health strategies that are part of DHP's current HIV programmatic funding opportunities and programmatic priorities

Component E: Organization/Workforce Development and Management for Community-Based Organizations: required strategies and activities include:

- Develop and deliver technical assistance products and services for CBOs to address organizational challenges related to Component E focus content areas
- Provide technical assistance for CBOs on the allocation and leveraging of HIV prevention fiscal resources to implement, expand, and sustain whole-person and syndemic approaches

Component F: CPN Resource and Coordination Center: required strategies and activities include:

- Develop and implement national marketing plans to increase visibility, accessibility, and utilization of the CBA program and available services by CDC-funded jurisdictions, CBOs and their local partners
- Develop and/or implement a CPN Resource Center including allowing support and maintenance of an interactive and user-friendly platform for CBA Provider use

## Applicant Eligibility

Eligibility for this program is unrestricted.

Applicants may submit only one application and one Letter of Intent (LOI) to this program; but may apply for a maximum of two (2) components. An application with more than 2 components will be deemed nonresponsive, and the application(s) will receive no further review.

## Funding

In FY 2024, approximately \$25.5 million is available to support approximately 15 cooperative agreements through this program. The total funding available for this program across the five-year period of performance is \$127.5 million. The approximate number of awards and the approximate average award amount per budget period will vary according to component, as follows:

- Component A: 1 award of \$2,500,000
- Component B: 1 award of \$3,500,000
- Component C: 1 award of \$2,000,000
- Component D: Up to 10 awards of \$14,000,000
- Component E: 1 award of \$2,250,000

- Component F: 1 award of \$1,250,000

The approximate average award amount will be approximately \$2,150,000 per period of performance.

The estimated award date for this program is July 1, 2024. The total period of performance length is five years, and the length of each budget period is 12 months.

## Matching and Cost Sharing

Cost sharing or matching funds are not required for this program. However, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

## Contact Information

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## FEDERAL GRANT PROFILE



**Department:** U.S. Department of Health and Human Services  
**Agency:** Centers for Substance Abuse Treatment

# FY 2024 Community-Based Maternal Behavioral Health Services Program

### Grant Overview

The purpose of this program is to improve access to evidence-based, timely, and culturally relevant maternal mental health and substance use intervention and treatment by strengthening community referral pathways. Eligible applicants are state, local, tribal and territorial governments and organizations as well as nonprofits community-based entities and primary care and behavioral health organizations.

### Program History

This is a new program.

### Key Information

**Total Funding:** \$15 million

**Award Range:** up to \$2.5 million

**Match:** None

**Solicitation Date:** June 26, 2024

**Proposal Due:** August 26, 2024

<https://www.samhsa.gov/grants/grant-announcements/sm-24-013>



### Tips:

- Recipients are encouraged to address the behavioral health needs of active-duty military service members, national guard and reserve service members, veterans, and military families in designing and implementing their programs.
- Recipients are encouraged to develop policies and procedures that identify individuals at risk of suicide/crisis; and utilize or promote SAMHSA national resources, such as the [988 Suicide & Crisis Lifeline](#), the [SAMHSA Helpline/Treatment Locator](#), and [FindSupport.gov](#).

**Department:** U.S. Department of Health and Human Services

**Agency:** Centers for Substance Abuse Treatment

## **FY 2024 Community-Based Maternal Behavioral Health Services Program**

### **Detailed Summary**

The purpose of this program is to improve access to evidence-based, timely, and culturally relevant maternal mental health and substance use intervention and treatment by strengthening community referral pathways. With this program, the funding agency aims to improve maternal behavioral health outcomes and reduce mortality in the perinatal and postpartum period.

Applicants must plan to implement all of the following required activities:

- Collaborate with pregnancy and postpartum health care organizations
- Refer individuals in need of culturally responsive, evidence-based mental health and/or substance use treatment and resources, including peer support services, to behavioral health service entities
- Provide short-term mental health and substance use services if an individual cannot access care
- Conduct a program readiness review (PRR)
- Develop a memorandum of understanding (MOU)
- Develop a program implementation plan (PIP)
- Establish a behavioral health team
- Develop a training plan
- Develop a sustainability plan
- Develop an internal program evaluation plan

Funds may also be used for the following activities:

- Provide training and technical assistance in systems-level change and leveraging of community partnerships
- Provide psychiatric and/or addiction case consultation to referring perinatal health care organizations
- Provide support for the prenatal or postpartum individual's children and/or family members

### **Applicant Eligibility**

Eligible applicants are state, local, tribal and territorial governments and tribal organizations. Also eligible are community-based nonprofit entities and primary care and behavioral health organizations. A provider or behavioral health organization for direct client behavioral health for perinatal and postpartum individuals, which includes both mental health and substance use services appropriate to the award, must be involved in the project. The provider or behavioral health organization may be the applicant or other another organization committed to the project. More than one provider or behavioral health organization may be involved. Each

provider and/or behavioral health organization must have at least five years of experience providing relevant services and must be in compliance with all applicable local and state licensing, accreditation, and certification requirements as of the application due date. If an organization is submitting more than one application, the project title must be different for each application.

## Funding

In FY 2024, an estimated \$15 million is available to support an estimated six cooperative agreements of up to an estimated \$2.5 million through this program. Awards are expected to be issued on November 15, 2024. The project period is expected to begin on November 30, 2024, and will last up to five years. Award recipients are expected to begin the delivery of services by the sixth months after award. Award recipients will receive all five years of funding in the initial award but are allowed to use no more than \$500,000 for each year.

## Matching and Cost Sharing

Matching funds are not required for this program; however, if applicable, applicants must provide a description of existing resources and other support they expect to receive for the project as a result of cost matching. Other support is defined as funds or resources, whether nonfederal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions, or nonfederal means. Other sources of funds may be used for unallowable costs.

## Contact Information

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<https://www.samhsa.gov/grants/grant-announcements/sm-24-013>

## FEDERAL GRANT PROFILE



**Department:** U.S. Department of Health and Human Services  
**Agency:** Office of Minority Health

# FY 2024 Community-Level Innovations for Improving Health Outcomes

## Grant Overview

The purpose of this program is to support projects to demonstrate that community-level innovations that reduce barriers related to social determinants of health (SDOHs) can increase use of preventive health services and make progress toward leading health indicator (LHI) targets. LHIs are a subset of high-priority objectives from the funding agency's initiative selected to drive action toward improving health and well-being. SDOHs are described in HP2030 as conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Eligible applicants are private nonprofits and public entities located in any state, including private nonprofit or public faith-based organizations, community-based organizations, and American Indian/Alaska Native/Native American organizations.

## Program History

Program history is not available.

## Key Information

**Total Funding:** \$8 million

**Award Range:** \$475,000 to \$600,000

**Match:** None

**Solicitation Date:** March 5, 2024

**Proposal Due:** May 15, 2024

<https://www.minorityhealth.hhs.gov/>



## Tips:

- The funding agency encourages projects implemented by collaborative community networks that include community networks prepared to strengthen community support services, provide health resources, and help connect individuals to preventive health services.
- The funding agency encourages award recipients to partner with institutions of higher education that have trusted relationships with the population of focus to conduct evaluation activities.

**Department:** U.S. Department of Health and Human Services

**Agency:** Office of Minority Health

## **FY 2024 Community-Level Innovations for Improving Health Outcomes**

### **Detailed Summary**

The purpose of this program is to support projects to demonstrate that community-level innovations that reduce barriers related to social determinants of health (SDOHs) can increase use of preventive health services and make progress toward leading health indicator (LHI) targets. LHIs are a subset of high-priority objectives from the funding agency's Healthy People 2030 (HP2030) initiative selected to drive action toward improving health and well-being. SDOHs are described in HP2030 as conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Additional information regarding HP2030 can be found online at [health.gov/healthypeople](https://health.gov/healthypeople). Award recipients will implement innovations in social and supportive services that address SDOHs to reduce health disparities for populations of focus. Funding will support social and supportive services.

The specific goals of this program are to:

- Increase use of preventive health services through community-level innovations
- Improve health outcomes as measured by progress toward LHIs
- Reduce health disparities driven by SDOHs

The funding agency encourages projects implemented by collaborative community networks that include community networks prepared to strengthen community support services, provide health resources, and help connect individuals to preventive health services. Collaborative networks are also a key component of project development, implementation, and evaluation. The funding agency encourages award recipients to partner with institutions of higher education that have trusted relationships with the population(s) of focus to conduct evaluation activities.

Award recipients will be expected to:

- Build or maintain a sustainable collaborative network: recipients must create a network that includes community-based organizations (CBOs) and other entities that will participate in project activities, including ongoing strategic planning, implementation, quality improvement, data collection and analysis, and project evaluation
- Implement community-level innovations that impact up to two LHIs: recipients must use available national and local data to develop community-level innovations that will reduce barriers in two SDOH domains and increase the use of preventive health services
- Evaluate project processes and outcomes: recipients must evaluate processes and outcomes to assess project effectiveness and impact over the project period
- Share information about the project and its findings with the public: recipients must document and share project findings and results with the population(s) of focus, the public, and other interested parties

## Applicant Eligibility

Eligible applicants are private nonprofit and public entities located in any state, including private nonprofit or public faith-based organizations, community-based organizations, and American Indian/Alaska Native/Native American (AI/AN/NA) organizations. Eligible applicants include:

- State governments
- County, city, township, and special district governments
- Independent school districts
- Public and state-controlled institutions of higher education
- Federally recognized Native American tribal governments
- Public housing authorities and Indian housing authorities
- Native American tribal organizations
- Nonprofit organizations with or without 501(c)(3) status

For the purposes of this program, states include the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, the Commonwealth of Puerto Rico, the Trust Territory of the Pacific Islands, the U.S. Virgin Islands, and any agency or instrumentality thereof exclusive of local governments.

All award recipients must build or maintain a sustainable collaborative network. Network members should participate in project activities, including ongoing strategic planning, implementation, quality improvement, data collection and analysis, and project evaluation. Award recipients should create a network with the goal of being self-sustaining after the end of the project period. Network membership should include:

- Community-based organizations (CBOs) that provide social and supportive services that reduce SDOH-related barriers to preventive health services
- CBOs with experience in health promotion for populations experiencing health disparities
- Medical organizations

The funding agency encourages award recipients to partner with institutions of higher education that have trusted relationships with the population(s) of focus to conduct evaluation activities. Each applicant may submit only one application per project.

## Funding

In FY 2024, an estimated \$8 million is available to support approximately 14 awards ranging from \$475,000 to \$600,000 per budget period through this program. Awards are expected to be issued on July 10, 2024.

Project periods will span 48 months, consisting of 12-month budget periods. The estimated project start date is August 1, 2024. After 36 months, the funding agency anticipates offering applicants the opportunity to apply for funding for an additional budget period. Continuation funding is contingent upon the availability of funds, satisfactory project, appropriate stewardship of federal funds, and the best interests of the government. By the end of the first six months of the project period, award recipients must have established a network of organizations engaged through planned and/or existing partnerships; and must begin serving the population(s) of focus.

## Matching and Cost Sharing

Matching funds are not required for this program. The provision of matching contributions will only be considered in the overall review of the adequacy of a proposed project, and will not confer any preference, priority, or special consideration in the application evaluation process.

## Contact Information

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<https://www.minorityhealth.hhs.gov/>

## FEDERAL GRANT PROFILE



**Department:** U.S. Department of Health and Human Services  
**Agency:** Centers for Disease Control- NCCDPHP ATSDR

# FY 2024 Enhancing Reviews and Surveillance to Eliminate Maternal Mortality

## Grant Overview

The purpose of this program is to support the capacity for developing and implementing data-informed strategies to prevent pregnancy-related deaths and reduce disparities among disproportionately impacted populations by improving data availability and quality to better identify and characterize pregnancy-related deaths and related health inequities. Eligible applicants are agencies and organizations that coordinate and manage maternal mortality review committees (MMRCs) including state or local governments, academic institutions, Native American tribes, nonprofit organizations, private sector organizations, schools and school districts, and tribal organizations/institutions.

## Program History

Program history is not available for this funding opportunity.

## Key Information

**Total Funding:** \$133.7 million

**Award Range:** \$295,000 to \$860,000

**Match:** No match required.

**Solicitation Date:** March 18, 2024

**Proposal Due:** May 20, 2024

<https://www.grants.gov/search-results-detail/349738>



## Tips:

- Populations disproportionately affected by maternal mortality are designated and/or defined by applicant's jurisdiction and should be data informed.
- Examples of populations disproportionately affected by maternal mortality may include race (e.g., Alaskan Native, African American/Black), payor source (e.g., Medicaid), geographic residence (e.g., urban, rural) or other population characteristics relevant in an applicant's jurisdiction.

**Department:** U.S. Department of Health and Human Services

**Agency:** Centers for Disease Control- NCCDPHP ATSDR

# FY 2024 Enhancing Reviews and Surveillance to Eliminate Maternal Mortality

## Detailed Summary

The purpose of this program is to support the capacity for developing and implementing data-informed strategies to prevent pregnancy-related deaths and reduce disparities among disproportionately impacted populations by improving data availability and quality to better identify and characterize pregnancy-related deaths and related health inequities. The program will support maternal mortality review committees (MMRCs) in systematically and comprehensively reviewing deaths to develop recommended strategies for preventing future deaths.

In addition to monetary funding, technical assistance will be provided to award recipients in the form of training and presentations, as well as through access to expertise retained by the funding agency to support the overall program. Technical assistance may also be provided in the form of information sharing between MMRCs.

Award recipients will:

- Identify pregnancy-associated deaths
- Conduct vital records quality assurance
- Abstract clinical/non-clinical data into a standard data system, the Maternal Mortality Review Information Application (MMRIA)
- Conduct informant interviews to inform individual case review
- Conduct multidisciplinary case reviews by diverse committees
- Enter committee decisions into MMRIA
- Analyze data and share findings to inform prevention strategies that reduce pregnancy-related deaths, with a focus on reducing inequities

The required strategies and activities of this program include:

- Actions that improve availability, quality, and timeliness of MMRC data:
  - Fully operationalize the MMRIA system to support core MMRC functions
  - Comprehensively identify pregnancy-associated deaths
  - Implement approaches for improving quality of death records and for timely death record quality assurance
  - Apply a consistent process and standardized criteria for selecting deaths that will be fully abstracted for committee review
- Actions that improve multidisciplinary, population-level review of pregnancy-related deaths and documentation of recommendations for prevention:
  - Maintain a multidisciplinary review committee

- Maintain a diverse review committee
- Actions that improve dissemination, access to, and employment of quality MMRIA data to drive opportunities for prevention:
  - Establish an analytic plan for pregnancy-related MMRIA data
  - Establish a dissemination plan for information on pregnancy-related analyses
  - Implement dissemination strategies for data products and related information from pregnancy-related analyses
  - Develop and sustain bidirectional partnerships with communities that increase the utilization of MMRC data and increase the transparency of MMRC process and data
  - Leverage partnerships to support action on MMRC information and inform practice, program, and policy changes

## Applicant Eligibility

Eligible applicants are agencies and organizations that coordinate and manage maternal mortality review committees (MMRCs) including state, county, city and township governments, bona fide agents of state or local governments, independent school districts, institutions of higher education, federally or state recognized Native American /Alaska Native tribal governments, Native American tribal organizations, public/Indian housing authorities, nonprofit organizations, for profit organizations, and territorial governments or their bona fide agents in American Samoa, Guam, the Republic of the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, the Commonwealth of Puerto Rico, and the Virgin Islands.

Applicants are expected to maintain certain collaborations, including those that demonstrate an ability to share collected data with CDC per the Maternal Mortality Review Information App, legal authorities providing the MMRC access to clinical and non-clinical records and confidentiality protection of data collected, state/jurisdictional Vital Records offices, and Medicaid offices, among others.

## Funding

In FY 2024, \$133.7 million is available to support approximately 59 cooperative agreements ranging from \$295,000 to \$860,000 through this program. Award amounts are determined by the number of deaths per year in the applicant's jurisdiction:

- Up to 4: \$295,000
- 5 to 11: \$370,000
- 12 to 25: \$495,000
- 26 to 39: \$570,000
- 40 to 55: \$595,000
- 56 to 85: \$620,000
- At least 86: \$860,000

Funding is provided on a reimbursement basis. Awards are expected to be issued on September 30, 2024. The period of performance is five years, divided into budget periods of 12 months each.

## Matching and Cost Sharing

Matching funds are not required for this program.

## Contact Information

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<https://www.grants.gov/search-results-detail/349738>

## FEDERAL GRANT PROFILE



**Department:** U.S. Department of Health and Human Services  
**Agency:** Centers for Disease Control and Prevention (CDC)

# FY 2025 Environmental Health Specialists Network: Practice-Based Research to Improve Food Safety

### Grant Overview

The purpose of this program is to improve retail food safety by identifying evidence-based strategies for reducing risk factors in retail food establishments and supporting improved foodborne outbreak investigations. Eligible applicants are entities that can demonstrate governmental authority and responsibility to regulate and oversee retail food service establishments in their jurisdictions, including local governments; academic institutions; Federally recognized Native American tribal governments; nonprofit organizations; private sector organizations; schools and school districts; state governments; public/Indian housing authorities; and tribal organizations and institutions.

### Program History

There is no available history for this program.

### Key Information

**Total Funding:** \$10 million

**Award Range:** Varies

**Match:** Not required

**Solicitation Date:** August 29, 2024

**Proposal Due:** December 2, 2024

<https://www.grants.gov/search-results-detail/349236>



### Tips

- Approaches focused on understanding how to translate research on reducing and preventing foodborne illness risk factors into practice are particularly welcome.
- Applicants are encouraged to include in their research communities or populations disproportionately affected by foodborne illness.

**Department:** U.S. Department of Health and Human Services

**Agency:** Centers for Disease Control and Prevention (CDC)

## FY 2025 Environmental Health Specialists Network: Practice-Based Research to Improve Food Safety

### Detailed Summary

The purpose of this program is to improve retail food safety by identifying evidence-based strategies for reducing risk factors in retail food establishments and supporting improved foodborne outbreak investigations. Program funding will support programs in public health departments that will:

- As a funded member of EHS-Net, collaborate with other EHS-Net cooperative agreement recipients, Centers for Disease Control and Prevention (CDC), and other federal partners, through the EHS-Net Steering Committee and work groups, to:
  - Identify EHS-Net multisite retail food safety research project priorities at the annual EHS-Net recipient meetings
  - Develop and implement identified research projects
  - Manage, analyze, and interpret data from projects
  - Publish and disseminate findings from these projects
- Conduct environmental assessments during foodborne outbreak investigations in retail establishments and report outbreak environmental assessment data to CDC's National Environmental Assessment Reporting System (NEARS)
- Develop and conduct individual site retail food safety projects that address needs; manage, analyze, and interpret data from these projects; and disseminate findings

Supported projects will align with the National Center for Environmental Health's (NCEH's) goals of preventing or reducing illness, injury, and death related to environmental risk factors; and building and enhancing effective partnerships to improve environmental health capacity.

Research project topics of particular interest include:

- Food safety management systems
- Foodborne illness risk factors and practices that contribute to outbreaks, such as sick workers, inadequate temperature control of food, and inadequate cleaning and sanitizing
- Interventions to reduce foodborne illness risk factors
- Norovirus prevention and investigation
- Cottage food and food freedom regulations
- Restaurant inspection and outbreak investigation practices

Multisite and individual site research projects could involve a variety of approaches, including:

- Collecting interview and observation data on food worker and manager food safety policies and practices in retail establishments
- Developing, implementing, and evaluating interventions to improve retail food safety
- Evaluating food safety program activities such as inspection and investigation practices

Approaches focused on understanding how to translate research on reducing and preventing foodborne illness risk factors into practice are particularly welcome.

Applicants will be required to collaborate with applicable public health and regulatory agencies. In addition, applicants must be able to collaborate with epidemiology and laboratory staff in their health departments or in other agencies that conduct foodborne outbreak investigations.

Applicants are encouraged to include in their research communities or populations disproportionately affected by foodborne illness.

## Applicant Eligibility

Eligible applicants are entities that can demonstrate governmental authority and responsibility to regulate and oversee retail food service establishments in their jurisdictions, including state, county, city, township or special district governments; institutions of higher education; Federally recognized Native American tribal governments and organizations; public/Indian housing authorities; nonprofit organizations; and for-profit organizations. Applicants must demonstrate support through their epidemiology program for the Environmental Health Specialists Network (EHS-Net). In addition, applicants must demonstrate the project's principal investigator (PI) has a master's or doctorate degree in environmental or public health, epidemiology, or other related science, and experience in retail food safety. Applicant institutions may submit more than one application, provided that each application is scientifically distinct.

## Funding

In FY 2025, up to an estimated \$10 million is available to support up to 10 cooperative agreements through this program. The expected project period will span five years, with an initial project period of 12 months expected to begin on September 30, 2025. The maximum federal funding available per budget period is \$200,000. The additional four budget periods are expected to be issued depending on the availability of funds and the recipient's satisfactory progress.

## Matching and Cost-Share

Matching funds are not required for this program.

## Contact Information

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Financial and Grants Management Contact:

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<https://www.grants.gov/search-results-detail/349236>

## FEDERAL GRANT PROFILE



**Department:** U.S. Department of Health and Human Services  
**Agency:** Centers for Disease Control and Prevention

# FY 2025 Evaluate STEADI-based Fall Prevention in Assisted Living Facilities

### Grant Overview

The purpose of this program is to fund investigator-initiated research proposals to conduct a well-designed study within two or more assisted living facilities serving a diverse patient population to adapt, implement, and evaluate STEADI-based older adult (age 65+) fall prevention. Eligible applicants are state, county, city, township, and special district governments; independent school districts; private, public, and state controlled institutions of higher education; Native American tribal governments or organizations; public and Indian housing authorities; nonprofits; for profit organizations; small businesses; faith-based or community-based organizations; and regional organizations.

### Program History

Program history is not available.

### Key Information

**Total Funding:** \$2,800,000

**Award Range:** \$700,000 per budget period

**Match:** Not required

**Solicitation date:** August 29, 2024

**Proposal due:** December 2, 2024

- The period of performance is 4 years with \$700,000 in funds available for each year of the project.

<https://www.grants.gov/search-results-detail/353987>



### Tips:

- Applicants are expected to propose a methodology to adapt existing assisted living facility processes to include STEADI-based fall prevention.
- Applicants must identify and describe appropriate data sources and provide evidence of their ability to acquire and/or collect data.
- Applicants are encouraged to measure any unintended consequences of the STEADI approach.

**Department:** U.S. Department of Health and Human Services

**Agency:** Centers for Disease Control and Prevention

# FY 2025 Evaluate STEADI-based Fall Prevention in Assisted Living Facilities

## Detailed Summary

The purpose of this program is to fund investigator-initiated research proposals to conduct a well-designed study within two or more assisted living facilities serving a diverse patient population to adapt, implement, and evaluate STEADI-based older adult (age 65+) fall prevention.

The funding agency is particularly interested in research that focuses on populations experiencing high rates of older adult falls and fall injuries within these assisted living facilities. These disproportionately affected populations could include Tribal populations; rural populations; populations disadvantaged by reduced economic stability or limited education attainment; and populations with cognitive (e.g., dementia, Alzheimer's disease), comorbidities, or physical limitations.

A key priority of the Centers for Disease Control and Prevention's (CDC) National Center for Injury Prevention and Control is to reduce older adult falls. The CDC developed the Stopping Elderly Accidents Deaths and Injuries (STEADI) initiative based on the original American and British Geriatric Societies' guideline for the prevention of falls in older persons to assist healthcare providers with implementing fall prevention in primary care clinic settings. STEADI has four core components:

1. Screening older adults at least annually to determine if they have a high fall risk
2. Assessing those at risk to identify their modifiable risk factors
3. Intervening by recommending evidence-based strategies for each risk factor
4. Following up to encourage adherence to recommended strategies

STEADI provides tools, training, and resources for providers to make fall prevention a routine part of clinical care for older adults.

### The primary objectives of this program are:

- Rigorously assess the feasibility, acceptability, and usability of implementing the components (screen, assess, intervene, follow-up) of STEADI-based fall prevention to create an implementation plan for at least two assisted living facilities.
- Adapt and implement the STEADI algorithm, tools, and materials, based on the implementation plan, to support the four core components of STEADI-based fall prevention among older adults who screen at risk for a fall within at least two assisted living facilities.
- Conduct a process and outcome evaluation of the STEADI-based fall prevention implementation in the two facilities. Outcome evaluation should include a control group and the measures should include at least one fall-related outcome. Process evaluation should include measures of the feasibility and acceptability of the implementation based on feedback from ALF staff involved in implementation. Process evaluation should also be designed to assist in understanding the outcomes.

**Secondary outcomes for this project include publications and presentations describing:**

- Impacts of the adapted and evaluated prevention program on fall-related outcomes
- How to adapt and implement STEADI-based fall prevention in assisted living facilities
- Suggestions for a modified algorithm and tailored resources, tools, and trainings for assisted living facilities
- Technical assistance strategies and lessons learned for implementing STEADI-based fall prevention in assisted living facilities

Applicants should propose the adaptation, implementation, and evaluation of the components (screen, assess, intervene, follow-up) of STEADI-based fall prevention for assisted living facilities. Applicants should describe how they will adapt the STEADI algorithm with all recommended assessments and strategies including links to clinical support for intervention when needed. This adaptation could be of existing trainings, resources, algorithm, tools, and fact sheets or creation of new materials as needed. The applicant should describe how all four STEADI components will be implemented as well as the proposed outcome and process evaluation.

## Applicant Eligibility

Eligible applicants are state, county, city, township, and special district governments; independent school districts; private, public, and state controlled institutions of higher education; federally recognized Native American tribal governments or non-federally recognized Native American tribal organizations; public housing authorities or Indian housing authorities; nonprofits with or without a 501(c)(3) status; for profit organizations; small businesses; faith-based or community-based organizations; and regional organizations.

## Funding

In FY 2025, an estimated \$700,000 is available to support one award. An applicant may request a period of performance of up to four years. The maximum total project funding amount is \$2,800,000 over the expected period of performance, with a maximum of \$700,000 per award per year.

The period of performance for this award is expected to run from September 30, 2025, to September 29, 2029.

## Matching and Cost Sharing

Matching and cost sharing are not required.

## Contact Information

Scientific/Research Contact

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Financial/Grant Management Contact

Angie Willard

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<https://www.grants.gov/search-results-detail/353987>

FEDERAL  
GRANT PROFILE



**Department:** U.S. Department of Health and Human Services  
**Agency:** Substance Abuse and Mental Health Services Administration

# FY 2025 First Responders: Comprehensive Addiction and Recovery Support Services Act Grant (FR-CARA)

## Grant Overview

The purpose of this is to train first responders and communities in administering and distributing opioid overdose reversal medications (OORM). Eligible applicants are state governments, federally recognized American Indian/Alaska Native Tribes, Tribal organizations, and local governmental entities.

## Program History

	Total Funding	# of Awards
2024	\$6.2 million	15
2023	\$17.2 million	34

## Key Information and Tips

**Total Funding:** \$10 million  
**Award Range:** \$300,000-\$800,000  
**Match:** Not required  
**Solicitation Date:** June 27, 2025  
**Proposal Due:** July 22, 2025

- The funding agency encourages award recipients to address the behavioral health needs of all people, including populations and communities with higher prevalence of behavioral health conditions.

For more information click [here](#).



## Awardee Profile

Contra Costa County Health Services Department, Martinez, CA

**AMOUNT:** \$499,896

**YEAR:** 2021

Funding supported a pilot multiagency response initiative to provide resources, training and support to paramedics distributing leave-behind naloxone kits and administering buprenorphine and naloxone in the field and establishing referral pathways to treatment and recovery resources.

**Department:** U.S. Department of Health and Human Services

**Agency:** Substance Abuse and Mental Health Services Administration

# FY 2025 First Responders: Comprehensive Addiction and Recovery Support Services Act Grant (FR-CARA)

## Detailed Summary

The purpose of this program is to train first responders and communities in administering and distributing opioid overdose reversal medications (OORMs). Award recipients are expected to provide overdose prevention training and education, engage with their communities and partners, and implement activities aligned with evidence-based, trauma-informed care practices. Additionally, award recipients must establish processes for post-overdose support and referrals to support services. With this program, the funding agency aims to mitigate the overdose crisis nationwide by providing resources to prevent both overdoses and overdose deaths, specifically targeting rural communities significantly affected by substance misuse and overdoses.

For the purposes of this program, first responders include firefighters, law enforcement officers, paramedics, emergency medical technicians, mobile crisis providers, and other entities that respond to overdose-related incidents.

All award recipients must implement the following required activities:

- Training and education: training first responders, community anchors, and key community sectors on:
  - Administering OORM
  - Trauma-informed approaches to empower individuals at risk of experiencing or being impacted by overdose
  - Safety measures regarding emerging drug trends associated with overdoses, including illicitly made fentanyl and other synthetic opioids, stimulants, xylazine, and other emerging licit and illicit drugs
  - Good Samaritan laws
  - Overdose awareness, education, and overdose prevention strategies
- Community engagement and partnership:
  - Establishing partnerships with at least two community anchors to extend the program's reach through peer-to-peer education, screening, and training
  - Forming or joining a steering committee representative of the project population of focus to provide guidance throughout the project
  - Conducting and submitting the results from resource mapping activities that identify community assets, needs, and gaps, within six months of receiving awards
- Program implementation and support:
  - Establishing processes, protocols, and mechanisms for warm hand-off referrals to treatment, recovery, and other support services that can prevent and reduce substance misuse-related harms

- Establishing organizational policies and procedures aligned with evidence-based, trauma-informed care practices
- Collecting and submitting data according to the data collection requirements

Additional allowable but not required activities include:

- Overdose prevention
- Capacity building and program development

## Applicant Eligibility

Eligibility for this program is statutorily limited to the following entities:

- State governments: The District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau are also eligible to apply.
- Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations (UIOs), and consortia of tribes or tribal organizations.
- Local governmental entities, including, but not limited to, municipal corporations, counties, cities, boroughs, incorporated towns, and townships.

Applicants proposing to serve rural communities must be able to identify a catchment area, which for the purposes of this program is defined as a non-metropolitan statistical area, an area designated as a rural area by any law or regulation of a state, or a rural census tract of a metropolitan statistical area.

Applicants may submit more than one application; however, each application must focus on a different population of focus or a different geographic/catchment area(s). Each entity may receive no more than two awards through this program.

In addition, current award recipients through this program may apply, but the population of focus and geographic/catchment area must be different from their previous award.

## Funding

In FY 2025, an estimated \$10 million is available to support 12-33 awards estimated to range from \$300,000 to \$800,000 through this program. Of the total available funding, \$5.5 million is available for rural communities and \$4.5 million is available for non-rural communities. At least two awards made to tribes and tribal organizations, pending adequate application volume and application scores.

Project periods may span up to four years and are expected to begin on September 30, 2024. Project implementation is expected to begin by the fourth month of the award. Award recipients must develop behavioral health disparity impact statements (DIS) within 60 days of awards. Annual continuation awards will depend on the availability of funds, progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions.

Award recipients will participate in virtual cohort meetings. If the funding agency elects to hold these meetings in person, budget revisions may be permitted for travel.

Award recipients or treatment or prevention providers may provide up to a \$30 non-cash incentive to individuals to participate in required data collection follow-up. For projects including contingency management as a component of the treatment program, clients may not receive contingencies totaling more than \$75 per budget period.

Capitalizable infrastructure, such as computer systems and software, are recoverable as depreciation through an approved negotiated indirect cost rate.

Funds may be used for food if award recipients are providing substance misuse and/or overdose prevention activities. The total cost of food may not exceed \$10 per client, per day.

Minor alterations and renovations may be authorized for up to 25 percent of a given budget period, or \$150,000, whichever is less, for existing facilities, if necessary and appropriate.

## Matching and Cost Sharing

Matching funds are not required for this program.

Award recipients must first use revenue from third-party payments, such as Medicare or Medicaid, from providing services to pay for uninsured or underinsured individuals and must implement policies and procedures that ensure other sources of funding are used first when available for that individual.

## Contact Information

Program Staff

(240) 276-2905

[DTPNOFO@samhsa.hhs.gov](mailto:DTPNOFO@samhsa.hhs.gov)

<https://www.samhsa.gov/grants/grant-announcements/ti-25-001>

FEDERAL GRANT PROFILE



Department: U.S. Department of Health and Human Services
Agency: Substance Abuse and Mental Health Services Administration

FY 2024 Grants to Expand Substance Abuse Treatment Capacity in Adult and Family Treatment Drug Courts

Grant Overview

This program expands substance use disorder (SUD) treatment and recovery support services in existing drug courts. The program supports a continuum of care, including prevention, harm reduction, treatment, and recovery services, for individuals with SUD involved with the courts. Eligible applicants are states, political subdivisions of states, Indian tribes, tribal organizations health facilities, institutions of higher education, and community or faith-based organizations.

Program History

Table with 3 columns: Year, Total Funding, # of Awards. Row 1: 2022, \$6 million, 15

Key Information and Tips

Total Funding: \$24.4 million
Award Range: Up to \$400,000
Match: Not required
Solicitation Date: January 30, 2024
Proposal Due: April 1, 2024

- Priority will be given to applicants that are drug courts or the government entity applying on behalf of the drug court(s).

https://www.samhsa.gov/grants/grant-announcements/ti-24-004



Awardee Profile

Epic Community Services
St. Augustine, Florida

AMOUNT: \$400,000
YEAR: 2022

Epic behavioral Healthcare received funding to increase the number of clients served each year and to expand the range of treatment options available to program participants.

**Department:** U.S. Department of Health and Human Services

**Agency:** Substance Abuse and Mental Health Services Administration

## **FY 2024 Grants to Expand Substance Abuse Treatment Capacity in Adult and Family Treatment Drug Courts**

### **Detailed Summary**

The purpose of this program is to recognize the need for treatment instead of incarceration for individuals with substance use disorders (SUDs) by supporting the expansion of SUD treatment and recovery support services in existing drug courts. Award recipients will be expected to provide prevention, harm reduction, treatment, and recovery services for individuals with SUDs involved with the courts. This program aims to improve abstinence from substance use, housing stability, employment status, social connectedness, health/behavioral/social consequences, and reduce criminal justice involvement.

The population of focus for this program is adults diagnosed with an SUD as their primary condition who participate in the adult tribal healing to wellness court, family treatment drug court (FTDC), or adult treatment drug court (ATDC) models, including driving while intoxicated (DWI)/driving under the influence (DUI) courts, co-occurring drug and mental health courts, veterans treatment courts, and municipal courts using the problem-solving court model.

Award recipients will be expected to provide a coordinated, multisystem approach designed to combine the sanctioning power of treatment drug courts with effective SUD treatment services to break the cycle of criminal behavior, alcohol, and/or drug use, and incarceration or other penalties. Award recipients will also be expected to screen and assess clients for the presence of SUD and/or co-occurring substance use and mental disorders, screen for infectious diseases for which those with SUDs are at high risk, and provide evidence-based and population-appropriate prevention, harm reduction, treatment, and recovery support services. Family drug court applicants will be expected to have an added focus on family preservation and promoting the wellness of the family.

Funds must be used primarily to support direct services, including the following required activities:

- Screen and assess clients for the presence of SUDs and/or co-occurring substance use and mental disorders
- Screen for infectious diseases for which those with SUDs are at high risk
- Provide evidence-based and culturally and linguistically appropriate treatment services to meet the unique needs of diverse populations at risk
- Provide recovery support services that provide emotional and practical support to maintain client/participant remission
- Provide family engagement opportunities
- Provide comprehensive case management plans that directly address risks for recidivism and include delivery or facilitation of services, including substance use and cognitive behavioral interventions, to address needs and reduce those risks

- Implement the key components of the drug court model, as detailed on pages 36-43 of the NOFA file
- Provide language access services to support required activities, as applicable

FDTDC recipients must also provide specific services and supports related to the preservation of the family, including family counseling and family recovery support services. FDTDC recipients must also collaborate with community partners that are trained and can serve diverse populations to provide comprehensive services.

Funds may also be used for the following activities:

- Developing and implementing tobacco cessation programs, activities, and/or strategies
- Providing training/activities that address behavioral health disparities and the social determinants of health
- Implement efforts aligned to the award that may expand diversity, equity, inclusion, and accessibility
- Developing and implementing outreach and referral pathways that engage/target all demographic groups representative of the community
- Assessing for, and responding to, the needs of individuals and families served who are at risk for, or experiencing, homelessness

Funds may also be used for capacity-building activities, such as training, education, and technical assistance; expansion of partnerships; and the development of program materials

## Applicant Eligibility

Eligible applicants are states, political subdivisions of states, drug courts, Indian tribes, health facilities, and community or nonprofit organizations. At least one provider organization for direct client mental health/substance use disorder treatment and recovery support services appropriate to the award must be involved in the project.

## Funding

In FY 2024, approximately \$24.4 million is available to support an estimated 61 awards of up to an estimated \$400,000 per year through this program. At least 3 awards will be made to adult tribal healing to wellness courts, and at least 12 awards will be made to family treatment drug courts (FTDCs), pending sufficient application volume. The project period is expected to begin on September 30, 2024, and will last for up to five years.

## Matching and Cost-Share

Matching funds are not required for this program; however, if applicable, applicants must provide a description of existing resources and other support they expect to receive for the project as a result of cost matching. Other support is defined as funds or resources, whether nonfederal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions, or nonfederal means. Other sources of funds may be used for unallowable costs.

## Contact Information

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<https://www.samhsa.gov/grants/grant-announcements/ti-24-004>

## FEDERAL GRANT PROFILE



**Department:** U.S. Department of Health and Human Services  
**Agency:** Health Resources and Services Administration

# FY 2025 Health Center Controlled Network Cooperative Agreements

### Grant Overview

The purpose of this program is to support Health Center Controlled Networks (HCCNs), which are networks of participating health centers (PHCs), to work collaboratively to leverage health information technology (IT) and data to enhance delivery of affordable, accessible, and high-quality primary care, with a specific focus on data management and analytics, interoperability of systems and digital health tools, and Uniform Data System Modernization (UDS+) implementation (the electronic submission of de-identified health center patient data). Funding is available to health center award recipients (H80 recipients) and look-alike designees. Eligible applicants are HCCNs and current H80 recipients that have been funded for 2 consecutive preceding years applying on behalf of an HCCN. Eligible organizations are higher education institutions; local and state governments; nonprofit, and for-profit and tribal organizations.

### Program History

Program history is not available.

### Key Information

**Total Funding:** \$48 million

**Award Range:** \$705,000 to \$2.9 billion

**Match:** None

**Solicitation Date:** October 2, 2024

**Proposal Due:** December 2, 2024 (Grants.gov); January 10, 2025 (EHBs)

<https://www.hrsa.gov/grants/find-funding/HRSA-25-018>



### Tips:

- The funding agency encourages applicants to partner with health departments, state or local health agencies, professional and community organizations, institutions of higher learning and academic medical centers that support data sharing, interoperability, and cybersecurity.

**Department:** U.S. Department of Health and Human Services

**Agency:** Health Resources and Services Administration

# FY 2025 Health Center Controlled Network Cooperative Agreements

## Detailed Summary

The purpose of this program is to support Health Center Controlled Networks (HCCNs), which are networks of participating health centers (PHCs), to work collaboratively to leverage health information technology (IT) and data to enhance delivery of affordable, accessible, and high-quality primary care, with a specific focus on data management and analytics, interoperability of systems and digital health tools, and Uniform Data System Modernization (UDS+) implementation (the electronic submission of de-identified health center patient data). Funding is available to health center award recipients (H80 recipients) and look-alike designees.

Applicants must meet three mandatory objectives:

- Data Management and Analytics – Increase the percentage of PHCs that advance and optimize clinical, financial, and operations data to improve clinical quality, health outcomes, and operations.
- Interoperability and Data Sharing – Increase the percentage of PHCs that improve bidirectional interoperability with health care providers and community-based organizations by strengthening care coordination, reducing unnecessary medical testing and data duplication, and implementing more efficient and effective referral and information sharing processes to improve health outcomes and reduce provider burden.
- UDS+ Implementation – Increase the percentage of PHCs that submit some or all disaggregated patient level data in their UDS+ reports in each calendar year as required by HRSA.

Applicants must meet two objectives from this list of elective objectives:

- Additional value-based care (VBC) – Increase the percentage of PHCs that use data to update operational, financial, and clinical processes in health IT systems to prepare for, deliver, participate in, or update value-based care that enhances the patient and provider experience, improves health outcomes, and reduces health disparities, including those who are uninsured.
- Digital Health Tools – Increase the percentage of PHCs that adopt and expand use of digital health tools to improve health outcomes.
- Strengthening Cybersecurity Support – Increase the percentage of PHCs that develop or implement assessments and advanced techniques to protect against threats to health center data.
- Artificial Intelligence (Applicant Choice) – Develop one objective and associated outcome measure that will increase percentage of PHCs that use safe, fair, equitable, and informed artificial intelligence practices to reduce health disparities and improve health outcomes.
- Social Risk Factors – (Applicant Choice) Develop one objective and associated outcome measure that will increase the percentage of PHCs that identify social risk factors and develop and implement care coordination plans to address patient needs.

## Applicant Eligibility

Eligible applicants are HCCNs and current H80 recipients that have been funded for 2 consecutive preceding years applying on behalf of an HCCN. Qualifying HCCNs have at least 10 PHCs, are majority-controlled and as applicable, at least majority owned by H80 award recipients, and have a governing body independent of boards of health center members. Eligible organizations are domestic organizations located in the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau. These include private and public institutions of higher education; nonprofit organizations; for profit organizations including small businesses; state, county township, and special district governments including the District of Columbia, domestic territories and freely associated states; Native American tribal governments and Native American tribal organizations.

## Funding

In FY 2025, an estimated \$48 million is available to support approximately 49 cooperative agreements ranging from \$705,000 to \$2.9 billion per budget period through this program. The funding range per award is based on the number of PHCs in a given network. The funding agency plans to fund awards in three 12-month budget periods for a total 3-year period of performance from August 1, 2025 to July 31, 2028.

## Matching and Cost Sharing

Matching funds are not required for this program.

## Contact Information

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<https://www.hrsa.gov/grants/find-funding/HRSA-25-018>



**Department:** Department of Health and Human Services

**Agency:** Health Resources and Services Administration (HRSA)

## FY 2025 Healthy Tomorrows Partnership for Children Program (HTPCP)

### Grant Overview

The purpose of this program is to support community-based projects that promote access to preventive clinical and public health services for underserved children. Eligible applicants are public or private entities, including institutions of higher education, nonprofits with or without 501(c)(3) status, for-profits including small businesses, state or local governments, school districts, and Indian tribes and tribal organizations.

### Program History

Program history is not available.

### Key Information and Tips

**Total Funding:** \$450,000

**Match:** 2 to 1 in years 2-5

**Solicitation date:** December 17, 2024

**Proposal due:** March 17, 2025

- Applicants must build or strengthen at least three partnerships with maternal and child health programs
- Applicants must implement a community-based project that aligns with one of the following topic areas: children's behavioral health screenings and referrals, children's immunizations, and/or adolescent well-visits
- Applicant must use Bright Futures guidelines, tools, and resources in their project design
- Projects must be culturally and linguistically responsive

<https://www.hrsa.gov/grants/find-funding/HRSA-25-019>



### Awardee Profile

Rhode Island Department of Health

**AMOUNT:** \$250,000

**YEAR:** 2020

Funding will be used to promote access to preventive clinical and public health services for underserved children in Rhode Island.

**Department:** Department of Health and Human Services

**Agency:** Health Resources and Services Administration (HRSA)

## FY 2025 Healthy Tomorrows Partnership for Children Program (HTPCP)

### Detailed Summary

The purpose of this program is to support community-based projects that promote access to preventive clinical and public health services for underserved children. The program goal is to support community-based projects to improve access to one or more of the following in underserved communities:

- Children’s behavioral health screening and referrals
- Children’s immunizations
- Adolescents’ well-visits

The program objectives to be accomplished during the period of performance include:

- Implement an evidence-informed or evidence-based preventive clinical or public health community-based project with at least one measurable outcome that aligns with your selected child health topic
- Build or strengthen at least three partnerships with maternal and child health (MCH) programs, including one partnership with a HRSA Title V Maternal and Child Health Services Block Grant recipient
- Engage people with lived experience in the advisory board and project activities
- Develop a sustainability plan to support MCH population health improvements that includes at least three community partnerships and at least one funding strategy.

The proposed project should be a new community-based project or should build on, expand, or enhance an existing community-based project—for example, expanding services by adding a new component.

### Applicant Eligibility

Eligible applicants are public or private entities, including institutions of higher education, nonprofits with or without 501(c)(3) status, for-profits including small businesses, state or local governments, school districts, and Indian tribes and tribal organizations.

Previous HTPCP recipients may apply for this notice of funding opportunity if a new or expanded project is proposed. Applicants may not propose a research project.

### Funding Details

In FY 2025, approximately \$450,000 is expected to be available to support up to 6 awards of up to \$75,000 per year through this program. The funding agency intends to fund awards in five 12-month budget periods for a total five-year period of performance from July 1, 2025, to June 30, 2030.

Awards are expected to be issued by July 1, 2025. Funding beyond the first year will depend on funding availability, satisfactory project progress, and a decision that continued funding is in the government's best interest. Project income must be used for approved project-related activities.

## Cost Sharing and Matching

There are no matching requirements for the first year of this program; however, for years two through five of the project period, applicants must provide a nonfederal cash and/or in-kind match equal to two times the amount of the federal award. A lesser match amount may be determined by the funding agency for good cause shown.

Nonfederal matching contributions may come from individuals, corporations, foundations, in-kind resources, and/or state and local agencies.

## Contact Information

### **Program/Eligibility:**

Division of MCH Workforce Development  
Health Resources and Services Administration  
240-472-9856

[HealthyTomorrows@hrsa.gov](mailto:HealthyTomorrows@hrsa.gov)

### **Financial/Budget:**

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301-443-0676

[TWright@hrsa.gov](mailto:TWright@hrsa.gov)

<https://www.hrsa.gov/grants/find-funding/HRSA-25-019>

## FEDERAL GRANT PROFILE



**Department:** U.S. Department of Health and Human Services  
**Agency:** Centers for Disease Control and Prevention

# FY 2024 High-Impact HIV Prevention and Surveillance Programs for Health Departments

### Grant Overview

The purpose of this program is to implement a comprehensive HIV prevention and surveillance program to prevent new HIV infections and improve the health of people with HIV. The program is expected to bolster community engagement, health equity, syndemic, and whole-person approaches to HIV prevention. Eligible applicants are state governments, county governments, city and township governments and special district governments. Bona fide agents of state, local, or territorial governments may also apply.

### Program History

There is no available history for this program.

### Key Information

**Total Funding:** \$484,474,481

**Award Range:** Varies

**Match:** None

**Solicitation date:** February 9, 2024

**Due Date:** February 23, 2024 (Optional LOI), April 29, 2024 (Full Application)

<https://www.cdc.gov/hiv/funding/announcements/ps24-0047/index.html>



### Tips:

- Jurisdictions may address barriers to care and prevention of people with HIV and without HIV, including stigma, discrimination, and the social determinants of health.
- Awardees are required to partner with the funding agency. Recipients must also establish, build, and/or maintain working partnerships with other award recipients and other organizations not funded by the funding agency.
- Optional letters of intent must be emailed to Erica Dunbar.

**Department:** U.S. Department of Health and Human Services

**Agency:** Centers for Disease Control and Prevention

# FY 2024 High-Impact HIV Prevention and Surveillance Programs for Health Departments

## Detailed Summary

The purpose of this program is to implement a comprehensive HIV prevention and surveillance program to prevent new HIV infections and improve the health of people with HIV. The program is expected to bolster community engagement, health equity, syndemic, and whole-person approaches to HIV prevention. Award recipients will have the opportunity to build their proposed HIV prevention and surveillance programs by identifying and implementing activities within the jurisdiction, based on need and resources, to reach the following goals for each program strategy:

- Strategy 1: diagnose; ensure all people with HIV receive a diagnosis as soon as possible
- Strategy 2: treat; implement a comprehensive approach to treat people with diagnosed HIV infection rapidly and reach viral suppression
- Strategy 3: prevent; reduce new HIV transmission by increasing pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) services and supporting HIV prevention, including condom distribution, perinatal transmission prevention, and harm reduction services
- Strategy 4: respond; identify and quickly respond to HIV clusters and outbreaks to address gaps and inequities in services for communities that need them
- Strategy 5: conduct HIV surveillance activities
- Strategy 6: support community engagement and HIV planning

This program endorses high-impact prevention (HIP) with a focus on a comprehensive whole-person approach that supports scientifically proven, cost-effective, and scalable structural, behavioral, and biomedical interventions. The program also allows jurisdictions to address the barriers to care and prevention of people with HIV and without HIV, including stigma, discrimination, and the social determinants of health. The program allows for flexibility while ensuring that funding resources are reaching the geographic areas with the highest HIV burden and greatest need. The program's priorities are to increase knowledge of HIV status, reduce HIV transmission, prevent new HIV infections, improve linkage to care and viral suppression, and maintain elimination of perinatal transmission.

Focus populations may vary by jurisdiction. Applicants must provide HIV services to populations within the jurisdiction that are disproportionately impacted by HIV as identified by epidemiological data, gaps in services, or need. Applicants should use epidemiologic data, social determinants data, data on clusters of rapid HIV transmission, and other relevant data sources to identify communities within their jurisdictions disproportionately affected by HIV and syndemic diseases and conditions.

## Applicant Eligibility

Eligible applicants are state governments, county governments, city and township governments and special district governments. Bona fide agents of state, local, or territorial governments may also apply.

A fiduciary entity may request funding on behalf of the health department, as evidence by a letter or memorandum of agreement (MOA) with the health department.

## Funding

In FY 2024, an estimated \$2.9 billion is available to support cooperative agreements through this program, with approximately \$484,474,481 available per year. The funding agency expects to make approximately 60 awards to eligible health departments for core prevention and surveillance funding, and approximately 32 additional awards for eligible health departments included in the Ending the HIV Epidemic in the U.S. (EHE) initiative.

Awards will be allocated using a funding algorithm reflecting a base funding amount and the proportionate share of each eligible jurisdiction to the number of people living with diagnosed HIV infection in 2021. A total of \$1.22 million is guaranteed per applicant, to support organizational infrastructure.

Additional funding will be allocated to the 57 jurisdictions that are part of the Ending the HIV Epidemic (EHE) in the U.S. initiative. Entities that receive EHE funding must implement two or more strategies not implemented with core funding. In jurisdictions with one or multiple EHE counties, at least 70 percent of EHE funding should be directed to the local EHE counties supporting local health entities and community organizations; and up to 30 percent of funding resources may be retained for EHE infrastructure, coordination, and oversight of activities and services.

Award recipients may have the opportunity to request additional funding to implement optional, supplemental activities to expand, bring to scale, or advance high-impact HIV prevention and surveillance activities. Potential optional activities include data modernization efforts, supporting the transition to a new data system, interoperability of data systems to support syndemic approaches, and similar approaches. If additional funding becomes available, the funding agency will provide guidance regarding the process for applying for it.

Project periods will span 60 months, divided into 12-month budget periods. Continuation funding beyond the first budget period is contingent upon funding availability and project performance.

## Matching and Cost Sharing

Matching funds are not required for this program; however, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

## Contact Information

Project Officer

Erica Dunbar

(404) 639-5230

[NOFOINFO@cdc.gov](mailto:NOFOINFO@cdc.gov)

<https://www.cdc.gov/hiv/funding/announcements/ps24-0047/index.html>

# FEDERAL GRANT PROFILE



**Department:** U.S. Department of Health and Human Services  
**Agency:** Administration for Children and Families (ACF)

## FY 2025 Maternity Group Home

### Grant Overview

The purpose of this program is to provide street-based outreach; safe, stable, and appropriate shelter; and comprehensive services for a period of 18 months, or 21 months under extenuating circumstances, to pregnant or parenting youth ages 16 through 21 who have run away from home, been forced to leave home, have no safe alternate living arrangement, are experiencing homelessness, or are at risk of being homeless. Eligible applicants are public and private nonprofit entities with or without a 501(c)(3) status, state and local governments, independent school districts, private and public or state controlled institutions of higher education, public and Indian housing authorities, and Native American tribal governments and organizations.

### Program History

	Total Funding	# of Awards
2024	\$5.916 million	24

### Key Information and Tips

**Total Funding:** \$8.14 million  
**Award Range:** \$100,000 - \$350,000  
**Match:** 10 percent  
**Solicitation date:** July 9, 2025  
**Proposal due:** July 23, 2025

<https://www.grants.gov/search-results-detail/355602>



### Awardee Profile

YMCA of the Quad Cities  
Rock Island, IL

**AMOUNT:** \$250,000

**YEAR:** 2024

Funding was provided to establish street-based outreach; safe, stable, and appropriate shelter; and comprehensive services for a period of 18 months, or 21 months under extenuating circumstances, to pregnant or parenting youth ages 16 through 21.

**Department:** U.S. Department of Health and Human Services

**Agency:** Administration for Children and Families (ACF)

## FY 2025 Maternity Group Home

### Detailed Summary

The purpose of this program is to provide street-based outreach; safe, stable, and appropriate shelter; and comprehensive services for pregnant or parenting youth ages 16 through 21 for up to 18 months, or 21 months under extenuating circumstances. This program provides outreach and comprehensive services that support participating youth's transition to self-sufficiency and stable, independent living. The funding agency expects youth who participate to show improvements in four core outcome areas: safe and stable housing, education or employment, permanent connections, and social and emotional well-being. Funded projects are required to collect data demonstrating ability to meet program performance standards and the core outcome areas listed above.

MGH services also must include, but are not limited to:

- Parenting skills training.
- Child development information.
- Family budgeting support.
- Health and nutrition education.

Projects receiving funding are required to provide outreach, shelter, and supportive services. Choosing one or the other is not an option. Youth who are actively in dependent care or custody of a government child welfare or juvenile justice agency are not eligible for services through this program. Eligible applicant projects must accommodate the needs and safety of the dependent children, including meeting facility safety standards for having infants and children on the premises.

Participating youth must meet one or more of the following criteria to be eligible to participate:

- Have run away or left home without permission of their parents or guardians.
- Have been forced to leave their home.
- Cannot live safely with a parent, legal guardian, or relative.
- Have no other safe alternative living arrangement.
- Are homeless or are at risk of experiencing homelessness.

Projects must provide shelter according to the following timelines:

- Most youth should receive shelter for a continuous period not to exceed 540 days.
- In exceptional circumstances, youth can continue to receive shelter for a total of 635 days.
- If a youth is still under 18 on the last day of the 635-day period, the youth may, in exceptional circumstances, and if otherwise qualified for the program, remain in the program until their 18th birthday.

The facilities for a Maternity Group Home project must have a minimum residential capacity of four individuals and a maximum residential capacity of 20 individuals in a single structure. The maximum capacity may be higher only in the following circumstances:

- If local laws or regulations require a higher maximum to comply with licensure requirements for child- and youth-serving facilities.
- If the facility is located within a single floor of an apartment building. In that case, the floor of the structure where you provide services must have a minimum residential capacity of four individuals and a maximum residential capacity of 20 individuals.

The minimum and maximum capacity numbers include both youth and their dependent children. Appropriate space, equipment, and furnishings must be provided to safely accommodate both parents and their dependent children.

Projects must implement a comprehensive and intensive outreach and access strategy to engage runaway and homeless youth and connect them with safe shelter, critical services, and supportive resources. This includes direct outreach in the community, access to emergency shelter, education and awareness efforts, coordination with community partners, crisis stabilization and gateway services, and strategies to address human trafficking and other risks.

Projects must conduct regular, face-to-face outreach with youth in locations where they gather. Outreach efforts must be youth-focused and incorporate partnerships with local law enforcement to target areas with high concentrations of homeless youth. Outreach strategies must include:

- A schedule and frequency of regular, face-to-face outreach activities.
- Identification of key locations where youth gather.
- Adequate staffing, including the number of full-time equivalent outreach workers.
- Youth-focused engagement strategies tailored to individual needs.
- Safety plans for staff and youth during outreach activities.
- Partnerships with local law enforcement agencies or departments to target outreach efforts to high-need areas.

Projects must ensure that youth engaged through outreach have access to emergency shelter or safe, stable housing 24 hours a day, seven days a week. Shelters used—whether directly operated or accessed via referral must:

- Provide age-appropriate shelter options.
- Be licensed in accordance with all state or local requirements.
- Offer adequate supervision to ensure youth safety.
- Provide accessible transportation to shelter locations.
- Have the capacity to support victims of human trafficking and domestic violence.
- Have a signed formal agreement in place (MOU or letter of commitment) to accept referrals from your organization.

Projects must educate both youth and the community about available services and their benefits. Additionally, build trust and ensure successful engagement, projects must provide youth with essential supplies and support.

Projects must be prepared to provide emergency services and link youth to appropriate crisis resources to de-escalate emergencies and assist with urgent care for substance use or mental health conditions, including crisis response services for mental health and substance use emergencies. Youth who participate in the project must have established safety plans and be educated about ways to reduce risk of violence, sexual exploitation, human trafficking, sexual assault, unplanned pregnancy, substance use, and other forms of harm associated with street life. Applicants must be equipped to identify and support youth who are victims or at risk of trafficking, exploitation, or abuse including labor and/or commercial sexual exploitation, sex abuse, and other forms of victimization.

Applicants must have a standard way to determine a youth's eligibility for your program and assess their needs to make sure services are appropriate. Screening and assessment tools should also help to determine whether the youth's participation in a program poses any risks to the health and safety of other youth in the program. Assessments should strongly prioritize family reunification and preservation, whenever possible. Programs must make concerted efforts to reunify youth with their families of origin when safe to do so, recognizing that intact families provide the best environment for youth development. Programs should incorporate family counseling and mediation services to address conflicts that led to the youth's homelessness.

Projects must provide youth with the following case management services:

- Individualized service or treatment plans
- Services for dependent children
- Partnerships and service coordination plans
- Provide support to those who have experienced trafficking or are at risk
- Health care programs including mental health, behavioral health, and health insurance options
- Affordable childcare and child education programs
- Employment or education engagement
- Faith-based collaboration

Projects must provide youth with life skills training and referrals to promote their long-term, economic independence and support the well-being of their children. At a minimum, projects should provide training and referrals in the following areas:

- Job attainment and educational advancement
- Money management, financial literacy, and budgeting
- Mental and physical health, and nutrition
- Child screening and assessment tools
- Child care and Head Start strategy
- Basic life and parenting skills
- Parenting curriculum
- Child development
- Counseling services and interpersonal skill building

Each youth must have developed a written transition plan that meets their needs and includes strategies to support their safe and stable living after leaving the program. Youth must also have access to any important documents they need for themselves and their children, such as birth certificates, social security cards, driver's licenses or state identification cards (or Real ID where available), medical records, and credit reports. Services

must be provided to youth for a minimum of three months after they leave your program. Additionally, an aftercare strategy with each youth must be developed prior to exit counseling.

## Applicant Eligibility

Eligible applicants are public and private nonprofit entities with or without a 501(c)(3) status, state and local governments, independent school districts, private and public or state controlled institutions of higher education, public and Indian housing authorities, and Native American tribal governments and organizations.

Faith-based and community organizations that meet the eligibility requirements are eligible to receive awards under this funding opportunity.

## Funding

In FY 2025, an estimated \$8,142,259 is available to support an expected 23 grant awards ranging from \$100,000 to \$350,000 per 12-month budget period.

The effective start date for this program is September 30, 2025. The funding agency plans to fund a three-year project period. Each project period has three one-year budget periods. Non-competing continuation awards will be offered for the second and third budget periods of the project based on the availability of funds, awardee progress, and review and approval of the continuation application.

## Matching and Cost Sharing

Applicants must provide at least 10 percent of the total project cost via cash contributions or in-kind contributions from third parties.

Applicants will be held accountable for their proposed matching contributions, even if such commitments exceed the minimum required amount.

## Contact Information

Program Contact

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Grant Management Contact

Sarah Viola

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<https://www.grants.gov/search-results-detail/355602>

## FEDERAL GRANT PROFILE



**Department:** U.S. Department of Health and Human Services  
**Agency:** National Institutes of Health

# FY 2025-2026 National Library of Medicine Information Resource Grants to Reduce Health Disparities and Promote Health Equity

## Grant Overview

This program supports projects that will provide accurate, useful, usable, and understandable health information to populations that experience health disparities and their health care providers. Proposed projects should harness the capabilities of information technology and medical or health libraries to disseminate clear, evidence-based health-related information in formats used by individuals and their health care providers. Eligible applicants are special district, state, federal and local governments, institutions of higher education, nonprofits, Native American tribal governments and organizations, public and Indian housing authorities, and independent school districts.

## Program History

Program history is not available.

## Key Information

**Total Funding:** Unspecified

**Award Range:** \$200,000

**Match:** Not required

**Solicitation date:** August 28, 2024

**Proposal due:** December 13, 2024; May 25, 2025; May 25, 2026

<http://grants.nih.gov/grants/guide/pa-files/PAR-24-281.html>



## Tips:

- Applicants are encouraged to obtain feedback from users to identify weaknesses related to access to and/or the audiences' satisfaction with the developed resource, and to suggest improvements and sustainability.
- Applicants are expected to detail how they will implement their evaluation plan and course correct as needed.

**Department:** U.S. Department of Health and Human Services

**Agency:** National Institutes of Health

# FY 2025-2026 National Library of Medicine Information Resource Grants to Reduce Health Disparities and Promote Health Equity

## Detailed Summary

This program supports projects that will provide accurate, useful, usable, and understandable health information to populations that experience health disparities and their health care providers. This funding supports the development of resources that can be used to improve health and well-being and that lead to reductions in health disparities. Access to accurate, useful, usable, and understandable health information is an important factor when managing health and health care. Proposed projects should harness the capabilities of information technology and medical or health libraries to disseminate clear, evidence-based health-related information in formats used by individuals and their health care providers. Proposed projects should emphasize the development and deployment of new information resources or services, or expand and improve an existing resource or service, to meet the needs of populations experiencing health disparities and to promote health equity.

This program supports resource projects that use information technology to improve the organization and management of health-related information, with a broad range of usability, user and personal access factors considered. Strategies proposed to achieve these programmatic goals should be scalable, sustainable, generalizable and have the potential to provide useful information to communities that experience health disparities and those who provide health care for these communities, including doctors, nurse practitioners, midwives, hospitals, health centers, and clinics.

Applications submitted to this notice of funding opportunity must provide evidence that the intended audience is a [population with health disparities](#) or a health care provider for one of these populations. A population that experiences health disparities must have a significant disparity in the overall disease incidence, prevalence, morbidity, mortality, or survival rates in the population compared to the health status of the general population

Applicants must include evidence of a collaboration with a medical or health library to ensure that materials developed have generalizability and are capable of being disseminated through medical or health libraries and their instrumentalities. Applicants are expected to present evidence of their demonstrated commitment to the needs of communities that experience health disparities. This program requires the inclusion of a resource evaluation plan and evidence of resource sustainability. An evaluation plan that measures the value of the resource, usability, and user experience, should be provided in the application. Evaluations that meet the definition of a clinical trial are not allowed under this funding mechanism and will be withdrawn for non-responsiveness.

Acceptable topics for resource development include but are not limited to:

- Developing or upgrading health information resources or services to meet the information needs of [groups that experience health disparities](#).
- Providing health information resources or services to community organizations who serve populations that experience health disparities.
- Developing novel information strategies to facilitate the implementation of innovative patient-centered care and precision medicine for diverse communities.
- Developing information resources that enable persons from populations that experience health disparities to make informed decisions regarding research participation, such as providing culturally tailored clinical trial education materials.
- Facilitating the use of library resources to identify population needs related to types and forms of information, including information visualizations, displays and interfaces to access information, to assist in making health-related decisions.

## Eligible Applicants

Eligible applicants include Higher Education Institutions, including public/state-controlled Institutions of Higher Education and private Institutions of Higher Education. Higher Education Institutions are always encouraged to apply for NIH support as Public or Private Institutions of Higher Education that are Hispanic-serving Institutions, Historically Black Colleges and Universities (HBCUs), Tribally Controlled Colleges and Universities (TCCUs), Alaska Native and Native Hawaiian Serving Institutions, and Asian American Native American Pacific Islander Serving Institutions (AANAPISIs). Nonprofits Other Than Institutions of Higher Education, including nonprofits with 501(c)(3) IRS Status (Other than Institutions of Higher Education) and nonprofits without 501(c)(3) IRS Status (Other than Institutions of Higher Education). Local Governments, including state, county, city, township, special district and Indian/Native American Tribal Governments. Federal and U.S. territory or possession governments are eligible as are Independent School Districts, Public Housing Authorities/Indian Housing Authorities, Native American Tribal Organizations (other than Federally recognized tribal governments), Faith-based or Community-based Organizations and Regional Organizations.

## Funding

For the fiscal years 2025 through FY 2027, an unspecified amount of funding is available to fund an unspecified number of awards of up to \$200,000. The number of awards is contingent upon NIH appropriations and the submission of a sufficient number of meritorious applications. The scope of the proposed project should determine the project period. The maximum project period is 3 years.

## Matching and Cost Sharing

There are no stated matching requirements for this funding opportunity.

## Contact Information

For general grant inquiries, please contact:

Program staff

[grantinfo@nih.gov](mailto:grantinfo@nih.gov)

301-480-7075

For scientific and/or research questions:

Cristan Smith, PhD

National Library of Medicine (NLM)

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Elizabeth Anne Barr, Ph.D.

ORWH - Office of Research on Women's Health

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<http://grants.nih.gov/grants/guide/pa-files/PAR-24-281.html>

FEDERAL GRANT PROFILE



Department: U.S. Department of Health and Human Services
Agency: Health Resources and Services Administration

FY 2024 Opioid-Impacted Family Support Program

Grant Overview

The purpose of this program is to support training programs that enhance and expand paraprofessional knowledge and expertise, and to increase the number of peer support specialists and other behavioral health-related paraprofessionals who work on integrated, interprofessional teams in providing services to families impacted by opioid use disorders (OUD) and other substance use disorders (SUD). Eligible applicants are state-licensed mental health nonprofit and for-profit organizations, including entities licensed or certified by an authorized political subdivision or instrumentality of a state to provide training in behavioral health, including local governments, academic institutions, Native American Tribes, private sector organizations, schools and school districts, state governments, and tribal organizations/institutions.

Program History

Table with 3 columns: Year, Total Funding, # of Awards. Row 1: 2020, \$12.5 million, 28

Key Information

Total Funding: \$16.8 million
Award Range: Up to \$600,000
Match: Not required
Solicitation date: March 7, 2024
Proposal due: May 6, 2024

More information can be found here.



Tips

- Priority will be given to training programs that emphasize the role of the family and the lived experience of the consumer in family-paraprofessional partnership.
• Funding preference will be given to both new and existing training programs that demonstrate the ability to place trainees in medically underserved communities.

**Department:** U.S. Department of Health and Human Services

**Agency:** Health Resources and Services Administration

## FY 2024 Opioid-Impacted Family Support Program

### Detailed Summary

The purpose of this program is to support training programs that enhance and expand paraprofessional knowledge and expertise, and to increase the number of peer support specialists and other behavioral health-related paraprofessionals who work on integrated, interprofessional teams in providing services to families impacted by opioid use disorders (OUD) and other substance use disorders (SUD). The funding agency is especially interested in training programs that provide support for children and adolescents in high-need and high-demand areas who have experienced trauma and are at risk for mental health disorders.

Supported training programs must meet the following requirements and expectations:

- Facilitate a Level I, pre-service training program for pre-service training of paraprofessional child and adolescent mental or behavioral health workers
- Establish or enhance the paraprofessional certificate training program(s) through curriculum development or hands-on learning in the form of experiential field placements
- Establish or leverage partnerships with community-based, non-traditional community organizations and tribal colleges that serve high-need and high-demand areas and populations
- Establish a Level II training component that provides on-the-job training through a registered apprenticeship, so trainees gain career opportunities, earn stackable credits, and enhance their skills
- Create additional training positions by approximately 10 percent or more in year one and maintain that level each year over the four-year project period
- Provide required support funds to both Level I pre-service and Level II in-service trainees
- Identify experienced preceptors and mentors to support trainees
- Measure and manage program performance by reporting data on program outputs and outcomes
- Participate in federally designed evaluations to assess program effectiveness and efficiency upon request

All supported training programs must be accredited by a nationally recognized accrediting agency, as specified by the U.S. Department of Education, or must be approved by a state or tribal government to provide a behavioral health-related paraprofessional certificate training program.

Level I pre-service training must consist of both didactic and experiential field training, which may happen simultaneously or not at the same time. Award recipients should aim for at least 35 percent of those who complete the Level I pre-service program to enter a registered apprenticeship program, known as Level II in-service training. Level II in-service training will combine on-the-job training with instruction, and emphasizes team-based practices, to attain skills that meet national standards.

## Applicant Eligibility

Eligible applicants are state-licensed mental health nonprofit and for-profit organizations, including entities licensed or certified by an authorized political subdivision or instrumentality of a state to provide training in behavioral health. Eligible applicants may include:

- Public and private institutions of higher education, technical schools, and health professions schools/programs
- Nonprofit organizations with and without 501(c)(3) status
- For-profit organizations and small businesses
- State governments, including the District of Columbia, domestic territories, and freely associated states
- County, city, and township governments
- Special district governments
- Independent school districts
- Native American tribal governments
- Native American tribal organizations

Applicants must maintain their accreditation or state approval status throughout the project period. The funding agency aims to award at least one applicant in each of the ten U.S. Department of Health and Human Services regions.

## Funding

In FY 2024, approximately \$16.8 million is available to support an estimated 28 awards of up to \$600,000 per award, per year through this program. Award notifications are expected to be issued by September 1, 2024. Project periods may be up to four years, beginning on September 1, 2024 and ending August 31, 2028. Project periods will consist of four 12-month budget periods.

Of the total award, at least 50 percent per budget year must be dedicated to trainee support and stipends for program trainees. All other costs must be budgeted out of the remaining 50 percent. Trainee support for Level I training may be up to 12 months for full-time trainees, and 24 months for part-time trainees. Level I trainees may receive up to \$6,000 as a fixed stipend and up to \$4,000 in additional support for a total of \$10,000. Trainee support for Level II training may be up to four years for both full- and part-time trainees. Full-time Level II trainees may receive up to \$7,500 per year as a fixed stipend, and part-time Level II trainees may receive up to \$3,750 per year as a fixed stipend.

## Matching and Cost Sharing

Matching funds are not required for this program.

## Contact Information

Primary Contact:

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Public Health Analyst/Interim Team Lead

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Grants Management Specialist

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<https://grants.gov/search-results-detail/349135>

# FEDERAL GRANT PROFILE



**Department:** U.S. Department of Health and Human Services  
**Agency:** Health Resources and Services Administration

## FY 2024 Opioid-Impacted Family Support Program

### Grant Overview

The purpose of this program is to support training programs that enhance and expand paraprofessional knowledge and expertise, and to increase the number of peer support specialists and other behavioral health-related paraprofessionals who work on integrated, interprofessional teams in providing services to families impacted by opioid use disorders (OUD) and other substance use disorders (SUD). Eligible applicants are state-licensed mental health nonprofit and for-profit organizations, including entities licensed or certified by an authorized political subdivision or instrumentality of a state to provide training in behavioral health, including local governments, academic institutions, Native American Tribes, private sector organizations, schools and school districts, state governments, and tribal organizations/institutions.

### Program History

	Total Funding	# of Awards
2020	\$12.5 million	28

### Key Information

**Total Funding:** \$16.8 million  
**Award Range:** Up to \$600,000  
**Match:** Not required  
**Solicitation date:** March 7, 2024  
**Proposal due:** May 6, 2024

More information can be found [here](#).



### Tips

- Priority will be given to training programs that emphasize the role of the family and the lived experience of the consumer in family-paraprofessional partnership.
- Funding preference will be given to both new and existing training programs that demonstrate the ability to place trainees in [medically underserved communities](#).

**Department:** U.S. Department of Health and Human Services

**Agency:** Health Resources and Services Administration

## FY 2024 Opioid-Impacted Family Support Program

### Detailed Summary

The purpose of this program is to support training programs that enhance and expand paraprofessional knowledge and expertise, and to increase the number of peer support specialists and other behavioral health-related paraprofessionals who work on integrated, interprofessional teams in providing services to families impacted by opioid use disorders (OUD) and other substance use disorders (SUD). The funding agency is especially interested in training programs that provide support for children and adolescents in high-need and high-demand areas who have experienced trauma and are at risk for mental health disorders.

Supported training programs must meet the following requirements and expectations:

- Facilitate a Level I, pre-service training program for pre-service training of paraprofessional child and adolescent mental or behavioral health workers
- Establish or enhance the paraprofessional certificate training program(s) through curriculum development or hands-on learning in the form of experiential field placements
- Establish or leverage partnerships with community-based, non-traditional community organizations and tribal colleges that serve high-need and high-demand areas and populations
- Establish a Level II training component that provides on-the-job training through a registered apprenticeship, so trainees gain career opportunities, earn stackable credits, and enhance their skills
- Create additional training positions by approximately 10 percent or more in year one and maintain that level each year over the four-year project period
- Provide required support funds to both Level I pre-service and Level II in-service trainees
- Identify experienced preceptors and mentors to support trainees
- Measure and manage program performance by reporting data on program outputs and outcomes
- Participate in federally designed evaluations to assess program effectiveness and efficiency upon request

All supported training programs must be accredited by a nationally recognized accrediting agency, as specified by the U.S. Department of Education, or must be approved by a state or tribal government to provide a behavioral health-related paraprofessional certificate training program.

Level I pre-service training must consist of both didactic and experiential field training, which may happen simultaneously or not at the same time. Award recipients should aim for at least 35 percent of those who complete the Level I pre-service program to enter a registered apprenticeship program, known as Level II in-service training. Level II in-service training will combine on-the-job training with instruction, and emphasizes team-based practices, to attain skills that meet national standards.

## Applicant Eligibility

Eligible applicants are state-licensed mental health nonprofit and for-profit organizations, including entities licensed or certified by an authorized political subdivision or instrumentality of a state to provide training in behavioral health. Eligible applicants may include:

- Public and private institutions of higher education, technical schools, and health professions schools/programs
- Nonprofit organizations with and without 501(c)(3) status
- For-profit organizations and small businesses
- State governments, including the District of Columbia, domestic territories, and freely associated states
- County, city, and township governments
- Special district governments
- Independent school districts
- Native American tribal governments
- Native American tribal organizations

Applicants must maintain their accreditation or state approval status throughout the project period. The funding agency aims to award at least one applicant in each of the ten U.S. Department of Health and Human Services regions.

## Funding

In FY 2024, approximately \$16.8 million is available to support an estimated 28 awards of up to \$600,000 per award, per year through this program. Award notifications are expected to be issued by September 1, 2024. Project periods may be up to four years, beginning on September 1, 2024 and ending August 31, 2028. Project periods will consist of four 12-month budget periods.

Of the total award, at least 50 percent per budget year must be dedicated to trainee support and stipends for program trainees. All other costs must be budgeted out of the remaining 50 percent. Trainee support for Level I training may be up to 12 months for full-time trainees, and 24 months for part-time trainees. Level I trainees may receive up to \$6,000 as a fixed stipend and up to \$4,000 in additional support for a total of \$10,000. Trainee support for Level II training may be up to four years for both full- and part-time trainees. Full-time Level II trainees may receive up to \$7,500 per year as a fixed stipend, and part-time Level II trainees may receive up to \$3,750 per year as a fixed stipend.

## Matching and Cost Sharing

Matching funds are not required for this program.

## Contact Information

Primary Contact:

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<https://grants.gov/search-results-detail/349135>

## FEDERAL GRANT PROFILE



**Department:** U.S. Department of Health and Human Services  
**Agency:** Health Resources and Services Administration

# FY 2025 Partnership for National Maternal and Child Health (MCH) Leadership

### Grant Overview

The purpose of the program is to support national organizations in building the capacity of state MCH programs, urban MCH programs, Healthy Start programs, and MIECHV programs to achieve the long-term goal to improve national MCH health outcomes and reduce associated disparities by better serving specific populations and awardees. Eligible applicants are institutions of higher education, nonprofits, state, county, city, township, and special district governments, including the District of Columbia, Native American tribal governments and organizations, domestic territories, and the freely associated states.

### Program History

There is no available history for this program.

### Key Information

**Total Funding:** \$3,122,500

**Award Range:** \$400,000 to \$1,622,500

**Match:** Not required

**Solicitation date:** October 3, 2024

**Proposal due:** January 3, 2025

More information can be found [here](#).



### Tips

- You may not submit more than one application per Focus Area. If you submit more than one application per Focus Area, we will only accept the last on-time submission for each Focus Area.

**Department:** U.S. Department of Health and Human Services

**Agency:** Health Resources and Services Administration

# FY 2025 Partnership for National Maternal and Child Health (MCH) Leadership

## Detailed Summary

The purpose of the program is to support national organizations in building the capacity of state MCH programs, urban MCH programs, Healthy Start programs, and MIECHV programs to achieve the long-term goal to improve national MCH health outcomes and reduce associated disparities by better serving specific populations and awardees. The program objectives that must be accomplished by the end of the period of performance in 2030, include:

- All Focus Areas:
  - Annually, the recipients are expected to participate in collaborative efforts with the Partnership for National MCH Leadership and other MCHB-funded capacity building partners led by the Focus Area 1 recipient. Examples of collaborative efforts could include participation in working groups or committees and development of shared resources and materials.
  - By 2030, at least 50% of participants in learning opportunities have taken action to create systems level change.
- Focus Area 1 - State Title V Programs:
  - Annually, in September of each year, in collaboration with MCHB, plan and conduct an in-person national convening of Title V Directors, key Title V staff, MCHB capacity building providers, and other MCH stakeholders and partners.
  - Annually, conduct at least one MCH leadership program for Title V Directors, Title V staff, and key stakeholders across all Title V population domains<sup>[1]</sup> and one MCH epidemiology workforce pathway program targeted towards current MCH epidemiology graduate students that trains 15-20 students per year
- Focus Area 2 - Urban MCH Programs:
  - Annually, conduct at least one year-long MCH leadership program for urban/local MCH professionals and one MCH epidemiology workforce training course targeted towards existing MCH epidemiology professionals.
- Focus Area 3 - Healthy Start Programs:
  - Annually, facilitate discussions with and obtain input from Healthy Start Project Directors regarding program strategy, design, and tactics to determine and share information about the most effective ways to meet key Healthy Start objectives.
- Focus Area 4 - Healthy Start Programs:
  - Annually, facilitate discussions with and obtain input from MIECHV Project Directors regarding program strategy, design, and tactics to determine and share information about the most effective ways to meet key MIECHV Program objectives.

## Applicant Eligibility

Eligible applicants are state, county, city, township, and special district governments, including the District of Columbia, domestic territories, and the freely associated states; public institutions of higher education; private institutions of higher education; non-profits with or without a 501(c)(3) IRS status; for-profit organizations; including small businesses; Native American tribal governments; Native American tribal organizations

“Domestic” means the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

## Funding

In FY 2025, approximately \$3,122,500 is available to support 4 awards through this program, and one in each focus area. Funding range per award:

- Focus Area 1- State Title V MCH Programs: Up to \$1,622,500 per year
- Focus Area 2- Urban MCH Programs: Up to \$700,000 per year
- Focus Area 3- Healthy Start Programs: Up to \$400,000 per year
- Focus Area 4- MIECHV Programs: Up to \$400,000 per year

HRSA plans to fund four awards in five, 12-month budget periods for a total 5-year period of performance from May 1, 2025, to April 30, 2030.

## Matching and Cost Sharing

This program does not have a cost-sharing requirement. If you choose to share in the costs of the project, we will not consider it during merit review. We will hold you accountable for any funds you add, including through reporting.

## Contact Information

Erin M. Patton

240-645-5791

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<https://www.hrsa.gov/grants/find-funding/HRSA-25-028>

## FEDERAL GRANT PROFILE



**Department:** U.S. Department of Health and Human Services  
**Agency:** Centers for Disease Control and Prevention- NCCDPHP

# FY 2024 Paul Coverdell National Acute Stroke Program

### Grant Overview

The purpose of this program is to improve equity and quality in stroke prevention and care with a focus on those at highest risk of stroke. Eligible applicants are state, county, city, township, and special district governments; independent school districts; institutions of higher education; federally or state recognized Native American/Alaska Native tribal governments and tribal organizations; public/Indian housing authorities; nonprofit organizations; small businesses; and non-governmental organizations.

### Program History

Program history is not available for this funding opportunity.

### Key Information

**Total Funding:** \$38.8 million

**Award Range:** \$2,500,000 to \$3,750,000

**Match:** None

**Solicitation Date:** April 10, 2024

**Letter of Intent:** May 10, 2024

**Proposal Due:** June 10, 2024

<https://grants.gov/search-results-detail/349789>



### Tips:

- Project activities must be proposed in communities most burdened by stroke, as evidenced by census tract level crude stroke prevalence at least one-and-a-half times greater than crude stroke prevalence for the corresponding county
- Applicants are required to collaborate with partners/ agencies serving the priority population of interest or work with the identified communities of interest.

**Department:** U.S. Department of Health and Human Services

**Agency:** Centers for Disease Control- NCCDPHP

## FY 2024 Paul Coverdell National Acute Stroke Program

### Detailed Summary

The purpose of this program is to improve equity and quality in stroke prevention and care with a focus on those at highest risk of stroke. This funding agency aims to prevent strokes through hypertension (HTN) detection and control, improve stroke care through enhanced data collection, and strengthen linkages between clinical and community resources for those at the highest risk of stroke, which includes those who have experienced a stroke, and those with uncontrolled or undiagnosed HTN.

Award recipients are required to collaborate or partner with a heart disease and stroke learning collaborative (LC) or stroke coalition to facilitate communication and share best practices for addressing the needs of communities disproportionately affected by the high prevalence of stroke. If one does not exist, recipients will be required to create an LC or coalition.

Projects must address the following strategies:

- Track, monitor, and assess clinical and social services and support needs measures and referrals across the stroke continuum of care for those who have experienced a stroke, those at the highest risk of stroke due to undiagnosed or uncontrolled hypertension, and to identify health care disparities
- Promote the implementation of a team-based care approach across the stroke continuum of care for those who have experienced a stroke and those at the highest risk of stroke, focusing on hypertension prevention, detection, control, and management through the mitigation of barriers to social services and support needs to improve outcomes
- Link individuals to community resources and clinical services to support bidirectional referrals, self-management, and lifestyle changes for those who have experienced a stroke and those at the highest risk of stroke and to mitigate barriers to social services and support needs to improve outcomes

Projects are expected to advance health equity among priority populations to prevent and mitigate the impact of heart disease and stroke to improve health outcomes, increase life expectancy and quality of life within approved populations of focus. Emphasis should be placed on achieving impact and reach across geographic locations where disparate populations can benefit from program strategies.

Supported projects must also involve a process to support the collection and analysis of in-hospital stroke data for those who have had a stroke, ensuring post-discharge follow up in rehabilitation or other community-supportive recovery services.

### Applicant Eligibility

Eligible applicants are state, county, city, township, and special district governments; independent school districts; institutions of higher education; federally or state recognized Native American/Alaska Native tribal governments and tribal organizations; public/Indian housing authorities; nonprofit organizations; small businesses; and non-

governmental organizations. Territorial governments or their bona fide agents in American Samoa, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, the Republic of Palau, and the U.S. Virgin Islands are also eligible to apply.

Project activities must be proposed in communities most burdened by stroke, as evidenced by crude stroke prevalence at the census tract level that is at least one-and-a-half times greater than crude stroke prevalence for the corresponding county.

Award recipients will be expected to collaborate with other programs supported by the funding agency, as well as other partners and agencies that serve the priority populations of interest for the program. Award recipients must perform a substantial role in carrying out project activities and may not merely serve as conduits of funds to other parties or providers who are not eligible.

## Funding

Approximately \$38,875,000 is expected to be available to support an estimated 12 cooperative agreements through this program. Approximately \$7.75 million is expected to be available per fiscal year, with awards ranging from \$500,000 to \$750,000 per budget period. The average award per budget period is expected to be \$650,000.

The project period will span five years. Continuation funding will be contingent upon satisfactory progress and funding availability.

## Matching and Cost Sharing

Matching funds are not required for this program; however, applicants are encouraged to leverage other resources and related ongoing efforts to promote sustainability, including the value of allowable, third-party in-kind contributions, as well as expenditures by the applicant.

## Contact Information

Primary Contact:

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<https://grants.gov/search-results-detail/349789>

## FEDERAL GRANT PROFILE



**Department:** U.S. Department of Health and Human Services  
**Agency:** Substance Abuse and Mental Health Services Administration

# FY 2023 Preventing Youth Overdose: Treatment, Recovery, Education, Awareness, and Training

### Grant Overview

The purpose of this program is to improve local awareness among youth of risks associated with fentanyl, increase access to medications for opioid use disorder (MOUD) for adolescents and young adults screened for and diagnosed with opioid use disorder (OUD), and train healthcare providers, families, and school personnel on best practices for supporting children, adolescents, and young adults with OUD and those taking MOUD. Eligible applicants are domestic public and private non-profit entities.

### Program History

A program history is not available.

### Key Information

**Total Funding:** \$1,900,000

**Award Range:** \$450,000

**Match:** Not required

**Solicitation date:** April 28, 2023

**Application Due:** June 27, 2023

<https://www.samhsa.gov/grants/grant-announcements/ti-23-022>



### Tips:

- Priority funding will be given for tribal, urban, suburban, and/or rural populations.
- Recipients who received funding in FY 2021 and FY 2023 under Enhancement and Expansion of Treatment and Recovery Services for Adolescents, Transitional Aged Youth, and their Families Youth and Family Tree are not eligible to apply for this funding opportunity.

**Department:** U.S. Department of Health and Human Services

**Agency:** Substance Abuse and Mental Health Services Administration

## **FY 2023 Preventing Youth Overdose: Treatment, Recovery, Education, Awareness, and Training**

### **Detailed Summary**

The purpose of this program is to improve local awareness among youth of risks associated with fentanyl, increase access to medications for opioid use disorder (MOUD) for youth screened for and diagnosed with opioid use disorder (OUD), and train healthcare providers, families, and school personnel on best practices for supporting youth with OUD and those taking MOUD. The program aims for healthcare providers and other community-based partnering entities to create a coordinated set of prevention, treatment, and recovery support services that include the appropriate use of MOUD for youth and young adults with OUD and ultimately reduce opioid-related overdose deaths.

The program also aims to raise awareness of risks associated with fentanyl, increase access to MOUD, and provide training to healthcare providers and families. SAMHSA recognizes the increase in opioid related overdoses among adolescents and young adults in the United States.

Award recipients must support the following services:

- Develop and implement community awareness activities around fentanyl, emerging drugs, and drugs of interest/prevalence in the community.
- Increase access to and provide services that improve access for youth, particularly underrepresented groups such as LGBTQI+ youth, to MOUD including:
  - Opioid treatment and withdrawal management services
  - Initial and periodic patient screening and assessments including substance use monitoring
  - Individualized treatment planning, overdose reversal education and naloxone distribution, and relapse prevention counseling and recovery support services
  - Counseling and recovery support services and coordination of care for all substance use disorders (SUD)
  - In-house pharmacy or a Memorandum of Understanding (MOU)/Memorandum of Agreement (MOA) with an external pharmacy to dispense MOUD
  - In-house or external physician or licensed prescriber MOUD prevention and treatment services.
  - Psycho-education groups that educate the population of focus and their families/caregivers to increase awareness of illness, MOUD, and other SUD treatment and recovery supports
  - Wraparound services that can address barriers to care, such as transportation, access to healthcare, family counseling, educational services, vocational services, housing assistance, financial counseling, and assistance with legal issues

- Treatment based services such as peer support, infectious disease care, and/or harm reduction services
  - Care coordination across other service delivery providers or systems (e.g., mental health, justice system, child welfare, and schools)
  - Activities that build connectedness/protective factors to bring youth together around health promotion, information-sharing, outreach, advocacy, and peer-to-peer education
- Provide education and training activities for families and school personnel to improve their understanding of OUD and MOUD for youth including:
  - Current training on opioid maintenance and withdrawal management
  - Use of FDA-approved MOUD for adolescents
  - Current risk factors and diagnostic criteria for SUDs and the basics of SUD as a chronic disease
  - Training on patient monitoring and opioid overdose reversal with naloxone
  - Basics of treatment of co-occurring medical and mental health disorders
  - Recovery support approaches including use of non-stigmatizing language, the role of trauma-informed care, and motivational enhancement interventions
  - Develop and implement outreach and engagement activities and strengthen referral pathways that engage all demographic groups represented in the community
- Provide opportunities for clinician education and training on safe and effective prescribing of MOUD for youth. The education and training should be offered by an accredited training entity that has knowledge, experience, and competence in the care of youth with opioid use disorder.
- Partner with other providers (e.g., schools, child welfare, community-based organizations, teen clinics, etc.) for service delivery and with stakeholders serving the population of focus, including those working with underserved and diverse populations. These partnerships should enhance existing services and increase access to additional services for the intended population.
- Hire staff that represent the population of the community.
- Translate tools and resources available to recipients of services.
- Provide, increase, or enhance access to services for people of all racial/ethnic/marginalized groups in the community.
- Create conflict and grievance resolutions processes that are culturally and linguistically appropriate.

Allowable activities may include:

- Developing and implementing tobacco cessation programs, activities, and/or strategies
- Providing training on National Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) standards
- Providing activities that address behavioral health disparities and the social determinants of health
- Implementing efforts that may expand diversity, equity, inclusion and accessibility
- Using data to understand who is served and disproportionately served
- Screening for HIV and Viral Hepatitis and vaccination for Hepatitis A and Hepatitis B
- Providing peer services by youth with lived experience/peer recovery support services
- Provide recovery housing for individuals to include those actively engaged in MOUD and other psychosocial services
- Implementing contingency monitoring and contingency management activities

The funding agency recognizes that infrastructure changes may be needed to implement the services or improve their effectiveness. Recipients may use no more than 15 percent of the total award for non-capitalized infrastructure development including:

- Training/workforce development to help program staff or other providers in the community identify mental health or substance abuse issues or provide effective culturally and linguistically competent services
- Training/workforce development to help project staff gain skills necessary to utilize new computer system/management systems as part of the program
- Policy development to support needed system improvements

## Applicant Eligibility

Eligible applicants are domestic public and private non-profit entities, such as:

- A local-level public board, agency, or institution that performs an administrative or service function for a group of public high schools and is seeking to establish or expand substance use treatment, prevention, and recovery support services at one or more of those schools;
- A state educational agency, such as a state board of education or similar state level body primarily responsible for the supervision of public elementary and secondary schools;
- A higher education institution (or consortia of such institutions), which may include a recovery program at an institution of higher education;
- A local workforce development board established and certified by its state governor pursuant to 29 U.S.C. 3122 or a one-stop operator designated or certified pursuant to 29 U.S.C. 3151(d);
- A non-profit organization with appropriate expertise in providing services or programs for children, adolescents, or young adults, excluding a school;
- A state, political subdivision of a state, Indian Tribe, or Tribal organization;
- A high school or dormitory serving high school students that receives funding from the Bureau of Indian Education;
- State governments; and
- Federally recognized American Indian/Alaska Native (AI/AN) Tribes, Tribal organizations, Urban Indian Organizations, and consortia of tribes or tribal organizations.

Tribal organization means the recognized body of any AI/AN tribe; any legally established organization of AI/ANs which is controlled, sanctioned, or chartered by such governing body, or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of AI/ANs in all phases of its activities. Consortia of tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval. A single tribe in the consortium must be the legal applicant, the recipient of the award, and the entity legally responsible for satisfying the award requirements.

Urban Indian Organization (UIO) (as identified by the Indian Health Service Office of Urban Indian Health Programs through active Title V awards/contracts) means a nonprofit corporate body situated in an urban center governed by an urban Indian-controlled board of directors, and providing for the maximum participation of all interested Individuals and groups, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in 503(a) of 25 U.S.C. § 1603.

UIOs are not tribes or tribal governments and do not have the same consultation rights or trust relationship with the federal government.

## Funding

In FY 2023, an estimated total of \$1,900,00 is available to support an anticipated 4 awards ranging from \$450,000 per year, per award.

The anticipated award date is August 31, 2023, with an anticipated project start date of September 30, 2023. The project period will last up to three years.

## Matching and Cost Sharing

There is no cost share or matching requirement for this program.

## Contact Information

Arianna Douglas

Center for Substance Abuse Treatment

Substance Abuse and Mental Health Services Administration

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<https://www.samhsa.gov/grants/grant-announcements/ti-23-022>

## FEDERAL GRANT PROFILE



**Department:** U.S. Department of Health and Human Services  
**Agency:** Substance Abuse and Mental Health Services Administration

# FY 2023 Project AWARE (Advancing Wellness and Resiliency in Education)

### Grant Overview

The purpose of Project AWARE is to develop a sustainable infrastructure for school-based mental health programs and services. Eligible applicants are states and territories, including the District of Columbia, political subdivisions of states including local governments, Indian tribes or tribal organizations, health facilities, or programs operated by or in accordance with a contract or grant with the Indian Health Service, or other domestic public or private nonprofit entities.

### Program History

	Total Funding	# of Awards
2022	\$70 million	23

### Key Information and Tips

**Total Funding:** \$38,129,774

**Award Range:** Up to \$1.8 million

**Match:** Not required

**Solicitation date:** February 27, 2023

**Application Due:** April 28, 2023

- Applicants must send their Public Health System Impact Statement (PHSIS) to appropriate State and local health agencies by application deadline.

<https://www.samhsa.gov/grants/grant-announcements/sm-23-001>



### Awardee Profile:

Salt Lake City, UT

**AMOUNT:** \$3,588,196

**YEAR:** 2022

This project received funding to develop a sustainable infrastructure for school-based mental health programs and services.

**Department:** U.S. Department of Health and Human Services

**Agency:** Substance Abuse and Mental Health Services Administration

## FY 2023 Project AWARE (Advancing Wellness and Resiliency in Education)

### Detailed Summary

The purpose of Project AWARE is to develop a sustainable infrastructure for school-based mental health programs and services. It is expected that awardees will build a collaborative partnership that includes the State Education Agency (SEA), the Local Education Agency (LEA), tribal education agency (TEA), the State Mental Health Agency (SMHA), community-based providers of behavioral health care services, school personnel, community organizations, families, and school-aged youth. Award recipients will leverage their partnerships to implement mental health related promotion, awareness, prevention, intervention and resilience activities to ensure that school-aged youth have access and are connected to appropriate and effective behavioral health services. The funding agency expects that this program will promote the healthy social and emotional development of school-aged youth and prevent youth violence in school settings.

For this solicitation, school-aged youth is defined as children and youth in grades K-12.

The goals of AWARE are to:

- Increase awareness of mental health, substance use, and co-occurring disorders among school-aged youth
- Increase the mental health literacy of individuals who interact with school-aged youth to understand and detect the signs and symptoms of mental illness, substance use/misuse, and co-occurring disorders
- Promote and foster resilience building and mental health well-being for all school-aged youth
- Provide positive behavioral health supports, targeted services to those who need more support, and intensive services to those who need them
- Connect school-aged youth who may have behavioral health issues, including serious emotional disturbance (SED) or serious mental illness (SMI), and their families to needed services
- Increase and improve access to culturally relevant, developmentally appropriate, and trauma-informed school and community-based program activities and services

Award recipients will be required to implement the following activities:

- Develop a collaborative partnership between at least one LEA, the SEA, the SMHA, and at least one local community public or private nonprofit provider of behavioral health services
- Conduct a needs assessment of the LEA(s) and the geographic catchment area of the risk and protective factors as well as current prevalence and incidence data, disaggregated by race/ethnicity, sexual orientation, and gender identity status
- Develop partnerships with racial/ethnic, sexual, and gender minority-serving community-based organizations, community health centers, certified community behavioral health clinics (CCBHCs), and community mental health centers to expand access to behavioral health services
- Develop an implementation plan that is based on a three-tiered public health model

- Establish or maintain an advisory board to include key stakeholders to support improvement in school-aged youth and family-serving school-based mental health systems
- Develop a sustainability plan that would include changes in policy that support the infrastructure needed to maintain and possibly expand behavioral health services and supports for school-aged youth when federal funding ends
- Establish collaborative relationships with families, community groups, family and peer support services, somatic and behavioral health providers, and local businesses to broaden and link available community resources to school-aged youth and their families

Funds may also be used for the following activities:

- Provide supports to assist teachers and school personnel to develop skills that promote staff wellness, mental well-being, and resilience to better support and refer school-aged youth with behavioral health issues to needed services
- Provide trauma- and grief-informed evidence-based counseling and support services for LGBTQI+ children, adolescents, and their families/caregivers, including those who have survived sexual orientation or gender identity change efforts
- Establish and implement a school-based student suicide awareness and prevention training policy
- Provide developmentally appropriate training to youth addressing healthy relationships, healthy sexuality, and prosocial communication, including issues of mutual respect, consent, and positive bystander intervention

Award recipients are encouraged to address the behavioral health needs of:

- Active duty military services members, returning veterans, and military families in designing and developing their programs, and to consider prioritizing this population for services, where appropriate
- The LGBTQI+ population in designing and developing their programs, and to consider prioritizing this population for services, where appropriate

## Applicant Eligibility

Eligible applicants are states and territories, including the District of Columbia, political subdivisions of states including local governments, Indian tribes or tribal organizations, health facilities, or programs operated by or in accordance with a contract or grant with the Indian Health Service, or other domestic public or private nonprofit entities.

Applicants must develop a collaborative partnership between at least one local education agency (LEA), the state education agency (SEA), the state mental health agency (SMHA), and at least one local community public or private nonprofit provider of behavioral health services.

Award recipients of this program's FY 2020, FY 2021, or FY 2022 solicitations are not eligible to apply.

## Funding

In FY 2023, an estimated \$38,129,774 is available to support an estimated awards of up to \$1,800,000. Proposed budgets cannot exceed \$1,800,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting

## Project AWARE (Advancing Wellness and Resiliency in Education)

project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

Matching funds are not required for this program; however, applicants' budget justifications must include a description of existing resources and other support expected to be received for the proposed project. Other support is defined as funds or resources, whether federal, nonfederal, or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions, or nonfederal means. Other sources of funds may be used for unallowable costs.

The anticipated award date is August 31, 2023. The project period is expected to begin on September 30, 2023, and will last for up to five years.

### Contact Information

Primary Contact

Jennifer Treger

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<https://www.samhsa.gov/grants/grant-announcements/sm-23-001>

## FEDERAL GRANT PROFILE



**Department:** U.S. Department of Health and Human Services  
**Agency:** Administration for Community Living (ACL)

# FY 2023 Rehabilitation Research and Training Center on Community Living and Participation Among Transition Age Youth with Serious Mental Health Conditions From Disadvantaged, Vulnerable, or Marginalized Backgrounds

### Grant Overview

The purpose of this program is to generate new research-based knowledge toward improved community living and participation outcomes among transition age youth with serious mental health conditions who are from disadvantaged or marginalized backgrounds. Eligible applicants are states; public or private agencies, including for-profit agencies; public or private organizations, including for-profit organizations; institutions of higher education; and Indian tribes and tribal organizations.

### Program History

There is no available program history.

### Key Information

**Total Funding:** \$875,000

**Award Range:** \$870,000 - \$875,000

**Match:** None

**Solicitation Date:** May 10, 2023

**Letter of Intent:** June 14, 2023

**Proposal Due:** July 10, 2023

More information can be found [here](#).



### Tips:

- Applicants are requested, but not required, to submit a letter of intent to apply for this funding opportunity

**Department:** U.S. Department of Health and Human Services

**Agency:** Administration for Community Living

# **FY 2023 Rehabilitation Research and Training Center on Community Living and Participation Among Transition Age Youth with Serious Mental Health Conditions From Disadvantaged, Vulnerable, or Marginalized Backgrounds**

## **Detailed Summary**

The purpose of this program is to generate new research-based knowledge toward improved community living and participation outcomes among transition age youth with serious mental health conditions who are from disadvantaged or marginalized backgrounds.

The selected applicant will conduct activities funded by the Administration for Community Living (ACL) and the Substance Abuse and Mental Health Services Administration (SAMHSA). The applicant must conduct research or evaluative studies designed to improve the community living and participation outcomes among Transition Age Youth (TAY) with serious mental health conditions (SMHC) from disadvantaged, vulnerable or marginalized backgrounds. Evaluative studies conducted by this applicant will focus on assessing the effectiveness of existing programs or services; research studies will generate new knowledge, generalizable to the relevant target populations.

For the purposes of this priority, transition-age youth are people who are 14 years of age or older, and 26 years of age or younger. For people under the age of 18, SMHC refers to a diagnosable mental, behavioral, or emotional disorder that substantially interferes with or limits a child's role in family, school, or community activities. For people 18 and older, SMHC refers to a diagnosable mental, behavioral, or emotional disorder that results in functional impairment that substantially interferes with or limits one or more major life activities.

The term "disadvantaged, vulnerable or marginalized" refers to youth of color; youth who have run away or been turned out of their homes following neglect and/or abuse; lesbian, gay, bisexual, transgender, queer, intersex (LGBTQI+) youth; youth experiencing first episode psychosis; youth living in rural or frontier areas; youth adversely affected by persistent poverty or inequality; or youth who are or have been involved in the justice and/or child welfare systems.

The applicant must contribute to improved outcomes in community living and participation among TAY with SMHC from disadvantaged, vulnerable or marginalized backgrounds by:

- Conducting research or evaluation activities that generate new knowledge regarding developmentally appropriate interventions that are designed to improve community living and participation outcomes for TAY with SMHC from disadvantaged, vulnerable or marginalized backgrounds, including those from underserved communities. These research or evaluation activities must:
  - Identify or develop, and then evaluate and test, innovative interventions that meet the community living and participation needs of TAY with SMHC from disadvantaged, vulnerable or marginalized backgrounds. Interventions include any strategy, practice, program, policy, or tool that, when implemented as intended, is designed to contribute to improvements in community living and participation outcomes of the target population.
  - Generate new knowledge about the COVID and long-COVID experiences of TAY with SMHCs from disadvantaged, vulnerable, or marginalized backgrounds, and how those experiences are related to community living and participation outcomes.
  - Identify the specific population or populations of TAY with SMHC from disadvantaged, vulnerable and marginalized backgrounds they propose to study. Applicants must provide evidence that the selected population or populations are at risk for less favorable community living and participation outcomes, and explain how the proposed interventions are expected to address the needs of the identified population or populations.
- Generating new knowledge about key systems and policy issues that affect community living and participation outcomes for the population or populations identified above. When generating this new knowledge, applicants should conduct research in one or more specific stages of research. If the applicant plans to conduct research that can be categorized under more than one of the research stages, or research that progresses from one stage to another, those stages must be clearly specified.
- Increasing capacity of peer support providers, educators, community-based organizations, employers, state agencies, and service providers who work with TAY with SMHC, and/or their families to improve the community living and participation outcomes for the population or populations. The applicant will provide training and technical assistance to these entities who work with the target population.
- Serving as a national resource center related to community living and participation of TAY with SMHC from disadvantaged, vulnerable or marginalized backgrounds by:
  - Providing information and technical assistance to TAY with SMHC from disadvantaged, vulnerable or marginalized backgrounds, their representatives, and other key stakeholders;
  - Providing training (including graduate, pre-service, and in-service training) and technical assistance to service providers, researchers, and other key stakeholders, so that they can contribute to building more effective service systems and provide more effective support to TAY with SMHC from disadvantaged, vulnerable or marginalized backgrounds. This training may be provided through conferences, workshops, public education programs, in-service training programs, and similar activities.
  - Disseminating research-based information and materials, including peer-reviewed articles, related to community living and participation among TAY with SMHC from disadvantaged, vulnerable or marginalized backgrounds. Applicants must describe how

they will involve TAY with SMHC from disadvantaged, vulnerable or marginalized backgrounds in its dissemination and outreach activities.

- Involving adolescents and emerging adults with SMHC from disadvantaged, vulnerable or marginalized backgrounds, as well as other key stakeholder groups (e.g., community based organizations, family members or family surrogates, employers, educators, state agencies, service providers, peer mentors) in the activities conducted in order to maximize the relevance and usability of the new knowledge generated by the applicant.

## Applicant Eligibility

Eligible applicants are states; public or private agencies, including for-profit agencies; public or private organizations, including for-profit organizations; institutions of higher education; and Indian tribes and tribal organizations.

## Funding

In FY 2023, an anticipated \$875,000 is available to support 1 award ranging from \$870,000 to \$875,000 through this program.

The total period of performance length is 60-months with five 12-month budget periods.

## Matching and Cost Sharing

Matching funds are not required for this program; however, recipients are allowed to voluntarily propose a commitment of non-federal resources.

## Contact Information

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<https://www.grants.gov/web/grants/view-opportunity.html?oppld=346785>

## FEDERAL GRANT PROFILE



**Department:** U.S. Department of Health and Human Services  
**Agency:** Administration for Children & Families

# FY 2023 Runaway and Homeless Youth- Prevention Demonstration Program (RHY- PDP)

### Grant Overview

The purpose of this program is to expand existing partnerships among service providers in key areas, such as education, health, mental health, child welfare, family support, substance abuse prevention/intervention, domestic violence/crisis intervention, law enforcement, courts, legal services, and other non-traditional partners, to create a comprehensive safety net that will improve the accessibility, delivery, and quality of prevention services for youth and young adults who are at highest risk of experiencing homelessness. Eligible applicants are public and nonprofit entities and combinations of such entities are eligible to apply unless they are part of the juvenile justice system. Private institutions of higher education must be non-profit entities. Faith-based and community organizations that meet the eligibility requirements are also eligible.

### Program History

There is no available history for this program.

### Key Information

**Total Funding:** \$1.75 million

**Award Range:** \$250,000 - \$350,000 (per budget period)

**Match:** 10 percent

**Solicitation Date:** May 30, 2023

**Application Due:** July 31, 2023

More information could be found [here](#).



### Tips:

- Projects must ensure equitable treatment of all youth receiving services under this program.
- Priority will be given to projects relating to innovative programs, that assist youth in obtaining and maintaining safe and stable housing.

**Department:** U.S. Department of Health and Human Services

**Agency:** Administration for Children & Families

## **FY 2023 Runaway and Homeless Youth-Prevention Demonstration Program (RHY-PDP)**

### **Detailed Summary**

The purpose of this program is to expand existing partnerships among service providers in key areas, such as education, health, mental health, child welfare, family support, substance abuse prevention/intervention, domestic violence/crisis intervention, law enforcement, courts, legal services, and other non-traditional partners, to create a comprehensive safety net that will improve the accessibility, delivery, and quality of prevention services for youth and young adults who are at highest risk of experiencing homelessness.

This program supports the design and delivery of community-based demonstration initiatives to prevent youth and young adults under the age of 22 from experiencing homelessness. Through the development and coordination of partnerships with youth and young adult service providers, community organizations, and private and public agencies, the program will:

- Identify young people at risk of experiencing homelessness
- Design and develop a comprehensive community-based prevention plan to prevent youth homelessness
- Implement robust, holistic prevention services tailored for youth and young adults to respond to the diverse needs of youth who are at risk of homelessness and their families

Recipients will plan and implement prevention services that are tailored for youth and young adults who are at risk of experiencing homelessness or housing instability and their families. Preventing youth and young adults from experiencing homelessness or housing instability will require strong partnerships with youth-and-family serving systems and organizations and will require grant recipients to expand existing partnerships among service providers in key areas, such as education, health, mental health, child welfare, family support, substance abuse prevention/intervention, domestic violence/crisis intervention, law enforcement, courts, juvenile justice, legal services, and non-traditional partners, to create a comprehensive safety net that will improve the accessibility, delivery, and quality of services for youth and young adults to prevent them from experiencing homelessness.

The primary objectives of this program are to:

- Develop a Prevention Plan by engaging in a community planning and strategic engagement process. The Prevention Plan will identify strategies to prevent youth homelessness by strengthening existing partnerships, forming new partnerships, developing a shared understanding and definition of

prevention, addressing system barriers, conducting needs assessments, identifying prevention services tailored for youth and young adults at risk of experiencing homelessness, testing promising interventions, and evaluating their outcomes.

- Promote equity in the delivery of services and measurement of outcomes targeted to the prevention of youth homelessness. Recipients will demonstrate and measure equitable service delivery, positive outcomes, and a reduction in disparate outcomes for youth of color; youth who identify as Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, Asexual, Two-Spirit (LGBTQIA2S+); tribal youth; and other underserved youth experience homelessness or housing instability.
- Implement prevention interventions and services that are tailored for youth and young adults to prevent youth homelessness.
- Evaluate the implementation of prevention services and interventions. Develop realistic and measurable targets to evaluate the program's prevention services and their impact on youth experiencing homelessness or housing instability. Upon award, the funding agency will provide specific performance measures and training on the collection and analysis of data to demonstrate outcomes in carrying out objectives of the program.

The program will be carried out using a two-phase process that includes a 6-month planning phase and a 30-month implementation phase as follows:

**Phase I: Planning - Develop a Prevention Plan:** Grant recipients are required to develop a Prevention Plan to prevent youth homelessness. Grant recipients will have 6 months from the start date of the award to create a Prevention Plan. The planning process is expected to lay the groundwork for program implementation thus providing a framework for the interventions and services the program will utilize during the implementation phase. Upon completion of the Prevention Plan, the grant recipient will submit it to funding agency for review and approval.

**Phase II: Implementation—Prevention Interventions and Services Tailored to Youth and Young Adults At-Risk of Homelessness:** Grant recipients will implement the prevention plan. This will require grant recipients to identify youth and young adults at risk of experiencing homelessness and provide them with robust, holistic prevention services to respond to their diverse needs. Grant recipients will implement and evaluate prevention interventions or services that are tailored to youth and young adults.

Grant recipients must have existing partnerships with at least three youth and family partners, that have supported the grant recipient in their existing youth programming. Examples of youth and family partners include schools, education, health, mental health, child welfare, family support, substance abuse prevention/intervention, domestic violence/crisis intervention, law enforcement, courts, juvenile justice, and legal services, and non-traditional partners.

To be successful, projects must develop a sustainability plan at the beginning of the project that is revisited and revised, as necessary, throughout the project. This plan should include the following:

- Accountability in meeting program performance standards
- Collaboration through building meaningful partnerships with other service agencies, youth with lived experience of homelessness, as well as other experts on runaway and homeless youth in the community
- Sustainability through diversification of funding to continue services in the event of a loss of FYSB funding, as well as a plan to address staff retention and staff turnover

## Applicant Eligibility

Eligible applicants are public and nonprofit entities and combinations of such entities are eligible to apply unless they are part of the juvenile justice system. Private institutions of higher education must be non-profit entities. Faith-based and community organizations that meet the eligibility requirements are also eligible.

## Funding

In FY 2023, approximately \$1.75 million is available to support an estimated five awards between \$250,000 - \$350,000 per budget period through this program.

The anticipated start date is September 29, 2023. This program has a 36-month project period with three 12-month budget periods.

Recipients under this grant program may opt to transfer a portion of substantive programmatic work to other organizations through subaward(s). The prime recipient must maintain a substantive role in the project. This program defines a substantive role as conducting activities and/or providing services funded under the award that are necessary and integral to the completion of the project. Subrecipient(s) must meet the eligibility requirements.

## Matching and Cost Sharing

Recipients must provide a non-federal share of at least 10 percent of the total approved cost of the project.

## Contact Information

Program Office Contact

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<https://www.grants.gov/web/grants/view-opportunity.html?oppld=345856>

FEDERAL GRANT PROFILE



Department: U.S. Department of Health and Human Services
Agency: Health Resources and Services Administration

FY 2025 Rural Communities Opioid Response Program (RCORP) – Overdose Response

Grant Overview

The purpose of this program is to support improving health care in rural areas by addressing their immediate and short-term needs related to the provision of substance use disorder services. This program ultimately aims to reduce and prevent the risk of overdoses in rural areas. Eligible applicants are domestic public or private, nonprofit, and for-profit entities.

Program History

Table with 3 columns: Year, Total Funding, # of Awards. Row for 2023: \$14.1 million, 47.

Key Information

- Total Funding: \$6 million
Award Range: Up to \$300,000
Match: Not required
Solicitation date: December 20, 2024
Proposal due: March 10, 2025

https://www.hrsa.gov/rural-health/opioid-response/overdose-response



Awardee Profile

Purchase District Health Department
Paducah, KY

AMOUNT: \$300,000
YEAR: 2023

The Purchase District Health Department will create a Harm Reduction Integrated Community Hub to serve those with an SUD/ODU through wrap around services which include STD/STI testing, counseling, referral, and treatment of STD/STIs; access to an onsite telehealth hub for in person services; coordination for Medicaid applications for the uninsured; access to harm reduction supplies; and access to a Peer Support Specialist (PSS).

**Department:** U.S. Department of Health and Human Services

**Agency:** Health Resources and Services Administration

# FY 2025 Rural Communities Opioid Response Program (RCORP) – Overdose Response

## Detailed Summary

The purpose of this program is to support improving health care in rural areas by addressing their immediate and short-term needs related to the provision of substance use disorder services. This program ultimately aims to reduce and prevent the risk of overdoses in rural areas through the support of projects that establish and/or expand substance use disorder (SUD) prevention, harm reduction, treatment, and recovery services in the target rural service area.

The target population for this program includes individuals living in HRSA-designated rural areas who are at risk for SUD, experiencing symptoms of SUD, in treatment for SUD, or in recovery for SUD; their families and/or caregivers; and the impacted community members who reside in HRSA-designated rural areas.

Allowable activities are split into two tiers. Applicants must include at least one activity from Tier 1. Tier 1 activities pertain to the direct delivery of SUD services, including:

### Prevention

- Tertiary prevention: Purchase naloxone, fentanyl test strips or other evidence-based tertiary prevention supplies and distribute them within the target rural service area. Award recipients must follow all applicable local, state, and Federal laws and policies when purchasing and distributing these supplies.

### Treatment

- SUD/OD Care Delivery Sites: Establish, improve, or expand physical SUD/ OUD care delivery sites. Examples include (but are not limited to): purchasing a mobile unit for providing/expanding access to treatment including pharmacies; conducting minor renovations to establish an appropriate space for providing treatment, etc.
- Quick Response Teams: Establish a Quick Response Team (QRT) that includes EMS, law enforcement, and social workers/peer specialists, which will immediately respond to opioid overdoses and connect individuals on site with critical substance use disorder services.
- Screening and connection to treatment: Screen individuals for SUD/OD and related infections diseases and ensure that all individuals who screen positive are connected with treatment and other behavioral health and social services.
- Bridge Clinics: Establish or expand Bridge Clinics for MOUD. Bridge clinics provide interim substance use disorder treatment (including access to medications/pharmacy access) to individuals with a recent overdose who are leaving the emergency department or discharged from inpatient care, until they are able to establish more permanent care in the community setting.

- **Stimulant Treatment:** Establish, improve, or expand evidence based stimulant treatment programs for individuals with polysubstance use. This may include, but is not limited to, training providers to address stimulant misuse, implementing contingency management, etc.

#### Recovery

- **Recovery Housing:** Establish or expand recovery housing
- **Recovery Community Organization:** Establish or expand a recovery community organization.
- **Peer Recovery specialists:** Train peer recovery support specialists and coordinate placements in local SUD/OD service delivery sites, such as emergency departments, primary care, jails/prisons, behavioral health care clinics, etc.

If capacity exists, applicants may also select additional allowable activities from Tier 1 or Tier 2. Tier 2 activities relate to capacity building, supportive services, and special populations.

Program-supported services may only be delivered in HRSA-designated rural counties and rural census tracts, as defined by the [Rural Health Grants Eligibility Analyzer](#). Within partially rural counties, services supported by this award may only be delivered within HRSA-designated rural census tracts. Applicants must implement at least one program-supported allowable activity in every rural and partially rural county selected as part of the target rural service area.

## Applicant Eligibility

Eligible applicants are all domestic public or private, non-profit, and for-profit entities including public institutions of higher education; private institutions of higher education; nonprofit organizations with or without a 501(c)(3) IRS status; for-profit organizations, including small businesses; state governments, including the District of Columbia, domestic territories, and freely associated states; county, city, township and special district governments; independent school districts, Native American tribal governments, and Native American tribal organizations.

For the purposes of this announcement, “Domestic” means the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

## Funding

In FY 2025, approximately \$6 million is available to support an estimated 20 awards of up to \$300,000 through this program.

The funding agency plans to fund awards in one 12-month period of performance from September 1, 2025, to August 31, 2026.

## Matching and Cost Sharing

This program has no match or cost-sharing requirement.

## Contact Information

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<https://www.hrsa.gov/rural-health/opioid-response/overdose-response>

FEDERAL GRANT PROFILE



Department: U.S. Department of Health and Human Services
Agency: Health Resources and Services Administration (HRSA)

FY 2025 Rural Health Care Services Outreach Program

Grant Overview

The purpose of this program is to support organizations to promote rural health care services outreach by improving and expanding the delivery of health care services to include new and enhanced services in rural areas. To achieve this purpose, the program also aims to strengthen local resources and capacity in rural communities. Through collaborative consortiums that include three or more health care providers, each community can develop innovative approaches to solve their own unique challenges and factors underlying rural health disparities. Eligible applicants are state and county health departments, institutions of higher education, hospitals – including rural emergency hospitals, community-based organizations, federally qualified health centers, rural health clinics, federally recognized Tribal governments, and tribal organizations.

Program History

Table with 3 columns: Year, Total Funding, # of Awards. Row for 2021: \$12.7, 61

Key Information

Total Funding: \$13 million
Award Range: Varies based on project type
Match: Not required
Solicitation date: December 5, 2024
Proposal due: January 27, 2025

- Awards will be issued through two tracks: regular track and special track

https://www.grants.gov/search-results-detail/355368



Tips

- Preference will be given to projects that are located in a designated health professional shortage area or medically underserved community/population service area or that focus on primary care, wellness and prevention strategies.

**Department:** U.S. Department of Health and Human Services  
**Agency:** Health Resources and Services Administration (HRSA)

## FY 2025 Rural Health Care Services Outreach Program

### Detailed Summary

The purpose of this program is to support organizations to promote rural health care services outreach by improving and expanding the delivery of health care services to include new and enhanced services in rural areas. To achieve this purpose, the program also aims to strengthen local resources and capacity in rural communities. Through collaborative consortiums that include three or more health care providers, each community can develop innovative approaches to solve their own unique challenges and factors underlying rural health disparities. The goals of this program are to:

- Expand delivery of health care services to include new and enhanced services exclusively in rural communities
- Deliver health care services through a strong consortium in which every consortium member organization is actively involved and engaged in the planning and delivery of services
- Use community engagement and evidence-based or innovative, evidence-informed models in the delivery of health care services
- Improve population health and demonstrate health outcomes and sustainability

Awards will be issued through the following tracks:

- **Regular Track:** This track funds projects that expand access to health care in rural communities, improve the delivery of health care services, and strengthen resources and capacity in rural communities through collaborative consortiums. These projects are community driven and focus on outreach and education activities targeting unique health needs in rural communities. Goals include demonstrating improvement in health outcomes and creating long-term sustainability through funded projects. Successful Regular Track applicants are expected to implement activities that:
  - Develop and implement an evidence-based, innovative or evidence-informed intervention that promotes health services by enhancing health delivery to rural underserved populations based on the identified needs of the community or region projects propose to address.
  - Focus on outreach and delivery of health care services, including social and other health-related service needs, to address and improve outcomes of targeted health care needs for the rural service areas the project serves during the four-year funding period.
  - Actively collaborates and involves rural community and consortium members in project implementation throughout the duration of the four-year period of performance.

- In collaboration with rural community and consortium members, implements project activities and informs plans for sustainability and possible replication or expansion of projects in other rural settings, after federal funding ends.
- Special Track: This track funds projects that address the underlying factors that drive rural health disparities related to stroke, heart disease, chronic lower respiratory disease, unintentional injury, cancer, and maternal health. The goals of Special Track projects are to demonstrate a collective impact to better manage conditions, address risk factors, and focus on prevention. Successful Special Track applicants are also expected to implement projects able to fulfill these requirements:
  - Clearly indicates selection of one or more of the Special Track focus areas which include stroke, heart disease, chronic lower respiratory disease, unintentional injury, cancer, maternal health
  - Focuses project design on evidence-based, innovative, or evidence-informed intervention effectively to address the identified focus area(s) for the clearly defined rural population(s) who receive grant project intervention services.
  - Implements activities and possesses project capacity to demonstrate improvements in key health indicators and/or outcomes for the rural target population that can be attributed to the project intervention during the four-year period of performance.
  - Clearly defines the individuals from the rural target population who are the intended beneficiaries of funded project intervention activities that will be assessed for improvement in key health indicators and/or outcomes measured.
  - Collects and tracks ongoing relevant data over the course of the four-year period of performance to effectively assess the impact of grant project activities on the identified rural target population(s) for the selected Special Track focus area(s).
  - Produces sustainable initiatives to inform replication or expansion of similar prevention and health promotion models in other rural settings addressing risk factors and prevention for the selected Special Track focus area(s). As such, the funding agency encourages applicants to
    - incorporate new Medicare billing codes for community and behavioral services
    - Consider participation in incentive programs and to leverage reimbursement strategies as a means for project sustainability. Incentives refer to improving the way providers are paid and offering incentive payments for providing high quality health care. This includes participation in value-based payment systems, such as accountable care organizations (ACO), patient centered medical homes (PCMH), bundled payments, and other shared savings models. Such incentives offer opportunities that can contribute to project sustainability
    - Reimbursement strategies leverage payment reimbursements for certain services to qualified patient populations. Many of the Centers for Medicare & Medicaid (CMS) programs, such as the Chronic Care Management and Diabetes Prevention Program, incentivize provision of preventive services and chronic disease management for Medicare patients, offering reimbursements when services are provided
    - Consider a network service model where members use a dues structure to continue successful services after the completion of the grant

- Improve outcomes and achieve savings by reducing inappropriate emergency department billing or avoidable hospital re-admissions and using those savings to form a revenue stream to sustain the project.
- Actively collaborates and involves rural community and consortium members in project implementation throughout the duration of the four-year period of performance. In an effort to promote expanded or scaled impact of your project, the funding agency encourages applicants to work with a regional or state-based entity as one of the consortium members, such as a state Medicaid office, regional managed care association or regional health care foundation.
- Uses the first year of the grant period of performance strategically to include a community assessment that informs the intervention and selected Special Track focus area(s) and rural target population(s).
- Has the capacity to track the recipients of project intervention services over the duration of program to determine improvement over time and report on performance measures (which includes cost-savings analysis, risk reduction, etc.), project specific measures and program deliverables. For Special Track projects focusing on maternal health, tracking recipients of project intervention services over time to determine improvement of perinatal outcomes for at least one year within the period of performance, following receipt of services.

## Applicant Eligibility

Eligible applicants are entities such as non-profits with a 501(c)(3) and non-profits with an IRS status other than a 501(c)(3). Other eligible entities may include but are not limited to public and private institutions of higher education, state and county health departments, hospitals, including rural emergency hospitals, Native American tribal government and organizations, community-based organization, federally qualified health centers, and rural health clinics.

Eligible entities have demonstrated experience serving, or the capacity to serve, underserved rural populations, include only rural counties and census tracts in HRSA-designated rural areas as target service areas served by grant funds from this program, if awarded. Eligible consortiums include at least three health care provider organizations, including the applicant organization and at least 66 percent of members must be located in HRSA designated rural areas. Eligible applicants are those that have not received an award previously under this program for the same or a similar project. All applicants must contact their [State Office of Rural Health \(SORH\)](#) regarding intent to apply.

Preference will be given to projects that are:

- Located in an officially designated health professional shortage area (HPSA)
- Located in a medically underserved community (MUC), or that serve medically underserved populations (MUPs)
- Focused on primary care and wellness and prevention strategies

## Funding

In FY 2025, approximately \$13 million is expected to be available annually to support up to 50 awards through this program. Funding will be distributed as follows:

- Regular Track projects: up to 40 awards of up to \$250,000 per year

- Special Track projects: up to 10 awards of up to \$300,000 per year

Project periods span four years from May 1, 2025 to April 30, 2029.

## **Matching and Cost Sharing**

No match is required for this funding.

## **Contact Information**

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<https://www.grants.gov/search-results-detail/355368>



**Department:** Department of Health and Human Services  
**Agency:** Health Resources and Services Administration

# FY 2025 Rural Health Network Development Planning Program

### Grant Overview

The purpose of this program is to support the planning and development of integrated health care networks to achieve efficiencies, improve health care services and associated health outcomes, and strengthen the rural health care system. Eligible applicants are domestic public or private, nonprofit or for-profit entities, which include local government, academic institutions, Native American tribal governments, the private sector, schools/school districts, state government, and tribal organizations.

### Program History

Year	Total awarded	# of Awards
2024	\$3 Million	30
2023	\$4 Million	37

### Key Information

**Total Funding:** Up to \$3.5 million  
**Match:** Not required  
**Solicitation date:** December 18, 2024  
**Proposal due:** February 19, 2025

<https://www.hrsa.gov/grants/find-funding/HRSA-25-037>



### Awardee Profile

John C. Fremont Healthcare  
District  
Mariposa, Ca

**AMOUNT:** \$100,000

**YEAR:** 2024

Funding will be used to assist in the development of an integrated health care network.

**Department:** Department of Health and Human Services

**Agency:** Health Resources and Services Administration

# FY 2025 Rural Health Network Development Planning Program

## Detailed Summary

The purpose of this program is to support the planning and development of integrated health care networks to achieve efficiencies, improve health care services and associated health outcomes, and strengthen the rural health care system. Funding must be used to support planning activities.

Funding will be provided to support the planning and development of integrated health care networks in rural areas that collaborate to:

- Achieve efficiencies
- Expand access to, coordinate, and improve the quality of basic health care services and associated health outcomes
- Strengthen the rural health care system as a whole

The specific focus of the program is on collaboration of entities to establish or improve local capacity and care coordination in underserved communities. Specifically, the program uses the concept of developing networks as a strategy for linking rural health care network participants together to achieve greater collective capacity to overcome local challenges, expand access, and improve the quality of care in the rural communities these organizations serve.

The program's intent is that rural health networks will do the following:

- Expand access to care
- Increase the use of health information technology
- Explore alternative health care delivery models
- Continue to achieve quality health care across the Continuum of Care

The goal of this program is to support the planning and development of integrated health care networks that:

- Facilitate collaboration among health care networks to achieve efficiencies and improve access to quality health care services and outcomes in rural areas
- Strengthen the rural health care system as a whole by fostering partnerships among diverse health care entities
- Enhance local capacity to improve rural community health interventions and coordinate care effectively

Projects must support at least one of the following legislative aims:

- Achieve efficiencies: conducting a community health and/or provider needs assessment at the regional and/or local level

- Expand access to, coordinate, and improve the quality of basic health care services and associated health outcomes:
  - Developing a network business and/or operations plan
  - Identifying the appropriate governance structure for participants to use in creating a network
  - Identifying strategies to communicate with the community about changes in the health care landscape and how to develop a plan to maintain access to viable health care services
  - Integrating health and human services, including enhancing access for those with disabilities and planning activities to develop a plan to integrate and maintain access to health and human services
  - Developing a plan to expand the role of emergency medical services within the community, including loss of services as a result of a hospital closure/conversion and/or readiness to support labor and delivery
- Strengthen the rural health care system as a whole:
  - Identifying ways to encourage cross-organizational collaboration and leadership commitment
  - Assessing the network's sustainability and viability
  - Identifying and establishing ways to obtain regional and/or local community support/buy-in around the development of the network
  - Identifying a strategy to leverage broadband connectivity to support health information technology applications in rural communities

Funding preference will be given to applicants that meet the following qualifications:

- Qualification 1: health professional shortage area (HPSA): applicant or the service area of the applicant is in an officially designated HPSA
- Qualification 2: medically underserved community/populations (MUC/MUPs): applicant or the service area of the applicant is in an MUC and/or the applicant serves MUPs
- Qualification 3: focus on primary care and wellness and prevention strategies: project focuses on primary care and wellness and prevention strategies

## Applicant Eligibility

Eligible applicants are domestic public or private, nonprofit or for-profit entities, which include local government, academic institutions, Native American tribes, nonprofits, the private sector, schools/school districts, state government, and tribal organizations. The following types of domestic organizations may apply public and private institutions of higher education, nonprofit organizations with or without 501(c)(3), for-profit organizations, including small businesses, states, counties, cities, townships, and special district governments, including the District of Columbia, domestic territories, and the freely associated states, federally Qualified Health Centers (FQHC), community health centers, rural health clinics (RHCs), Hospitals, rural emergency hospitals, and Native American tribal organizations.

For the purposes of this program, domestic is defined as the 50 states, the District of Columbia, American Samoa, Guam, the Republic of the Marshall Islands, the Federated States of Micronesia, the Northern Mariana Islands, the Republic of Palau, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands.

Applicants must represent a network composed of participants, including the applicant organization, that include at least three health care provider organizations. Applicants must also have demonstrated experience serving, or the capacity to serve, rural underserved populations. At least 66 percent of network members must be located in a rural area as designated by the funding agency.

Generally, applicants may not submit more than one application under the same Unique Entity Identifier (UEI) number and/or employer identification number (EIN). Applicants may only submit more than one application under the same UEI number and/or EIN if each proposes distinct projects and an appropriate EIN exception request is submitted with the application. Entities seeking funding for the same or similar project as that previously funded under 42 U.S.C. 254c(f) are ineligible.

## Funding Details

In FY 2025, a total of \$3.5 million is expected to be available to support up to 35 awards of up to \$100,000 through this program. The project period will be one year, beginning on July 1, 2025, and ending on June 30, 2026.

## Cost Sharing and Matching

Matching funds are not required for this program.

## Contact Information

Program and Eligibility Contact:

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[cdarnell@hrsa.gov](mailto:cdarnell@hrsa.gov)

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<https://www.hrsa.gov/grants/find-funding/HRSA-25-037>



**Department:** U.S. Department of Health and Human Services  
**Agency:** Health Resources and Services Administration (HRSA)

# FY 2025 Rural Maternity and Obstetrics Management Strategies (Rural MOMS) Program

### Grant Overview

The purpose of this program is to provide support to establish innovative and collaborative rural obstetric networks to improve maternity care and access to care in rural communities. Eligible applicants are domestic public or private, nonprofit, or for-profit entities providing prenatal care, labor care, birthing, and postpartum care services in rural areas, frontier areas, or medically underserved areas, or to medically underserved populations or Indian tribes or tribal organizations.

### Program History

	Total Funding	# of Awards
2024	\$1,922,266	2
2023	\$1,991,467	2

### Key Information and Tips

**Total Funding:** \$3 million  
**Award Range:** \$1 million per year  
**Match:** Not required  
**Solicitation date:** January 17, 2025  
**Proposal due:** April 22, 2025

- For more information about this opportunity, a webinar will be held on February 12, 2025, at 2:00 p.m. EST. The webinar can be joined [here](#).

<https://www.hrsa.gov/grants/find-funding/HRSA-25-041>



### Awardee Profile

Mariposa Community Health Center  
Nogales, AZ

**AMOUNT:** \$1 million  
**YEAR:** 2024

Mariposa Community Health Center received funding to provide support to establish innovative and collaborative rural obstetric networks to improve maternity care and access to care throughout Santa Cruz, Graham, and Gila counties.

**Department:** U.S. Department of Health and Human Services

**Agency:** Health Resources and Services Administration (HRSA)

# **FY 2025 Rural Maternity and Obstetrics Management Strategies (Rural MOMS) Program**

## **Detailed Summary**

The purpose of this program is to provide support to establish innovative and collaborative rural obstetric networks to improve maternity care and access to care in rural communities. Funding will support networks that establish or continue collaborative improvement and innovative models that can provide long-term sustainable and financially viable service delivery to improve maternal and infant health outcomes. The work of these networks will help to reduce preventable maternal mortality risks and decrease severe maternal morbidity in rural areas.

The goals of this program are to:

- Identify and implement evidence-based and sustainable delivery models for the provision of maternal and obstetrics care in rural hospitals and communities to reduce risks associated with maternal mortality
- Enhance and preserve access to maternal and obstetric services in rural hospitals that includes developing an approach to aggregate, coordinate, and sustain the delivery and access of preconception, prenatal, pregnancy, labor and delivery, and postpartum services
- Provide training for professionals in health care settings that do not have specialty maternity care; this should involve collaborating with academic institutions or other similar regional entities that can:
  - Provide regional clinical expertise, such as specialty expertise and provider support using a variety of modalities, including telehealth services
  - Help identify barriers to providing maternal health care and strategies for addressing such barriers
- Assess and address disparities in infant and maternal health outcomes, including among rural underserved populations

Award recipients will be encouraged by the funding agency to explore the following sustainability strategies:

- Innovative billing strategies implemented collectively among network partners to bill for prenatal services through rural health clinics (RHCs) and Federally Qualified Health Centers (FQHCs)
- Collaboration with multiple payers and funders to support sustainability of the network's maternal health care services after funding ends

## **Applicant Eligibility**

Eligible applicants are domestic public or private, nonprofit, or for-profit entities providing prenatal care, labor care, birthing, and postpartum care services in rural areas, frontier areas, or medically underserved areas, or

to medically underserved populations or Indian tribes or tribal organizations. Examples of eligible applicants include public or private institutions of higher education; nonprofit organizations with or without 501(c)(3) status; for-profit organizations, including small businesses; state, county, city, township, and special district governments, including the District of Columbia, domestic territories, and freely associated states; independent school districts; Native American tribal governments; Native American tribal organizations; hospitals, including rural emergency hospitals; community-based organizations; community health centers, including Federally Qualified Health Centers (FQHCs); and rural health clinics.

Applicants must represent a network of three or more separately owned health care provider organizations that meet the program requirements and expectations. In addition, the network must have the capacity to serve target populations residing in a [HRSA-designated rural area](#).

Priority will be given to networks that:

- Have a history of collaboration for governmental or privately funded health care services projects
- Serve rural communities located in one or more of the states with the top ten highest average Maternal Care Health Professional Target Area (MCTA) scores

Multiple applications from the same applicant may be permitted if the applications propose separate and distinct projects; however, single organizations may not apply more than once on behalf of its satellite offices.

## Funding

In FY 2025, approximately \$3 million is expected to be available to support an expected three cooperative agreements of \$1 million per year through this program.

Award notifications are expected to be made by August 1, 2025.

The project period is four years, beginning on September 30, 2025, and ending on September 29, 2029. Funding will be issued in four 12-month budget periods. Funding beyond the first budget period will depend on the appropriation of funds, satisfactory progress in meeting the project's objectives, and a decision that continued funding is in the government's best interest.

Applicants must allocate travel funds for two staff members to attend a meeting in Washington, D.C.

Any program income generated as a result of awarded funds must be used for approved project-related activities.

## Matching and Cost Sharing

Matching funds are not required for this program, and the inclusion of matching funds will not be considered during the application evaluation process; however, successful applicants that propose matching funds will be held accountable for any such funds, including through reporting.

## Contact Information

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<https://www.hrsa.gov/grants/find-funding/HRSA-25-041>

FEDERAL GRANT PROFILE



Department: U.S. Department of Health and Human Services
Agency: Health Resources and Services Administration

FY 2025 Ryan White HIV/AIDS Program (RWHAP) Part C Capacity Development Program

Grant Overview

The purpose of this program is to strengthen organizational capacity to respond to the changing health care landscape and increase access to high-quality HIV primary health care services for low-income and underserved people with HIV. Eligible applicants are public or non-profit private entities, community-based organizations, non-profits with or without a 501(c)(3) IRS status, state, county, city, township, and special district governments, and Native American tribal governments and tribal organizations.

Program History

Table with 3 columns: Year, Total Funding, # of Awards. Rows for 2024 (\$7.1 million, 51) and 2023 (\$9.8 million, 74).

Key Information

Total Funding: \$9 million
Award Range: Up to \$150,000
Match: Not required
Solicitation date: January 16, 2025
Proposal due: March 18, 2025

https://ryanwhite.hrsa.gov/about/parts-and-initiatives/part-c-early-intervention#CDPGrants



Tips:

This program includes two funding preferences: 1) Rural Areas; and 2) Underserved Populations.

- Rural areas are determined by HRSA's Rural Health Grants Eligibility Analyzer.
Underserved populations include communities and subpopulations that do not have access to adequate HIV primary care services.

**Department:** U.S. Department of Health and Human Services

**Agency:** Health Resources and Services Administration

# FY 2025 Ryan White HIV/AIDS Program (RWHAP) Part C Capacity Development Program

## Detailed Summary

The purpose of this program is to strengthen organizational capacity to respond to the changing health care landscape and increase access to high-quality HIV primary health care services for low-income and underserved people with HIV.

Each application must address one activity under one of the following project categories:

- **HIV Care Innovation:** Projects under this category support progress along the HIV care continuum to improve the health and increase the life span of people with HIV and prevent new infections. Applicants through this category may propose projects involving one of the following:
  - Strategic partnerships
  - Streamlining eligibility for Ryan White HIV/AIDS Program services
  - Inclusive care for underrepresented communities with disproportionately high rates of HIV
  - Coordination or integration of HIV primary care with oral health and/or behavioral health care
  - Intimate partner violence screening and counseling
- **Infrastructure development:** Projects under this category support organizational development and will increase the capacity of organizations to respond to changes in the health care environment. Applicants through this category may propose projects involving one of the following:
  - Emergency preparedness
  - Telehealth
  - Dental equipment for expanding dental service capacity

This program includes two funding preferences: 1) Rural Areas, and 2) [Underserved Populations](#).

- **Rural Areas:** The criterion for this funding preference is based on the provision of HIV primary care services in a rural area. RWHAP recipients are defined as rural if their service area (in part or in whole) or main organizational address is in a HRSA Federal Office of Rural Health Policy (FORHP)-designated rural area. FORHP classifies all non-metropolitan counties, as defined by the Office of Management and Budget, as rural. In addition, FORHP uses Rural-Urban Commuting Area (RUCA) codes to identify other rural areas.
- **Underserved Populations:** The criterion for this funding preference is the provision of HIV primary care services to underserved populations. Underserved populations include communities and subpopulations that do not have access to adequate HIV primary care services.

## Applicant Eligibility

Eligible applicants are public or non-profit private entities, community-based organizations, non-profits with or without a 501(c)(3) IRS status, state, county, city, township, and special district governments, and Native American tribal governments and tribal organizations.

## Funding

In FY 2025, approximately \$9 million is expected to be available to support up to 60 awards of up to an estimated \$150,000 through this program. Award notifications will be made by the start date of September 1, 2025.

The project period will span one year, from September 1, 2025, through August 31, 2026.

All program income generated as a result of awarded funds must be used for approved project-related activities.

## Matching and Cost Sharing

Matching funds are not required for this program.

## Contact Information

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<https://ryanwhite.hrsa.gov/about/parts-and-initiatives/part-c-early-intervention#CDPGrants>

## FEDERAL GRANT PROFILE



**Department:** U.S. Department of Health and Human Services  
**Agency:** Health Resources and Services Administration

# FY 2025 Service Area Competition (Third Solicitation)

### Grant Overview

The purpose of this program is to ensure continuity of care in the communities and populations currently served by the Health Center Program. Eligible applicants are special district governments, city or township governments, state governments, county governments, Native American tribal governments and organizations, urban Indian organizations, nonprofit organizations, and independent school districts.

### Program History

There is no available history for this program.

### Key Information

**Total Funding:** \$244,461,600

**Award Range:** varies

**Match:** Not required

**Solicitation date:** August 15, 2024

**Proposal due:** October 15, 2024 (Grants.gov) November 14, 2024 (EHBs)

More information can be found [here](#).



### Tips

- Priority points are granted to applicants that have a positive or neutral (does not exceed a 5 percent decrease) 3-year patient trend, as documented in the Uniform Data System (UDS), the funding agency's reporting system.
- Priority points will also be awarded if the applicant has one or more sites with Patient Centered Medical Home (PCMH) recognition at the time applications are reviewed.

**Department:** U.S. Department of Health and Human Services

**Agency:** Health Resources and Services Administration

## FY 2025 Service Area Competition (Third Solicitation)

### Detailed Summary

The purpose of this funding is to ensure continuity of care in the communities and populations currently served by the Health Center Program. Through the Service Area Competition (SAC), organizations compete for Health Center Program funding to provide comprehensive primary health care services in service areas and to patient populations already served by the Health Center Program.

Service areas and patient populations listed in the [FY 2025 SAC Service Area Announcement Table](#) (SAAT) are currently served by Health Center Program award recipients whose periods of performance end in FY 2025. Each announced service area has been assigned a unique Service Area Identification Number (SAC ID). Applicants identify the service area, using the SAC ID, in which applicants propose to serve. Applicants must describe how they will make primary health care services accessible in an announced service area. This includes providing services to the SAAT Patient Target and population type(s) with available funding. Only one award will be made for each announced service area.

Types of applications include:

- Competing continuation – A current Health Center Program award recipient with a April 30, 2025 period of performance end date that will continue serving its current service area.
- New – An organization that is not currently funded through the Health Center Program that will serve an announced service area through one or more permanent service delivery sites.
- Competing supplement – A current Health Center Program award recipient that seeks to serve an announced service area by adding one or more new, full-time, permanent service delivery sites within the announced service area in addition to its current service area.

### Applicant Eligibility

Eligible applicants are domestic public or private, nonprofit entities, including tribal, faith-based, or community-based organizations. Eligible applicants also must provide [all required health services](#) available and accessible in the service area without regard for ability to pay. Only public agency health centers can have a co-applicant which functions as the health center's governing board when the public agency cannot meet the health center program [governing board requirements](#) directly.

### Funding

In FY 2025, approximately \$244,461,600 is available to support up to 88 awards through this program. The estimated annual award amount varies.

The period of performance is May 1, 2025 through April 30, 2028 (up to 3 years).

Awardees must serve 75% of patient [targets](#) in calendar year 2026 or propose to serve fewer patients for reduced funding to avoid an award reduction by the funding agency.

This program notice depends on the appropriation of funds. If funds are appropriated for this purpose, the funding agency will proceed with the application and award process.

## Matching and Cost Sharing

Matching funds are not required for this program.

## Contact Information

Program issues or technical assistance:

Ashley Vigil and Julia Tillman

(301) 594-4300

[BPHC Contact Form](#)

Business, administrative or technical assistance:

Joi Grymes-Johnson

(301) 443-2632

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<https://www.grants.gov/search-results-detail/354804>

FEDERAL  
GRANT PROFILE



**Department:** U.S. Department of Health and Human Services  
**Agency:** Agency for Healthcare Research and Quality

# FY 2024 State-Based Healthcare Extension Cooperatives to Accelerate Implementation of Actionable Knowledge into Practice

### Grant Overview

The purpose of this program is to support the establishment of state-based health care extension cooperatives to conduct an initiative based on patient-centered outcomes research (PCOR) evidence to improve care for medically underserved people. Eligible applicants are state governments, local governments, academic institutions, Native American Tribes, school and school districts, Tribal Organizations/Institutions, and nonprofit and private sector organizations.

### Program History

There is no available history for this program.

### Key Information

**Total Funding:** Unspecified

**Award Range:** Varies

**Match:** None required

**Solicitation date:** September 6, 2024

**Due Date:** November 12, 2024 (Optional LOI), December 12, 2024 (Full Application)

<https://www.ahrq.gov/pcor/healthcare-extension-services/cooperative.html>



### Tips:

- Higher education institutions serving Hispanic, Alaska Native/Native Hawaiian, and Asian American Native American Pacific Islander students as well as Historically Black and Tribally controlled colleges and universities are encouraged to apply.

**Department:** U.S. Department of Health and Human Services

**Agency:** Agency for Healthcare Research and Quality

# FY 2024 State-Based Healthcare Extension Cooperatives to Accelerate Implementation of Actionable Knowledge into Practice

## Detailed Summary

The purpose of this program is to support the establishment of state-based health care extension cooperatives to conduct an initiative based on patient-centered outcomes research (PCOR) evidence to improve care for medically underserved people. The initiative's focus must be on behavioral health care. This program is intended to accelerate the dissemination and implementation of PCOR evidence into health care delivery through improvements in health care policy, payment, and practice, and to reduce health care disparities, especially among people who receive Medicaid, are uninsured, and other people who are medically underserved. The cooperative must accomplish the following:

- Engage key stakeholders, including Medicaid agencies, managed-care organizations, and other organizations that address the health needs of people who are medically underserved in identifying and addressing barriers and facilitators to implementing patient-centered health care delivery improvements based on PCOR evidence
- Work with health care policy, payment, community, care delivery, and research organizations that serve people who are medically underserved to build their capacity to implement patient-centered health care delivery improvements based on PCOR evidence, and to support ongoing learning
- Conduct evaluations of the cooperative's activities
- Provide the support structure to ensure these activities are integrated and aligned

Each cooperative must include the following core components:

- Engagement, training, education, and assistance core: This core is responsible for establishing and maintaining relationships with safety net health care delivery organizations and community partners and providing training, education, and assistance to support the improvement goals of the initiative. Award recipients are expected to build on existing relationships and that this core will be staffed with individuals with ties to the regions and communities they serve.
- Monitoring, feedback, and evaluation core: This core will monitor the formation and functioning of the cooperative, apply feedback on improvements that may be needed, and evaluate the implementation, processes, and impact of the cooperative. This core will also be required to collaborate with the National Evaluation Center (NEC).

- **Administrative core:** This core will manage, coordinate, and support the activities of the cooperative and the initiative, including establishing a multistakeholder council and providing expert advice and guidance to the cooperative.

Each cooperative must conduct an initiative focused on behavioral health to accelerate the dissemination and implementation of patient-centered health care delivery improvements based on PCOR evidence and reduce disparities in safety net health care delivery organizations.

Projects should involve consideration of interventions that could be transformational in nature, providing whole-person, person-centered care, potential for addressing health-related social needs often contributing to mental health and behavioral health care treatment, and tailoring interventions across the life course. Such initiatives may include unhealthy alcohol use screening and intervention, integrated screening and treatment for depression and anxiety, or implementation of the collaborative care model.

Each award recipient should partner with appropriate organizations within the state and build upon existing infrastructure to deliver all services and support the necessary administration and staffing for the cooperative.

## Applicant Eligibility

Eligible applicants are state governments, county governments, city and township governments and special district governments, higher education institutions, nonprofit organizations, for profit entities, Indian/Native American tribal governments, Native American tribal organizations, federal government agencies, independent school districts, public/Indian housing authorities, faith-based or community-based organizations, and regional organizations.

Applicants may be located in U.S. territories or possessions. Applicants must provide letters of support from collaborating institutions and individuals, as well as a letter of support from the state Medicaid agency. Applicants may submit only one application.

## Funding

In FY 2024, an unspecified amount of funding is available to support up to 15 awards through this program. Total costs for each awarded project are limited to \$6.25 million in any given year, and \$25 million for the entire project period. Project periods will span five years.

## Matching and Cost Sharing

Matching funds are not required for this program; however, applicants, as well as collaborating institutions, are encouraged to devote cost-sharing resources. Examples of institutional support may include donated equipment and space, institutional funded staff time and effort, or other resource investments.

## Contact Information

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<https://www.ahrq.gov/pcor/healthcare-extension-services/cooperative.html>

FEDERAL  
GRANT PROFILE



**Department:** U.S. Department of Health and Human Services  
**Agency:** Substance Abuse and Mental Health Services Administration

## FY 2025 Strategic Prevention Framework: Partnerships for Success for Communities and Tribes

### Grant Overview

The purpose of this program is to help reduce the initiation and progression of substance use and its related problems by supporting the development and delivery of community-based substance use prevention services that strengthen protective factors, reduce risk factors, build resilience, and promote well-being. Eligible applicants are local-level domestic public or private nonprofit entities, including local government, Indian tribes, tribal organizations, consortia of tribes or tribal organizations, public or private institutions of higher education, and public or private nonprofit organizations, including faith-based organizations.

### Program History

Year	Total Funding Awarded	# of Awards
2023	\$21.9 M	60

### Key Information

**Total Funding:** Up to \$13 million

**Match:** Not required

**Solicitation date:** January 17, 2025

**Proposal due:** March 18, 2025

<https://www.samhsa.gov/grants/grant-announcements/sp-25-002>



### Awardee Profile

Wright State University  
Dayton, Ohio

**AMOUNT:** \$1,872,435

**YEAR:** 2023

Funding will be used to build and strengthen community-level prevention capacity to address substance use and mental health concerns in African American students ages 18 – 25 on both campuses whose populations are primarily Black, Indigenous, or people of color.

**Department:** U.S. Department of Health and Human Services

**Agency:** Substance Abuse and Mental Health Services Administration

## **FY 2025 Strategic Prevention Framework: Partnerships for Success for Communities and Tribes**

### **Detailed Summary**

The purpose of this program is to help reduce the initiation and progression of substance use and its related problems by supporting the development and delivery of community-based substance use prevention services that strengthen protective factors, reduce risk factors, build resilience, and promote well-being. This program is intended to expand and strengthen the capacity of state and local community prevention providers serving communities and tribes and to implement evidence-based, evidence-informed, and community-defined evidence-based prevention strategies.

Ultimately, the funding agency aims to strengthen local-level prevention capacity to identify and address local substance use prevention concerns, such as underage drinking and use of cannabis, tobacco, vaping, opioids, methamphetamine, and other emerging substances of concern; as well as the progression of substance use among youth, young adults, and adults.

The program is designed to align with the Strategic Prevention Framework (SPF), a community engagement model grounded in public health principles. Award recipients are expected to use the SPF to address up to three substance use prevention priorities identified through a data-driven approach. Award recipients will also be expected to use local, state, and national substance use public health data to identify underserved communities and prevention priorities in their state; and develop and implement strategies to prevent the use of substances and the progression of substance use. Additional consideration will be given to projects where more than 50 percent of their total population(s) of focus are in communities that are underserved by prevention services and disproportionately impacted by substance use disorder (SUD).

All projects must involve a project director at a minimum 0.5 full-time equivalent (FTE) level of effort and a data analyst at a minimum 0.5 FTE level of effort. Within the first 180 days, award recipients must start implementation of assessment, capacity, and planning activities. Within the first 270 days, award recipients must start implementation of implementation and evaluation activities.

Award recipients may also implement the following optional activities:

- Use the SPF to implement novel or promising prevention programs, policies, or practices that respond to emerging substance use concerns, particularly among populations that may be at greater risk and underserved communities
- Identify and collaborate with entities serving the selected communities and at-risk populations

## Applicant Eligibility

Eligible applicants are local-level domestic public or private nonprofit entities, including local government, Indian tribes, tribal organizations, consortia of tribes or tribal organizations, public or private institutions of higher education, and public or private nonprofit organizations, including faith-based organizations.

Applicants that are a consortium of tribes or tribal organizations must designate a single tribe in the consortium as the legal applicant, the award recipient, and the entity legally responsible for satisfying the award requirements.

Entities that received awards through this program for FY 2021, FY 2022, FY 2023, and FY 2024, are eligible to apply if their new project proposed to work with a different population of focus or geographic/catchment area. A current award recipient may receive only one additional award.

A new applicant may apply for, and receive, up to two awards, as long as each focuses on a different population of focus or a different geographic/catchment area. If an organization is submitting more than one application, the project title must be different for each application.

Additional points during the evaluation process will be given to projects where more than 50 percent of their total population(s) of focus are in communities that are underserved by prevention services and disproportionately impacted by substance use disorder (SUD).

## Funding Details

In FY 2025, approximately \$13 million is estimated to be available to support up to 52 awards of up to \$600,000 per year over five years.

Maximum award amounts are based on populations, as follows:

- Category A: awards of up to \$250,000 per year for projects serving populations of less than 250,000
- Category B: awards of up to \$425,000 per year for projects serving populations between 250,001 and 750,000
- Category C: awards of up to \$600,000 per year for projects serving populations greater than 750,001

Awards are expected to be issued no later than September 29, 2025.

The project period is expected to begin on September 30, 2025. Award recipients are expected to begin the delivery of some required services within 180 days, and of other required services within 270 days. Annual continuation awards will depend on the availability of funds, progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of the award.

The funding agency plans to hold a virtual meeting of award recipients. If the funding agency elects to hold the meeting in-person, budget revisions may be permitted.

Award recipients or treatment or prevention providers may provide up to a \$30 non-cash incentive to individuals to participate in required data collection follow-up. For projects including contingency management as a component of the treatment program, each individual contingency must be \$15 or less in value, and clients may not receive contingencies totaling more than \$75 per budget period.

Minor alterations and renovations may be authorized for up to 25 percent of a given budget period or \$150,000, whichever is less, for existing facilities, if necessary and appropriate to the project.

## Cost Sharing and Matching

Matching funds are not required for this program.

However, if applicable, applicants must provide a description of existing resources and other support they expect to receive for the project as a result of cost matching. Other support is defined as funds or resources, whether nonfederal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions, or nonfederal means. Other sources of funds may be used for unallowable costs.

## Contact Information

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<https://www.samhsa.gov/grants/grant-announcements/sp-25-002>

## FEDERAL GRANT PROFILE



**Department:** U.S. Department of Health and Human Services  
**Agency:** Centers for Disease Control and Prevention

# FY 2024 Support and Scale Up of HIV Prevention Services in Sexual Health Clinics

### Grant Overview

The purpose of this program is to support the Ending the HIV Epidemic in the U.S. (EHE) initiative by scaling up HIV prevention and care services in sexual health clinics. The EHE initiative takes a whole-of-society approach that requires providing services to people with and at risk for HIV wherever they seek care. Eligible applicants include state, local, special district, and federally recognized Native American tribal governments; schools and school districts; non-profits; and institutions of higher education.

### Program History

A program history is unavailable.

### Key Information

**Total Funding:** \$20 million

**Award Range:** \$600,000 - \$1 million

**Match:** Not required

**Solicitation date:** October 31, 2023

**Proposal due:** January 15, 2024

[Support and Scale Up of HIV Prevention Services in Sexual Health Clinics](#)



### Tips

- Award recipients will be expected to establish strong working relationships with the National Network of STD Clinical Prevention Training Centers (NNPTC) for training and capacity-building support and should collaborate with a regional prevention training center (PTC) to implement and promote quality sexual health services in their clinics.

**Department:** U.S. Department of Health and Human Services

**Agency:** Centers for Disease Control and Prevention

# FY 2024 Support and Scale Up of HIV Prevention Services in Sexual Health Clinics

## Detailed Summary

The purpose of this program is to support the Ending the HIV Epidemic in the U.S. (EHE) initiative by scaling up HIV prevention and care services in sexual health clinics. The EHE initiative takes a whole-of-society approach that requires providing services to people with and at risk for HIV wherever they seek care. Award recipients will be required to achieve the following outcomes by the end of the five-year period of performance:

- Enhanced adoption of optimal sexual health services and clinic models for provision of quality sexually transmitted infection (STI)-related clinical care.
- Increased understanding of and responsiveness to patients' experiences, satisfaction, and needs.
- Increased identification of new HIV and STI infections.
- Increased number of people eligible for HIV pre-exposure prophylaxis (PrEP) who are prescribed PrEP.
- Increased collaboration and engagement with local partners and community members to inform sexual health service delivery.
- Increased rapid linkage to HIV medical care for persons newly diagnosed with HIV.
- Increased receipt of recommended, timely STI prevention and treatment.
- Increased receipt of rapid antiretroviral therapy (ART) for individuals with newly diagnosed HIV.
- Sustained community partnerships to inform strategic EHE planning and implementation.
- Increased clinic capacity to provide affirming, stigma-free, and discrimination-free HIV prevention, and linkage to care services.

Applicants **must apply for both** of the following strategies:

- Strategy A: Strengthen clinic infrastructure and improve service delivery to address the syndemic of HIV and other STIs: Award recipients will be expected to implement each of the following activities:
  - Activity A1: Implement an action plan to address gaps identified by a clinic infrastructure assessment.
  - Activity A2: Implement evidence-based or evidence-informed approaches to increase clinic efficiency.
  - Activity A3: Assess patients' clinic experience and needs.
  - Activity A4: Adopt a whole-person approach to HIV prevention and care in the clinic.
- Strategy B: Foster strategic partnerships in support of the EHE initiative: Award recipients will be expected to implement each of the following activities:
  - Activity B1: Foster action-oriented and strategic partnerships with community providers, community-based organizations, health departments, and other entities.
  - Activity B2: Actively participate in existing local HIV planning activities.

- Activity B3: Build active and meaningful engagements with priority populations affected by HIV and other STIs.

Applicants can request to temporarily opt-out of selected required activities by providing a compelling justification which must be based on program priorities, resources, and/or policies, but are expected to provide a timeline for future implementation of required activities. Applicants are expected to identify priority population(s) disproportionately impacted by HIV and other STIs in the proposed clinics' catchment area. Applicants must choose to focus on one or more of these populations based on the HIV/STI health disparities in their jurisdictions.

## Applicant Eligibility

Eligible applicants include state, local, special district, and federally recognized Native American tribal governments; schools and school districts; non-profits; and institutions of higher education.

## Funding

Approximately \$20 million is available to support approximately 20 cooperative agreements expected to average between \$600,000 and \$1 million per budget period through this program. The estimated total funding for this program across the five-year period of performance is \$100 million. The estimated award date is June 1, 2024.

The total period of performance length is five years, and the length of each budget period is 12 months. Throughout the period of performance, the funding agency will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient, and the determination that continued funding is in the best interest of the federal government.

## Matching and Cost Sharing

Matching funds are not required for this program; however, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

## Contact Information

Primary Contact:

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Financial, Awards Management, and Budget Assistance Contact:

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[Support and Scale Up of HIV Prevention Services in Sexual Health Clinics](#)

FEDERAL GRANT PROFILE



Department: U.S. Department of Health and Human Services
Agency: Health Resources and Services Administration (HRSA)

FY 2024 Technology-Enabled Collaborative Learning Program (TCLP)

Grant Overview

The purpose of this program is to improve retention of health care providers and increase access to health care services in rural areas, frontier areas, health professional shortage areas, or medically underserved areas and for medically underserved populations of Native Americans. This program seeks to evaluate, develop, and, as appropriate, expand the use of technology-enabled collaborative learning and capacity-building models for health care providers and other professionals to improve retention of health care providers and increase access to health care services. Eligible applicants are public or private, nonprofit or for-profit entities, local governments, domestic community-based or faith-based organizations, or tribal governments or tribal organizations, including urban Indian organizations.

Program History

Table with 3 columns: Year, Total Funding, # of Awards. Row for 2021: \$4,242,350, 9

Key Information

Total Funding: \$3.8 million
Award Range: Up to \$475,000 per year
Match: Not required
Solicitation date: July 1, 2024
Application due: August 2, 2024

https://www.hrsa.gov/grants/find-funding/HRSA-24-121



Awardee Profile

President and Fellows of Harvard College, Massachusetts

AMOUNT: \$474,743
YEAR: 2021

In FY 2021, Presidents and Fellows of Harvard College, located in the State of Massachusetts, received funding through this program to strengthen telehealth services in rural and underserved communities and expand telehealth innovation and quality.

**Department:** U.S. Department of Health and Human Services  
**Agency:** Health Resources and Services Administration (HRSA)



## FY 2024 Technology-Enabled Collaborative Learning Program (TCLP)

### Detailed Summary

The purpose of this program is to improve retention of health care providers and increase access to health care services in rural areas, frontier areas, health professional shortage areas, or medically underserved areas and for medically underserved populations of Native Americans. This program seeks to evaluate, develop, and, as appropriate, expand the use of technology-enabled collaborative learning and capacity-building models for health care providers and other professionals to improve retention of health care providers and increase access to health care services. For the purposes of this program, the term technology-enabled collaborative learning and capacity-building model means a distance health education model that connects health care professionals, and particularly specialists, with multiple other health care professionals through simultaneous interactive videoconferencing for the purpose of facilitating case-based learning, disseminating best practices, and evaluating outcomes.

This program aligns with the funding agency's goals of promoting a health care workforce to address current and emerging needs, improving access to quality health services, achieving health equity, and enhancing population health. The development and acquisition of instructional programming by this program will increase access to quality care using telehealth and innovative technology solutions. This program will also provide training for health care providers and other professionals that provide or assist in the provision of services, including training on best practices for data collection and evaluation activities to study the impact on patient outcomes and health care providers.

Applicants are required to:

- Evaluate, develop, and, as appropriate, expand the use of a technology-enabled collaborative learning and capacity-building model to improve retention of health care providers and increase access to health care services in a rural area, frontier area, health professional shortage area, or medically underserved area, or to a medically underserved population or Native Americans
- Develop instructional programming, and train health care providers and other professionals that provide or assist in the provision of services, such as training on best practices for data collection and leading or participating in such technology-enabled activities consistent with technology-enabled collaborative learning and capacity-building models
- Provide support for health care providers and other professionals that provide or assist in the provision of services through such models
- Perform information collection and evaluation activities to study the impact of such models on patient outcomes and health care providers, and to identify best practices for the expansion and use of such models

In addition, applicants must address at least two of the following focus areas:

- Chronic diseases and conditions, including Alzheimer's disease
- Infection diseases
- Mental health
- Substance use disorders
- Prenatal and maternal health
- Pediatric care
- Pain management
- Palliative care
- Other specialty care

## Applicant Eligibility

Eligible applicants are public or private, nonprofit or for-profit entities, local governments, domestic community-based or faith-based organizations, or tribal governments or tribal organizations, including urban Indian organizations.

Applicants may be located in the United States or in American Samoa, the Commonwealth of Puerto Rico, the Federated States of Micronesia, Guam, the Northern Mariana Islands, the Republic of the Marshall Islands, the Republic of Palau, or the U.S. Virgin Islands.

Applicants must provide, or support the provision of, health care services in rural areas, frontier areas, health professional shortage areas, or medically underserved areas, or to medically underserved populations or Native Americans, including Indian tribes, tribal organizations, and urban Indian organizations.

The funding agency will review only one application per applicant.

## Funding

In FY 2024, an estimated \$3.8 million is anticipated to be available through this program to support up to an estimated eight cooperative agreements of up to an estimated \$475,000 per year.

Award notifications will be issued on or around September 30, 2024.

The project period is five years, beginning on September 30, 2024, and ending on September 29, 2029. Support beyond the first budget year will depend on appropriation, satisfactory progress in meeting the project's objectives, and a decision that continued funding is in the government's best interest.

Any program income generated as a result of awarded funds must be used for approved project-related activities.

## Matching and Cost Sharing

Matching funds are not required for this program.

## Contact Information

Primary Contact:  
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<https://www.hrsa.gov/grants/find-funding/HRSA-24-121>

FEDERAL  
GRANT PROFILE



**Department:** U.S. Department of Health and Human Services  
**Agency:** Administration for Children and Families

## FY 2025 Title V Competitive Sexual Risk Avoidance Education (SRAE)

### Grant Overview

The purpose of this program is to support projects that implement sexual risk avoidance education (SRAE) and teach youth to voluntarily refrain from non-marital sexual activity. The goal of this program is to encourage youth to avoid non-marital sexual activity and other risky behaviors linked to adolescent sex. Eligible applicants are special district, county, city or township governments; independent school districts; private and public and state-controlled institutions of higher education; federally recognized Native American tribal governments and tribal organizations; public housing authorities/Indian housing authorities; nonprofit organizations; for-profit organizations and small businesses; and faith-based and community-based organizations.

### Program History

	Total Funding	# of Awards
2024	\$9.6 million	28
2023	\$10.5 million	34
2022	\$8.8 million	29

### Key Information

**Total Funding:** \$3,683,467

**Award Range:** \$13,501 - \$450,000

**Match:** Not required

**Solicitation date:** July 8, 2025

**Proposal due:** July 22, 2025

<https://www.acf.hhs.gov/fysb/title-v-competitive-sexual-risk-avoidance-education-grant-program>



### Awardee Profile

Shores of Hope  
West Sacramento, CA

**AMOUNT:** \$300,000

**YEAR:** 2024

Shores of Hope received funding to provide sexual risk avoidance education (SRAE) to youth, with a focus on former foster and at-risk youth in Northern California. The programs emphasize the importance of building strong work, school, personal, and romantic relationships.

**Department:** U.S. Department of Health and Human Services

**Agency:** Administration for Children and Families

## FY 2025 Title V Competitive Sexual Risk Avoidance Education (SRAE)

### Detailed Summary

The purpose of this program is to support projects that implement sexual risk avoidance education (SRAE) and teach youth to voluntarily refrain from non-marital sexual activity. The goal of this program is to encourage youth to avoid non-marital sexual activity and other risky behaviors linked to adolescent sex. Program objectives are to:

- Implement an educational curriculum with an unambiguous and primary emphasis that normalizes the optimal health behavior of avoiding nonmarital sexual activity.
- Implement an educational curriculum based on medically accurate information.
- Implement educational curriculum and strategies that are age appropriate i.e., designed to match the learning and developmental needs for the specific age group being targeted.
- Implement educational curriculum and strategies that are culturally appropriate, recognizing the experiences of youth from different communities, backgrounds, and experiences.
- Teach skills to help youth avoid risks without normalizing sexual activity outside of marriage.
- Serve youth ages 10 to 19.

Eligible projects must be:

- Medically accurate and complete: Project materials must be verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals, where applicable; or comprising information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete.
- Age appropriate: Projects must provide age-appropriate information and activities. Topics, messages, and teaching methods must be suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group.
- Culturally appropriate: Projects must use culturally appropriate interventions that recognize the experiences of youth from diverse communities, backgrounds, and experiences.

Title V Competitive SRAE programs must exclusively implement education in sexual risk avoidance, defined by statute as voluntarily refraining from non-marital sexual activity. Interventions must address each of the following topics:

- The holistic, individual, and societal benefits associated with personal responsibility, self-regulation, goal setting, healthy decision-making, and a focus on the future
- The advantage of refraining from non-marital sexual activity to improve prospects and the physical and emotional health of youth
- The increased likelihood that youth are more likely to avoid poverty if they become self-sufficient and gain emotional maturity before having sex

- The basics of healthy relationships and their impact on forming healthy marriages and safe, stable families
- How other risk behaviors, such as drug and underage alcohol usage, increase the risk for teen sex
- How to resist and avoid sexual pressure, and also how to seek and receive help with potential unwanted sexual situations including unwanted sexual pressure and dating violence. Recognition that even with consent, teen sex remains a youth risk behavior.

In furtherance of the statutory goals, applicants are encouraged to incorporate promoting the Success Sequence for Poverty Prevention in program. Applicants are also encouraged to review evidence-based programs and their components (activities that make up programs) to see if they can be adapted, as long as copyright rules allow.

In addition, applicants must incorporate a positive youth development (PYD) approach into the project, which includes providing positive opportunities and support to youth within the context of positive relationships, and consulting with young people and giving them chances to provide input on how programs are carried out. The program should also include referrals and service documentation to youth friendly services that do not normalize sexual activity outside of marriage, such as: local faith-based organizations, health care providers, educational services (such as tuition for formal K-12 or General Education Diploma classes), career development, and counseling services (such as substance use disorder treatment, tobacco cessation, mental health counseling, and intimate partner violence counseling). Applicants are encouraged to build partnerships to help with these referrals and keep records of them.

## Applicant Eligibility

Eligible applicants are special district, county, city or township governments; independent school districts; public and state-controlled institutions of higher education; federally recognized Native American tribal governments; public housing authorities/Indian housing authorities; Native American tribal organizations; nonprofit organizations with or without 501(c)(3) status, other than institutions of higher education; private institutions of higher education; for-profit organizations and small businesses; and faith-based and community organizations.

Eligibility is limited to local organizations, including faith-based and community organizations or consortiums, that have the capacity to develop and implement projects in states and territories that did not accept FY 2025 allocations for Title V State SRAE, which include: Alaska, California, Connecticut, District of Columbia, Idaho, Maine, New Mexico, North Dakota, South Dakota, Vermont, Washington, Wyoming, American Samoa, Marshall Islands, Northern Mariana Islands, and Palau.

## Funding

In FY 2025, approximately \$3,683,467 is available through this program to support an expected 16 awards ranging from \$13,501 to \$450,000 per budget period. Funding amounts vary by state.

No more than 20 percent of the allocated funds may be used for an optional local program evaluation.

The anticipated project start date is September 29, 2025. The project period is 2 years, with two 1-year budget periods. Funding for year two will be based on approval of the non-competing continuation applications and satisfactory progress. To determine satisfactory progress, the funding agency will review semi-annual

performance progress reports and financial reports, site visit reports, audit reports, and other supporting documentation.

## Matching and Cost Sharing

Matching funds are not required for this program. The inclusion of cost-sharing funds will not be considered during review; however, applicants will be held accountable for any funds they include.

## Contact Information

Program Contact:

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<https://www.acf.hhs.gov/fysb/title-v-competitive-sexual-risk-avoidance-education-grant-program>

FEDERAL GRANT PROFILE



Department: U.S. Department of Health and Human Services
Agency: Substance Abuse and Mental Health Services Administration

FY 2023 Transforming Lives Through Supported Employment Program

Grant Overview

The purpose of this program is to support state and community efforts to refine, implement, and sustain evidence-based supported employment programs and mutually compatible and supportive evidence-based practices for adults with serious mental illness (SMI) or co-occurring mental and substance use disorders (COD).

Program History

Table with 3 columns: Year, Total Funding, # of Awards. Row 1: 2014, \$5.6 million, 7

Key Information and Tips

Total Funding: \$4.8 million
Award Range: Up to \$800,000
Match: Not required
Solicitation date: February 28, 2023
Application Due: May 1, 2023

https://www.samhsa.gov/grants/grant-announcements/sm-23-008



Awardee Profile
Alabama Department of Mental Health
Montgomery, AL

Year: 2014
Amount: \$800,000

The Alabama Department of Mental Health was awarded \$800,000 to provide state-wide services to support workforce development programming to assist adults entering the workforce.

**Department:** U.S. Department of Health and Human Services

**Agency:** Substance Abuse and Mental Health Services Administration

## FY 2023 Transforming Lives Through Supported Employment Program

### Detailed Summary

The purpose of this program is to support state and community efforts to refine, implement, and sustain evidence-based supported employment programs and mutually compatible and supportive evidence-based practices for adults with serious mental illness (SMI) or co-occurring mental and substance use disorders (COD). Awards will provide resources to help individuals with SMI or COD achieve competitive employment and build paths to self-sufficiency and recovery. With this program, the funding agency aims to increase state and community capacity to implement and sustain Supported Employment Program (SEP) models and integrated supports to improve competitive employment outcomes.

Award recipients will be required to implement the following activities:

- Identify and implement an evidence-based Supported Employment model that is responsive to the selected population(s) of focus and adheres to practice fidelity or standards
- Conduct supported employment fidelity assessments no later than 90 days after service delivery begins and annually thereafter
- Provide specialized and individualized support to individuals with SMI and COD to choose, acquire, and maintain competitive employment
- Provide comprehensive treatment and recovery support services, case management, physical health care, social services supports for SMI and/or COD in conjunction with vocational services
- Develop and implement an employer engagement strategy that increases the program's capacity to respond to the unique vocational interests of each person served; develop and nurture relationships with appropriate employers in the community; respond to changes in the local labor market; and work with employers to develop tenure and long-term opportunities for persons hired
- Provide program outreach and accessibility to services for under-resourced populations to ensure that individuals and families can access supported employment services when and where they need them, and in a way that is responsive to their needs and preferences
- Provide training on behavioral health implementation for the national Culturally and Linguistically Appropriate Services (CLAS) standards to all program staff
- Develop and implement a strategy to respond to the unique needs of individuals who are unsuccessful in finding employment
- Develop and implement a strategy for long-term employment stability

## Supported Employment Program

- Develop a sustainability plan that identifies mechanisms for sustaining activities funded by this program and delineates steps necessary for exercising those mechanisms
- Assess for housing status and collaborate with homeless and housing service providers to link to the local U.S. Department of Housing and Urban Development (HUD) Coordinated Entry housing system
- Translate tools and resources available to recipients of services
- Provide, increase, or enhance access to services for people of all racial/ethnic/marginalized groups in the community
- Create conflict and grievance resolutions processes that are culturally and linguistically appropriate

Funds may also be used for the following activities:

- Implement supported education services for individuals who are enrolled in an educational/academic program at admission to the SEP program and/or who have an educational goal
- Employ a certified peer support specialist to assist individuals who struggle in transition to work or may have interpersonal concerns in a new job
- Provide supported employment services within the structure of another program
- Participate with supported employment organizations to obtain technical assistance to implement and sustain evidence-based supported employment and adhere to fidelity

Award recipients are encouraged to address the behavioral health needs of:

- Active-duty military services members, returning veterans, and military families in designing and developing their programs, and to consider prioritizing this population, for services where appropriate
- The LGBTQI+ population in designing and developing their programs, and to consider prioritizing this population, for services where appropriate

## Applicant Eligibility

Eligible applicants are states and territories including Washington D.C., political subdivisions, Indian Tribes or Tribal organizations, Health facilities or programs operated by or in accordance with a contract or award with the Indian Health Service, other public or private nonprofits.

## Funding

In FY 2022, an estimated \$4,870,995 is available to support an approximately 6 awards of up to \$800,000. Pending sufficient volume of applications, at least one award will be made to a tribe or tribal organization.

Anticipated award date is August 31, 2023.

Matching funds are not required.

The project period for awards will begin September 30, 2023 and will last up to five years.

## Contact Information

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<https://www.samhsa.gov/grants/grant-announcements/sm-23-008>



**Department:** U.S. Department of Justice  
**Agency:** Bureau of Justice Assistance

# FY 2025 Improving Substance Use Disorder Treatment and Recovery Outcomes for Adults in Reentry

### Grant Overview

The purpose of this program is to enhance corrections and community supervision systems and community-based providers' capacity to address the substance use disorder (SUD) treatment and recovery support needs of people during incarceration and upon reentry. Eligible applicants are government entities, Native American Tribal governments, and non-profit organizations.

### Program History

	Award Amount	# of Awards
2024	\$5,000,000	6
2023	\$4,048,188	4

### Key Information and Tips

**Total Funding:** Up to \$5,000,000  
**Match:** Not required  
**Solicitation date:** January 16, 2025  
**Proposal due:** March 27, 2025 (Grants.gov)  
April 3, 2025 (JustGrants)

<https://bja.ojp.gov/funding/opportunities/o-bja-2025-172347>



### Awardee Profile

County of Winnebago, WI

**AMOUNT:** \$833,000

**YEAR:** 2024

Winnebago County received funding to increase its focus on those incarcerated and provide medication-assisted treatment interventions to address the issue of overdose deaths.

**Department:** U.S. Department of Justice

**Agency:** Bureau of Justice Assistance

# FY 2025 Improving Substance Use Disorder Treatment and Recovery Outcomes for Adults in Reentry

## Detailed Summary

The purpose of this program is to enhance corrections and community supervision systems and community-based providers' capacity to address the substance use disorder (SUD) treatment and recovery support needs of people during incarceration and upon reentry. The goals of this program are to support the implementation or expansion of evidence-based and trauma-informed SUD treatment programming, as well as to promote the implementation of deflection as part of the treatment and recovery safety net, which helps persons in treatment stay in treatment, and prevents further and unnecessary contact with the criminal justice system.

This program includes two categories for funding:

- Category 1: Units of state, local, and tribal governments
- Category 2: Nonprofit Organizations

Program Goals and Objectives:

- Goal 1 - Establish or expand programs that improve outcomes for adults with SUDs or co-occurring substance use and mental health disorders who are reentering communities after a period of incarceration.
  - Objective 1: Use validated tools to screen all individuals entering a correctional setting for substance use and assess those that screen positive for SUDs and any co-occurring mental health disorder.
  - Objective 2: Expand availability of evidence-based SUD treatment services and recovery support services that start pre-release and continue through the reentry process.
  - Objective 3: Provide prison-based family SUD treatment programs to incarcerated parents of minor children and pregnant/postpartum women.
- Goal 2 - Promote programs that expand treatment and recovery support services and prevent further and unnecessary contact with the criminal justice system.
  - Objective 1: Support use of deflection to treatment for individuals in reentry to continue treatment and avoid further returns to the criminal justice system
  - Objective 2: Develop and incorporate practical measures of desistance as a supplemental measure for the success of interventions, including:
    - deceleration
    - de-escalation
    - "reaching a ceiling"

Applicants may seek funds to:

- Hire personnel
- Pay for medication
- Pay for screening and assessment tools and associated training
- Providing transitional or recovery housing
- Contracting with another organization to provide in-reach services, which might include case management, peer support, or evidence-based treatment, like MAT or contingency management
- Contracting with an organization to provide continued treatment or recovery support services in the community, training to staff on gender and culturally responsive screening or assessment tools or curricula, or evaluation services

Eligible costs may also include reasonable steps to provide access to language assistance services for individuals with limited English proficiency.

Priority will be given to applications that:

- Propose to establish or expand access to medications for substance use disorders, counseling, and behavioral therapies (sometimes referred to as MAT)
- Implement the Guidelines for [Managing Substance Withdrawal in Jails](#)

## Applicant Eligibility

Eligible applicants are state, county, cities or townships, special districts, Native American tribal governments (federally recognized and other than federally recognized), and nonprofits with or without 501(c)(3) status.

## Funding Details

In FY 2025, approximately \$5 million is expected to be available for this program overall to support 6 awards across both categories for up to \$833,000.

The project period is 36 months and will begin on October 1, 2025. The funding agency may, in certain cases, provide additional funding in future years to awards made through this program through continuation awards.

## Cost Sharing and Matching

Matching funds are not required for this program.

## Contact Information

Program Staff  
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<https://bja.ojp.gov/funding/opportunities/o-bja-2025-172347>

FEDERAL GRANT PROFILE



Department: U.S. Department of Justice
Agency: Office of Juvenile Justice and Delinquency Prevention

FY 2024 Opioid Affected Youth Initiative

Grant Overview

This program assists communities in developing and implementing effective, data-driven, coordinated and sustainable responses that address opioid use and other substance use disorders impacting public safety, children, youth and their families.

Program History

Table with 3 columns: Year, Total Funding, # of Awards. Rows for 2022 and 2023.

Key Information and Tips

- Total Funding: \$7,685,800
Award Range: Up to \$750,000
Match: Not Required
Solicitation date: March 15, 2024
Proposal due: April 30, 2024 (Grants.gov), May 14, 2024 (JustGrants)

The funding agency strongly emphasizes the use of data and evidence in policy-making and program development in criminal justice, juvenile justice, and crime victim services and gives priority to population-specific organizations and projects designed to advance equity and remove barriers to opportunity for those disproportionately impacted by crime.

More information is available here.



Awardee Profile

National Indian Youth Leadership Development Project, Albuquerque, NM

AMOUNT: \$750,000
YEAR: 2023

The project will provide access to culturally guided interventions and services for youth and their families at the Pine Ridge Reservation and surrounding areas, implementing Project Venture, an evidence-based, culturally responsive positive youth development program geared to Oglala Lakota middle school and high school students.

**Department:** U.S. Department of Justice

**Agency:** Office of Juvenile Justice and Delinquency Prevention

## FY 2024 Opioid Affected Youth Initiative

### Detailed Summary

The purpose of this program is to assist communities in developing and implementing effective, data-driven, coordinated, and sustainable responses that address opioid use and other substance use disorders impacting public safety, children, youth, and their families. Program objectives include the implementation of prevention, intervention, diversion, treatment, and recovery programs and strategies that respond to both opioid and substance use disorders and ensure sustainable outcomes for youth and families.

Applicants must describe how their proposed projects will integrate and sustain meaningful youth and family partnerships. Depending on the nature of proposed projects youth and family partnership could consist of one or more of the following:

- Individual-level partnership in case planning and direct service delivery before, during, and after contact with youth-serving systems
- Agency-level partnership, such as in policy, practice, and project development, implementation, and evaluation; staffing; advisory bodies; and budget development
- System-level partnership including in strategic planning activities, system improvement initiatives, advocacy strategies, and reform efforts

Project sites will work with a training and technical assistance (TTA) provider to:

- Develop a multidisciplinary task force with working groups to identify specific areas of concern
- Collect and interpret data that will assist the task force in developing strategies and programming that will be used to better coordinate response efforts and resource
- Implement services that will address public safety concerns, intervention, and prevention for children, youth, and families directly impacted by opioid use and other substance use disorders

Project sites should work in partnership with stakeholders from law enforcement, education, probation and community supervision, judges, mental health service providers, medical physicians/examiners, prosecutors, community-based organizations that address substance abuse, child welfare agencies, child protective services, first responders, and other community health agencies. Project deliverables may include:

- Developing strategic partnerships using a collaborative approach to respond to the opioid epidemic
- Collecting and using data to develop data-driven responses that address the misuse of opioids and illicit substances
- Developing strategies to improve service coordination that will address public safety concerns, such as training, intervention, prevention; and programs for children, youth, and families directly impacted by opioid and substance use disorder
- Implementing coordinated delivery services and programs

Priority consideration will be given to applicants that can demonstrate that:

- Their projects are designed to meaningfully advance equity and remove barriers to accessing services and opportunities for communities that have been historically underserved, marginalized, adversely affected by inequality, and disproportionately impacted by crime, violence and victimization
- Their capabilities and competencies for implementing projects are enhanced because they, or at least one proposed subrecipient that will receive at least 40 percent of the requested award funding, identify as a population-specific organization

Population-specific organizations are non-profit, nongovernmental or Tribal organizations that primarily serve members of a specific underserved population and have demonstrated experience and expertise providing targeted services to members of that specific underserved population.

## Applicant Eligibility

Eligible applicants are city, county, state, township or other local governments, independent school districts, Native American tribal governments (federally recognized), Native American tribal organizations, 501(c)(3) nonprofits, institutions of higher education, and public housing/Indian housing authorities.

The funding agency will consider applications under which two or more entities would carry out the award. However, only one entity may be the applicant; any others must be proposed as subrecipients.

An applicant may submit more than one application if each application proposes a different project. Additionally, an entity may be proposed as a subrecipient in more than one application.

## Funding

In FY 2024, an estimated \$7,685,800 is available to support approximately 10 awards of up to \$750,000 through this program.

Award notifications will be issued by September 30, 2024. Project periods will last 36 months, with a start date of October 1, 2024. Applicants may request a no-cost extension.

Project periods will include an initial planning phase, which will cover the first year of the project period. During this phase, project site coordinators will work with the funding agency's training and technical assistance (TTA) provider to develop data-sharing agreements to collect and analyze data across stakeholders, examine trends, public safety needs, and gaps in service delivery and coordination, and develop outcome indicators prior to the implementation of the program. Years two and three of the project period will be the implementation phase of awards in which project coordinators will continue to work with the TTA provider to develop and implement program and service delivery models informed by data collected in the planning phase and strategies outlined in the final strategic plans.

## Matching and Cost Sharing

Matching funds are not required for this program; however, applicants must detail in their applications any leveraged cash or in-kind resources from local sources to support the project and must discuss plans for sustainability beyond the project period. Matching funds proposed by successful applicants will become mandatory and be subject to audit.

## Contact Information

Program Staff

(800) 851-3420

[grants@ncjrs.gov](mailto:grants@ncjrs.gov)

<https://ojjdp.ojp.gov/funding/opportunities/o-ojdp-2024-172042>

FEDERAL GRANT PROFILE



Department: U.S. Department of Justice
Agency: Bureau of Justice Assistance (BJA), Office of Justice Programs (OJP)

FY 2025 Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) Site-Based Grants

Grant Overview

This program funds local, state, and tribal governments to develop, implement, or expand programs to address the impacts of illicit opioids, stimulants, and other substances on communities. Eligible applicants are state governments, county governments, city or township governments, special district governments, Native American tribal governments (federally recognized), and Native American tribal governments (other than federally recognized).

Program History

Table with 3 columns: Year, Total Funding, # of Awards. Rows for 2024 and 2023.

Key Information

Total Funding: \$104.4 million
Award Range: Varies
Match: Not required
Solicitation date: January 14, 2025
Proposal due: March 12, 2025 (Grants.gov); March 19, 2025 (JustGrants)
https://bja.ojp.gov/funding/opportunities/o-bja-2025-172334



Awardee Profile

Burlington County COSSUP Program Mount Holly, NJ

AMOUNT: \$1.3 million
YEAR: 2024

Burlington County, NJ received funding to support Peer Recovery Coach staffing for 24/7 operation 365 days per year for three years, while expanding capacity for the Burlington County Jail population; and the Straight to Treatment (STT) self-referral pathway program among several other community-based efforts.

**Department:** U.S. Department of Justice

**Agency:** Bureau of Justice Assistance (BJA), Office of Justice Programs (OJP)

## FY 2025 Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) Site-Based Grants

### Detailed Summary

The purpose of this program is to fund local, state, and tribal governments to develop, implement, or expand programs to address the impacts of illicit opioids, stimulants, and other substances on communities.

Program goals and objectives include:

**Goal 1:** Develop, implement, or expand comprehensive programs to identify, respond to, treat, and support those impacted by illicit opioids, stimulants, or other substances.

- **Objective 1:** Increase access to and receipt of treatment for people with substance use disorder in the community and correctional settings.
- **Objective 2:** Expand deflection and diversion in multiple points across the criminal justice system for people with substance use disorder that come in contact with the justice system.
- **Objective 3:** Link overdose survivors to treatment services and recovery support coaches.
- **Objective 4:** Expand the availability of treatment and recovery support services in rural and tribal communities.
- **Objective 5:** Develop a coordinated multidisciplinary plan within states and localities.

**Goal 2:** Provide training and resources to support state, local, tribal, and territorial efforts to respond to illicit substance use.

- **Objective 1:** Assist eligible entities to plan, implement, or expand comprehensive programs to reduce overdose deaths, promote public safety, and support access to prevention, harm reduction, treatment, and recovery services in the community and justice system.
- **Objective 2:** Assist local, state, and tribal governments to better collaborate with each other and with their communities and enhance justice and health system responses for people with substance use disorder that are facing potential incarceration or other contact with the justice system.

This program is designed to support local, state, and tribal governments in using multi-disciplinary partnerships and comprehensive programs that help those impacted by this crisis. These efforts include community-based prevention programs, emergency response initiatives, diversion from the criminal justice system, court navigator services, and programming in jails and during reentry. These strategies also seek to enhance public safety and improve access to harm reduction methods and recovery support services, including peer recovery programs.

Local, state, and tribal governments are encouraged to consider the landscape and challenges that their communities are facing related to the overdose crisis, determine the needs within the community and across the justice system, and initiate or expand programs using an array of effective strategies and activities. To determine needs and strategies of focus, applicants can refer to the [Sequential Intercept Model \(SIM\)](#), which can help jurisdictions identify how individuals with substance use disorders (SUDs) may come in contact with the criminal justice system and identify gaps in services and resource needs. Through this program, local, state, and tribal government efforts can include, but are not limited to, one or a combination of the following strategies and activities across the SIM.

#### **Intercept 0: Community Services**

- **Harm reduction activities** that include increasing availability and access to naloxone. Coordination should demonstrate a comprehensive approach to services delivering both place-based care and teleservices.
- **Prescription drug take-back programs** for unused controlled substances found in the home and used by hospitals, long-term care facilities, and other facilities.
- **Deflection and diversion programs** that include multidisciplinary overdose prevention, response, and referral models such as mobile crisis units and co-responder models.

#### **Intercept 1: Law Enforcement**

- **Deflection and diversion programs** led by law enforcement and first responders that include multidisciplinary overdose prevention, response, and referral models such as mobile crisis units and co-responder models.
- **K–12 education and prevention programs** to connect law enforcement agencies with K–12 students.
- Efforts to embed social services with law enforcement to rapidly respond to drug overdoses where children are impacted.

#### **Intercept 2: Initial Court Hearings and Detention**

- **Post-arrest alternative to incarceration programs**, such as pretrial, prosecutor, public defender, and court diversion or intervention programs, that serve individuals at high risk for overdose or SUD. (Note: Funding is available under other BJA and Office of Juvenile Justice and Delinquency Prevention (OJJDP) funding opportunities to implement or enhance an adult treatment court, a juvenile drug court, a family treatment court, and a veterans treatment court. As such, implementing or enhancing these court models is not an allowable funding activity under COSSUP).

#### **Intercept 3: Jails/Courts**

- **Expanded access to evidence-based substance use disorder treatment in jails and court programming**, such as withdrawal management services and medication-assisted treatment (MAT). This includes initiatives to universally screen people and provide assessments and diagnoses when applicable, and enhance recovery support services, including peer recovery.
- **Screening individuals for eligibility for insurance coverage and connections to care and providers upon release.**

#### **Intercept 4: Prison/Reentry**

- **Expanded access to evidence-based substance use disorder treatment in correctional settings**, such as MAT. This includes initiatives to universally screen people and provide assessments and diagnoses when applicable, and enhance recovery support services, including peer recovery.
- **Other wraparound services**, including case management, counseling, and employment assistance, to improve engagement and retention in substance use services among individuals reintegrating into communities from criminal justice involvement.
- **Screening individuals for eligibility for insurance coverage and connections to care and providers upon release.**

#### Intercept 5: Community Corrections

- **Transitional or recovery housing and recovery support services**, including access to physical and behavioral health care benefits, counseling services, employment services, and education services, and peer support services for those reentering the community from incarceration or secure residential treatment facilities. (Note: No more than 30 percent of total grant funds may be used for transitional or recovery housing).
- **Other wraparound services**, including case management, counseling, and employment assistance, to improve engagement and retention in substance use services among individuals reintegrating into communities from criminal justice involvement.

Other activities across the SIM include:

- **Identifying and building capacity for screening and assessment** for substance use and co-occurring substance use and mental health.
- **Embedding social workers, peers, or persons with lived experience at any intercept of the SIM** to assist people in the justice system, and their families, navigate systems and to increase their connection to treatment and recovery support services.
- **Expanding workforce of peer recovery specialists and supports.**
- **Initiatives to train justice system and treatment practitioners to support project goals.** This may include training justice system practitioners on the science of addiction and SUD and what works to get people with SUD into recovery; training SUD treatment workforce on justice systems and working with justice involved populations; or other trainings and sharing of knowledge and understanding across justice systems, public safety, health, and treatment professionals.
- Initiatives to bring together justice, behavioral health, and public health practitioners to implement new or promising practices that may not yet have a research base in addressing the impact of opioids, stimulants, and other substances on individuals and communities at risk of or having justice system involvement. This includes the application of evidence-based strategies from other fields, such as health initiatives that have not yet been fully examined in the justice context. (Note: Applications funding these initiatives must include a research partner).
- **Comprehensive, real-time, regional information collection, analysis, and dissemination that promotes the use of data** for responses to overdoses and emerging drug trends. These types of activities may include the use of data dashboards, Overdose Detection and Mapping Application Program (ODMAP), Overdose Fatality Review, and forensic epidemiologists and technologies.

OJP will provide priority consideration in awarding funding for the following areas in consideration of OJP's mission and goals:

- **Research and Evaluation Partner (Local applicants, Category 1):** In addition to executing any statutory prioritization that may be applicable, OJP will also give priority consideration to applications in Category 1 that include a research partner. To receive priority consideration under the research partner priority, applicants must include information on the qualifications, requirements, role, and responsibility of the research partner and commitment by the applicant to share relevant data. For assistance on research partnerships, applicants may wish to access the [Center for Research Partnerships and Program Evaluation](#). (*Note: research partnerships are required for Category 2 applicants, so this priority consideration area does apply*).
- **Disproportionate Overdose Increases:** Applicants that can demonstrate a greater than 50 percent annual increase in recent drug related overdose deaths will also receive priority consideration. To receive priority consideration under the drug-related overdose deaths priority, applicants must provide local- or state-level overdose death data related to opioids and/or stimulants for the years 2022 and 2023, as well as 2024, if available.

## Applicant Eligibility

Eligible applicants are government entities including state governments, county governments, city or township governments, special district governments, Native American tribal governments (federally recognized), and Native American tribal governments (other than federally recognized).

For the purposes of this program, “state” means any state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

For the purposes of this program, other units of local government include towns, boroughs, parishes, villages, or other general purpose political subdivisions of a state.

**Local Applicants (Category 1):** Applicants that are applying as local governments should ensure they apply under the appropriate subcategory, based on the population size of the jurisdiction receiving services, as noted below:

- Subcategory 1a: Local—Urban area or large jurisdiction. This includes an urban area or large jurisdiction with a population greater than 500,000.
- Subcategory 1b: Local—Suburban area or medium-size jurisdiction. This includes a suburban or medium-sized jurisdiction with a population between 100,000 and 500,000.
- Subcategory 1c: Local—Rural jurisdiction. This includes a rural jurisdiction as defined by the [Rural Health Grants Eligibility Analyzer](#). All jurisdictions that are not designated as rural via the analyzer but have a population of less than 100,000 should apply in subcategory 1b.

**State Applicants (Category 2):** Applicants that are applying as state governments should ensure they apply under Category 2.

- Eligible state applicants include either the State Administering Agency (SAA) responsible for directing criminal justice planning, the State Alcohol and Substance Use Agency, or other state agency deemed appropriate to coordinate and manage the planning and implantation of the proposed project.
- State applicants must apply for funding on behalf of six or more jurisdictions or areas (including localities, judicial districts, tribal entities, or regions affected by increases in substance use) within the

state. The state must assume responsibility for the management, oversight, and evaluation of all projects identified.

- State applicants must also include a research and evaluation partner as part of their application. Applicants must include information on the qualifications, requirements, role and responsibility of the research partner and commitment by the applicant to share relevant data. For assistance on research partnerships, applicants may wish to access the [Center for Research Partnerships and Program Evaluation](#).

**Tribal Applicants (Category 3):** This includes all Native American tribal governments, either federally recognized or tribal governments other than federally recognized.

## Funding

In FY 2025, approximately \$104.4 million in funding is available to support an estimated 63 total awards through this program. Funding for each project category is as follows:

Category 1: Local governments:

- Subcategory 1a: Local—Urban area or large jurisdiction:
  - Anticipated Number of Awards: 19
  - Anticipated Award Ceiling: Up to \$1,600,000
  - Anticipated Period of Performance Start Date: October 1, 2025
  - Anticipated Period of Performance Duration: 36 months
- Subcategory 1b: Local—Suburban area or medium-size jurisdiction:
  - Anticipated Number of Awards: 20
  - Anticipated Award Ceiling: Up to \$1,300,000
  - Anticipated Period of Performance Start Date: October 1, 2025
  - Anticipated Period of Performance Duration: 36 months
- Subcategory 1c: Local—Rural jurisdiction:
  - Anticipated Number of Awards: 10
  - Anticipated Award Ceiling: Up to \$1,000,000
  - Anticipated Period of Performance Start Date: October 1, 2025
  - Anticipated Period of Performance Duration: 36 months

Category 2: State governments:

- Anticipated Number of Awards: 4
- Anticipated Award Ceiling: Up to \$7,000,000
- Anticipated Period of Performance Start Date: October 1, 2025
- Anticipated Period of Performance Duration: 36 months

Category 3: Tribal governments:

- Anticipated Number of Awards: 10
- Anticipated Award Ceiling: Up to \$1,000,000
- Anticipated Period of Performance Start Date: October 1, 2025
- Anticipated Period of Performance Duration: 36 months

## Matching and Cost Sharing

This funding opportunity does not require a match.

## Contact Information

Program Staff

800-851-3420

[grants@ncjrs.gov](mailto:grants@ncjrs.gov)

<https://bja.ojp.gov/funding/opportunities/o-bja-2025-172334>

FEDERAL  
GRANT PROFILE



**Department:** U.S. Department of Justice

**Agency:** Community Oriented Policing Services (COPS)

## FY 2024 Promoting Access to Crisis Intervention Teams (PACT)

### Grant Overview

This program provides funding to support the creation or expansion of crisis intervention teams and to embed mental and behavioral health services with law enforcement agencies so they can better respond to individuals in crisis in the community. Eligible applicants are local, state, tribal, and territorial law enforcement agencies.

### Program History

Funding history not available.

### Key Information and Tips

**Total Funding:** \$4 million

**Award Range:** up to \$400,000

**Match:** Not required

**Solicitation date:** March 21, 2024

**Proposal due:** May 14, 2024 (Grants.gov)  
May 21, 2024 (JustGrants)

- Applications require a two-part submission through both Grants.gov and JustGrants

<https://cops.usdoj.gov/pact>



### Tips

- The funding agency will provide priority points for agencies that respond affirmatively to the list of questions related to activities outlined in the [Federal Policies for Policing Inventory](#).

**Department:** U.S. Department of Justice

**Agency:** Community Oriented Policing Services (COPS)

## **FY 2024 Promoting Access to Crisis Intervention Teams (PACT)**

### **Detailed Summary**

This program provides funding to support the creation or expansion of crisis intervention teams (CIT) and to embed mental and behavioral health services with law enforcement agencies so they can better respond to individuals in crisis in the community. These projects may include overtime for sworn personnel, salaries and contracts for mental health professionals, purchase or lease of nonpatrol vehicles for crisis response programs, and costs associated with training for and equipping personnel.

The COPS Office encourages small, rural, tribal, and regional agencies to apply for PACT funding to improve their crisis intervention efforts. For example, initiatives such as establishing a joint or regional shared CIT services program with a mental health service provider or conducting regional CIT training provides a valuable framework for small, rural, tribal, and regional agencies that desire improved crisis intervention programming for their agencies. All applicants should budget for at least one person to attend a national conference addressing this issue. Funded agencies will have the opportunity to participate at no cost in an ongoing community of practice with other COPS Office awardees and receive training and technical assistance from the Crisis Intervention Training Provider.

Under this solicitation, the COPS Office seeks to support projects that allow for the identification and expansion of promising practices and produces knowledge products that follow the principles of good guidance:

- Quality-driven, with an emphasis on action statements to drive promising practices and reduce variations in performance.
- Evidence-based, with recommendations that are consistent with the weight of the best available evidence identified through systematic review.
- Accessible, with clear language and manageable lengths that are appropriate and relevant for the law enforcement field.
- Memorable, to encourage immediate actions or aid for the complex situations law enforcement professionals face.

### **Applicant Eligibility**

Eligible applicants are local, state, tribal, and territorial law enforcement agencies.

The COPS Office welcomes applications under which two or more entities would carry out the federal award; however, only one entity may be the applicant. Any other entities carrying out the federal award must be identified as proposed subrecipients. The applicant must be the entity that would have primary responsibility for carrying out the awards, including administering the funding, managing the entire project and monitoring compliance.

## Funding

In FY 2024, approximately \$4 million is available to support awards of up to \$400,000 through this program. The period of performance is anticipated to begin on October 1, 2024 and will have a duration of 24 months.

## Matching and Cost Sharing

There is no requirement for cost sharing or a local match for these awards.

## Contact Information

COPS Office Response Center

[AskCopsRC@usdoj.gov](mailto:AskCopsRC@usdoj.gov)

800-421-6770

<https://cops.usdoj.gov/pact>

FEDERAL  
GRANT PROFILE



**Department:** U.S. Department of Justice  
**Agency:** Office of Juvenile Justice and Delinquency Prevention

## FY 2024 Supporting Effective Interventions for Youth with Problematic or Illegal Sexual Behavior

### Grant Overview

This program provides awards to prevent sex offending by adolescent sex offenders and problematic sexual behavior in children by developing intervention and supervision services for adolescent sex offenders and children with sexual behavior problems, and to provide treatment services for their victims and families/caregivers. Eligible applicants are state, city, township, and county governments; for-profit organizations, other than small businesses; federally recognized Native American tribal governments; Native American tribal organizations; nonprofit organizations with or without 501(c)(3) status; and public, state-controlled, and private institutions of higher education.

### Program History

	Total Funding	# of Awards
2022	\$2,600,000	5

### Key Information and Tips

**Total Funding:** \$1,575,000  
**Award Range:** Up to \$525,000  
**Match:** Not required  
**Solicitation date:** May 2, 2024  
**Proposal due:** June 18, 2024 (Grants.gov); July 2, 2024 (JustGrants)

<https://ojjdp.ojp.gov/events/fy24-yphisbp>



### Awardee Profile

Children’s Aid & Family Services, Inc.  
Paramus, NJ

**AMOUNT:** \$425,000

**YEAR:** 2022

Children's Aid & Family Services (CAFS) received funding to extend evidence-based therapeutic services to older youth with sexual behavior problems that result in child-on-child sexual abuse in the family or close social network.

**Department:** U.S. Department of Justice

**Agency:** Office of Juvenile Justice and Delinquency Prevention

# FY 2024 Supporting Effective Interventions for Youth with Problematic or Illegal Sexual Behaviors

## Detailed Summary

The purpose of this program is to provide support to communities to develop intervention and supervision services for youth with problematic or illegal sexual behavior, and to provide treatment services for their victims and families/caregivers. This program furthers the funding agency's mission of upholding the rule of law, keeping our country safe, and protecting civil rights.

For the purposes of this program, children with problematic sexual behavior are youth ages 7 to 12 who are in pre- or post-adjudication status for inappropriate sexual behavior with a family member; co-resident; or other non-family peer-aged children, such as friends, neighbors, and classmates. Proposed interventions for these children should include support services for child victims and non-offending families or household members. Adolescents with illegal sexual behavior are youth ages 13 to 17 who are in pre- or post-adjudication status for serious sexual offenses committed against family members or other non-family peer-aged children, such as friends, neighbors, and classmates, or adults.

The goal of the program is to prevent sexual reoffending by youth with problematic or illegal sexual behavior, promote healing, and provide services for victims and families/caregivers. The program will assist applicants in developing comprehensive, multidisciplinary approaches to provide a continuum of intervention and supervision services for adolescents with illegal sexual behavior and children with problematic sexual behavior; and treatment services for child victims and their families/caregivers. Program objectives are to:

- Improve family and system responses for youth with problematic or illegal sexual behavior, as well as child victims and their families/caregivers
- Increase protective factors in targeted youth to prevent sexual reoffending or continued problematic sexual behavior
- Enhance existing community/system response by filling identified gaps in service provision/programming

Award recipients will have an established multidisciplinary team that supports a comprehensive holistic approach to treating youth with problematic or illegal sexual behavior, and provides support services to victims and families/caregivers.

Applicants are expected to conduct a comprehensive assessment of existing system resources that details the continuum of intervention services available for the target population and treatment services for the youth victims and their families/caregivers. Applicants must propose projects that support the provision of services across this continuum. Project sites must address the following activities:

- Develop or enhance community-based intervention and supervision services for adolescents with illegal sexual behavior and/or youth with problematic sexual behavior
- Develop or enhance treatment services for youth victims and non-offending family members/caregivers
- Enhance and/or maintain an existing multidisciplinary team to specifically manage cases involving youth with problematic and/or illegal sexual behavior; and that supports a comprehensive holistic approach to treatment and services for victims and families/caregivers

A key consideration for all project sites should be public safety balanced with prevention, early intervention, and treatment.

Applicants that can demonstrate existing partnerships with multidisciplinary team stakeholder members will receive priority consideration. Additionally, priority consideration will be given to projects that will promote racial equity and the removal of barriers to access, and to applicants that can demonstrate that their capabilities and competencies are enhanced because the applicant, or at least one proposed subrecipient, identifies as a population-specific organization.

The Office of Justice Programs strongly emphasizes the use of data and evidence in policy-making and program development in criminal justice, juvenile justice, and crime victim services.

Additionally, priority consideration will be given to applicants that can demonstrate that:

- Their projects promote racial equity and the removal of barriers to access and opportunity for communities that have been historically underserved, marginalized, and adversely affected by inequality
- Their capabilities and competencies for implementing projects are enhanced because they, or at least one proposed subrecipient that will receive at least 40 percent of the requested award funding, identify as a population-specific organization

## Applicant Eligibility

Eligible applicants are state, city, township, and county governments; for-profit organizations, other than small businesses; federally recognized Native American tribal governments; Native American tribal organizations; nonprofit organizations with or without 501(c)(3) status; and public, state-controlled, and private institutions of higher education.

Projects must be implemented by multidisciplinary teams. These teams must include prosecutors; child welfare personnel; and juvenile justice personnel such as probation and juvenile court personnel, mental health personnel, victim advocates, law enforcement personnel, and community support providers. Applicants that can demonstrate existing partnerships with multidisciplinary team stakeholder members will receive priority consideration.

## Funding

In FY 2024, a total of \$1,575,000 is anticipated to be available to support approximately three cooperative agreements of up to an estimated \$525,000 each through this program.

Award notifications will be issued by September 30, 2024.

Project periods will span 36 months, with a start date of October 1, 2024. In certain cases, the funding agency will award continuation funding, dependent on the funding agency's priorities, a recipient's overall management of the award, and the progress of the work funded under the award.

## Matching and Cost Sharing

Matching funds are not required for this program; however, applicants must detail in their applications any leveraged cash or in-kind resources from local sources to support the project; and must discuss plans for sustainability beyond the project period.

## Contact Information

Program Staff

(800) 851-3420

[grants@ncjrs.gov](mailto:grants@ncjrs.gov)

<https://ojjdp.ojp.gov/events/fy24-ypisbp>