The Substance Abuse and Mental Health Services Administration's (SAMHSA)
Application for Peer Grant Reviewers

Supporting Statement

Check off which applies:

☐ New

☐ Revision

X Reinstatement with Change

☐ Reinstatement without Change

☐ Extension

☐ Emergency

A. Justification

1. Circumstances of Information Collection

SAMHSA is requesting Office of Management and Budget (OMB) approval of a reinstatement with change for the Application for the Reviewer Contact Information Form. This form is approved under OMB No. 0930-0255, which expired September 30, 2025. Section 501(h) of the Public Health Service (PHS) Act (42 U.S.C. 290aa), 2 CFR 200.205, and DHHS Grants Policy directs the Assistant Secretary of the Substance Abuse and Mental Health Services Administration (SAMHSA) to establish a merit review committee to carry out the merit review requirements for applications received for discretionary grant programs. SAMHSA administers large discretionary grant programs under authorization of Title V, and, for many years, SAMHSA has funded discretionary grants to provide substance use and mental health services, research, technical assistance, and training to advance behavioral health and to improve the lives of individuals living with mental and substance use disorders, and their families.

SAMHSA efforts to make improvements in the grants process have been shown by the variety of discretionary award announcements. In support of those efforts, and to meet the specific reviewer criteria requirements set forth in the 21st Century Cures Act, 2 CFR 200.205, and DHHS Grants Policy SAMHSA desires to expand the types of peer reviewers it uses in its merit review committees. To accomplish that end, SAMHSA has determined that it is important to proactively seek the inclusion of new and qualified representatives on its merit review groups. Accordingly, SAMHSA has developed an application from (Attachment A – Reviewer Contact Information Form) for use by individuals who wish to apply to serve as peer reviewers.

2. Purpose and Use of Information

The application form has been developed to capture the essential information about the individual peer reviewer applicants. A potential SAMHSA peer reviewer can contact the

Division of Grant Review about his/her interest in becoming a peer reviewer directly via email or by visiting the reviewer website at https://www.samhsa.gov/grants/review/grant-reviewer-application. Although a resume is also collected from interested individuals, it is essential to have specific information from all applicants about their qualifications that may not be included in a typical resume; the most consistent method to accomplish this is completion of a standard form by all interested people, detailing their specific qualifications to be considered as reviewers. SAMHSA will use the information about knowledge, education, and expertise provided on the applications to identify appropriate peer reviewers. Depending on their experience and qualifications, applicants may be invited to serve on merit review committees.

The following changes are proposed in the form:

1. Changed "Gender" to "Sex".
2. Removed "Transgender" and "Prefer not to Answer" from Sex category.
3. Removed Ethnicity category and combined it with Race/Ethnicity.
4. Changed the race/ethnicity question to align with 2024 Standard Policy Directive No.15 (SPD-15).
5. Removed "Mixed Race" from Race/Ethnicity category.
6. Removed "LGBTQ" and "Minorities (African American, Hispanic or Latino, etc.)" from Secondary Expertise.
7. Removed the SAMSHA Values That Promote Positive Behavioral Health Statement on page 4.

3. Use of Information Technology

Applicants are offered two methods in which to apply. They may complete an online application form available on the SAMHSA website or may submit an application form electronically by e-mail to the reviewer@samhsa.hhs.gov email account.

4. Efforts to Identify Duplication

SAMHSA has no other vehicle for potential grant reviewers to submit information about themselves for consideration in this capacity. There is, therefore, no duplication of information.

5. Involvement of Small Entities

Individuals who apply to serve as SAMHSA peer reviewers may be affiliated with small entities. However, the information requested is the minimum needed to identify well-qualified applicants and the burden on applicants will not be significant.

6. Consequences If Information Collected Less Frequently

Individuals will have to submit an application form only once, unless they wish to update information previously submitted. Without this form, SAMHSA will not be able to identify and select well-qualified grant peer reviewers in a consistent, standardized manner.

7. Consistency With the Guidelines in 5 CFR 1320.5(d)(2)

This application is fully consistent with 5 CFR 1320.5(d)(2). This collection requests to use SPD-15 Figure 3 Race Ethnicity Question with Minimum Categories only for a simplified approach to collecting data from potential peer reviewers and maintain the merit review application process efficient.

8. Consultation Outside the Agency

SAMHSA has consulted with representatives of several other Operating Divisions within the Department of Health and Human Services (HHS) (the Administration for Children and Families, the Health Resources and Services Administration, and the Centers for Disease Control and Prevention) to determine their processes for soliciting new reviewers.

The notice required in 5 CFR 1320.8(d) was published in the *Federal Register* for 60 days on May 11, 2026 (91 FR 25586). Comments and responses are attached. The 30-Day *Federal Register Notice* was published on July 16, 2026 (91 FR 43651).

9. Payment to Respondents

There will be no payment to respondents for submitting an application form. Applicants chosen as SAMHSA peer reviewers will receive standard compensation for their service in that capacity.

10. Assurance of Confidentiality

Information will be kept private to the extent allowable by law. All information submitted in these reviewer application forms will be kept private, in the same manner that personnel applications are handled.

11. Questions of a Sensitive Nature

The items on the application form are not considered sensitive.

12. Estimates of Annualized Hour Burden

The following table summarizes the estimated annual response burden for this application form. Per historical trends, SAMHSA anticipates 500 respondents inquiring about reviewing for SAMHSA each year.

Number of Respondents	Responses/ Respondent	Burden/ Response (Hrs.)	Total Burden Hours	Hourly Wage Cost ($)	Total Wage Cost ($)
300	1	1.5	450	$20.00	$9,000

Several staff in HHS familiar with the review process completed the form. The average time that most individuals will need to complete the form will be between one and two hours, including time to update their resume.

The basis for the hourly wage is determined by the average salary of individuals in locales around the country who would have the type of qualifications needed to serve as peer reviewers. These individuals would be from both large and small cities, metropolitan areas, small towns and rural areas. This hourly wage is based on knowledge of a specific program that is directed by HHS and the Federal Emergency Management Agency, at the local service provider level.

13. Estimates of Annualized Cost Burden to Respondents

There are no capital or startup costs and no operation and maintenance of services costs to respondents associated with this application form.

14. Estimates of Annualized Cost to the Government

The estimated annual cost to the government is approximately $18,750. This is based on the estimated time for staff to review an application which averages about 45 minutes at approximately $50.00 per hour.

15. Changes in Burden

There is no burden change.

16. Time Schedule. Publication and Analysis Plans

The form will be made publicly available on SAMHSA's web site upon receipt of OMB approval. Applications will be reviewed as received for completeness and appropriateness.

17. Display of Expiration Date

The expiration date will be displayed.

18. Exceptions to Certification Statement

This collection of information involves no exceptions to the Certification for Paperwork Reduction Act submissions.

List of Attachments
Attachment A: Reviewer Contact information Form