Act 301 Capital Expenditure Infrastructure Funding Opportunity

EXECUTIVE SUMMARY

The South Carolina Department of Health and Human Services (SCDHHS) is accepting applications for the Act 301 Capital Expenditure Infrastructure Funding Opportunity for Fiscal Year 2026-2027.

RFA Reference Number	SCDHHS-26-005
Anticipated Total Funding	$4,000,000.00
Cost Sharing/Match Required	No
RFA Posting Date	September 14, 2026
Deadline for Questions	September 25, 2026
Answers Released	September 30, 2026
Application Due Date	October 9, 2026
Anticipated Notice of Award	October 23, 2026
Start of Contract	November 1, 2026
Service	Capital Improvement
Issuing Agency	South Carolina Department of Health and Human Services
Email for Questions and Submission of Application	grants@scdhhs.gov
Eligible Applicants	Eligible applicants must be South Carolina county alcohol and drug abuse authorities designated by Act 301 of 1973.

THIS REQUEST FOR APPLICATIONS (RFA) announces the Agency's intent to provide funding for infrastructure projects and invites applications to support the creation or improvement of facilities in accordance with the specified requirements, terms, and conditions. Successful applicants will be required to enter into a contract with the Agency to receive funding to complete approved infrastructure projects.

THE UNDERSIGNED HEREBY SUBMITS the following application and certifies that (1) he or she has the authority to apply for this funding on behalf of the organization; and (2) all information provided is true and accurate to the best of Authorized Representative's knowledge.

Authorized Representative Name

Title of Authorized Representative

Organization

Street Address

City

State

ZIP Code

Signature of Authorized Representative

Date

Contact Information

Coordinator Name

Title of Coordinator

Email

Phone

Project Description

Provide a detailed description of the proposed project to be completed with grant funding. Include the project's location, anticipated service volume and the rationale for facility improvements.

Project location should be determined by need as demonstrated by supporting evidence from the SC Center of Excellence in Addiction's Treatment Data Dashboard, or County Profile data, and other relevant information that evidences reach to the population in need of services.

Goals and Objectives

Describe the goals and objectives of the project. These should follow the SMART framework –specific, measurable, achievable, realistic, and time-bound.

Timeline

Provide a workplan and timeline detailing the length of time the organization would need to begin implementing the project activities described in the scope of work. SCDHHS recognizes the timeline will depend on the scope of the proposed project, and applicants should present the most accurate timeline possible to reflect their planned activities.

Key Partners

If applicable, identify any local providers, state agencies, or other entities with whom the applicant has established or intends to establish partnerships to support the goals of this grant.

Budget

Explain how the budget figures were calculated and describe how each expenditure supports the proposed project. Provide enough detail for the Agency to determine that the expenditures are reasonable and permissible.

Capital Expenditures

Provide a budget proposal detailing the total amount of funding requested, using the Budget Template below. Please note that the amount requested is not guaranteed. SCDHHS may work with applicants to adjust award amounts based on documented need and other relevant factors.

Plans and Specs	
Permits, Inspections, Fees, Licenses	
Construction	
Medical Equipment	
Furniture, Fixtures, & Equipment	
Finance & Legal Fees	
Other Costs (please define)	
Organizational Contribution	
Other Funding Sources to Support the Program	
Total Capital Expenditures*	$ 0.00

**Total Capital Expenditures auto-calculates, please input numbers only into Budget Template.*