



National Center for Injury Prevention and Control
(NCIPC)

Notice of Funding Opportunity

Application due
Tuesday, April 14, 2026

Drug-Free Communities Support Program – NEW (Year 1)

Opportunity number: CDC-RFA-CE-26-0061



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Before you begin

If you believe you are a good candidate for this funding opportunity, secure your [SAM.gov](#) and [Grants.gov](#) registrations now. If you are already registered, make sure your registrations are active and up-to-date.

SAM.gov registration (this can take several weeks)

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

[See Step 2: Get Ready to Apply](#)

Grants.gov registration (this can take several days)

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

[See Step 2: Get Ready to Apply](#)

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on Tuesday, April 14, 2026.



To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow (Windows) or Command + Left Arrow (Mac) on your keyboard.



Step 1:

Review the Opportunity

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Basic information

Centers for Disease Control and Prevention (CDC)

National Center for Injury Prevention and Control (NCIPC)

Strengthening community collaborations to reduce and prevent youth substance use.

Summary

The purpose of this NOFO is to support community coalitions that work to prevent and reduce substance use among youth. This NOFO aligns with the Drug-Free Communities (DFC)'s Support Program's two goals:

- Establish and strengthen collaboration among community stakeholders and organizations to address youth substance use.
- Reduce substance use among youth and, over time, reduce substance use among adults by:
 - Addressing the factors in a community that increase the risk of substance use.
 - Promoting the factors that minimize the risk of substance use.

The DFC program will fund coalitions that haven't received DFC funding.

Please note: The DFC Program is funded and administered by the White House Office of National Drug Control Policy (ONDCP). CDC manages the DFC Program on behalf of ONDCP.



Have questions?
Go to [Contacts and Support](#).

Key facts

Opportunity name:
Drug-Free Communities Support Program – NEW (Year 1)

Opportunity number:
CDC-RFA-CE-26-0061

Announcement type:
New

Assistance listing:
93.276

Key dates

Application deadline:
Tuesday, April 14, 2026

Informational call:
March 18, 2026

Expected award date:
August 28, 2026

Expected start date:
September 30, 2026

Funding details

Funding Type: Grant

Expected awards: 50

Period of performance: 5 years in 12-month budget periods.

Expected total program funding over the performance period: \$31,250,000

Expected funding per applicant per 12-month budget period:

Up to \$125,000

We plan to award projects for five 12-month budget periods for a five-year period of performance.

The number of awards is subject to available funds and program priorities.

Eligibility

This NOFO is intended to fund community-based coalitions that address youth substance use and have not previously received a DFC grant. Applicants must reside within the United States or the U.S. territories.

Statutory authority

Drug-Free Communities Act, [21 USC 1531](#) et seq., P.L. 105-20.

Statutory eligibility requirements

To be eligible for this opportunity, the community coalition must meet all the DFC statutory eligibility requirements. The coalition must:

- Include representatives from each of the [12 required sectors](#).
- Comprise representatives who've worked together on substance use for at least six months.
- Have a principal mission statement of preventing youth substance use.
- Address at least two substances.
- Not overlap with another DFC coalition without a letter of mutual collaboration.
- Be able to receive federal funding individually or through a legal entity that's eligible to receive federal funds (e.g. fiscal agent).
- Have not received more than 10 years of DFC funding.
- Participate in the DFC national cross-site evaluation.
- Not request more than \$125,000 per year.
- Secure a 100 percent match from non-federal sources.

Required statutory eligibility proof

To meet the statutory eligibility requirements, include the following:

- Sector table that includes the [12 required sectors](#).
- Meeting minutes.
- General applicant information.
- Letter of mutual cooperation, if there is overlap with another coalition.
- Statement of legal eligibility that says the coalition is either a 501(c)(3) organization or partnering with a fiscal agent.
- Memorandum of understanding (MOU) between the coalition and the fiscal agent, if applicable.
- Ten-year funding limit: attests that the coalition has not received more than 10 years of DFC funding.
- A description of how you'll collect and report the DFC program's required core measures. See the [Required performance measures](#) and [Evaluation and performance measurement plan](#) sections.
- A budget and budget narrative that requests no more than \$125,000 in federal funds and outlines 100 percent in non-federal match.

For more detailed information, refer to the [attachments](#) section.

Ten-year funding limit

If you've already received 10 years of DFC funding, you are not eligible for this award. Please refer to the glossary for the definition of a new coalition. If you are a fiscal agent applying on behalf of a coalition, the 10-year funding limit does not apply to you.

Eligible applicants

The community coalition must be a 501(c)(3) organization. Or the coalition can partner with an outside organization that is eligible to receive federal funds to serve as the fiscal agent on behalf of the coalition. Fiscal agents can include the following types of organizations:

- State governments or their bona fide agents (includes the District of Columbia).
- Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the U.S. Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States

of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

- County governments or their bona fide agents.
- City or township governments or their bona fide agents.
- Special district governments or their bona fide agents.
- Independent school districts.
- Public and state-controlled institutions of higher education.
- Native American tribal governments (federally-recognized)
- American Indian, or Alaska native tribally-designated organizations.
- Public housing authorities and Indian housing authorities.
- Native American tribal organizations, other than federally-recognized tribal governments.
- Nonprofits with a 501(c)(3) status, other than institutions of higher education.
- Private institutions of higher education.
- State-controlled institutions of higher education.
- For-profit organizations other than small businesses.
- Small businesses.

Responsiveness criteria

These are the basic requirements you must meet to move forward in the competition. We won't consider an application that:

- Is from an organization that doesn't meet eligibility criteria. See requirements outlined in the [eligibility section](#).
- Is submitted after the deadline.
- Proposes research activities. See the [definition of research](#).
- Is from an organization that has another DFC grant.

Application limits

In addition to the responsiveness criteria above, you must follow these limits related to the number of applications your organization can submit.

Under this NOFO, you may submit only one application under your organization's Unique Entity Identifier (UEI).

Cost sharing and matching funds

This program requires you to contribute 100 percent of the federal share. For the 5-year period of performance, you must contribute the same amount we award you in federal funds from non-federal sources.

Types of cost sharing

You can meet your match requirement through any combination of:

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

Acceptable in-kind match

Some examples include:

- The value of goods and services donated to the operation of the DFC coalition, including:
 - Office space.
 - Volunteer secretarial services.
 - Pro bono accounting services.
 - Other volunteer services to support the coalition's work.
 - Other volunteer services, including youth hours worked on events.
- Training programs sponsored by other coalitions or partners from the community.
- In-kind services provided by key personnel, including the program director and authorized organization representative.
- Coalitions that are serving a tribal community and include a representative with expertise in the field of substance use from the Bureau of Indian Affairs, the Indian Health Service, or a tribal government agency can use additional federal funding as match.

Use of opioid settlement funds

You may use opioid settlement funds to satisfy the match requirement under the DFC program. This is allowed because it meets the criteria of “not paid by the Federal Government under another Federal award” under applicable grant regulations, [2 CFR 200.306\(h\)](#).

Using funds in this way is subject to applicable law, including state, local, or other provisions that apply to these opioid settlement funds.

Unacceptable in-kind match

Some examples include:

- Federal funds, including those passed through a state or local government, such as the Comprehensive Addiction and Recovery Act (CARA) Community-Based Coalition Enhancement of Grants to Address Local Drug Crises and Sober Truth on Preventing (STOP) Underage Drinking Act grants.

Agency priorities

Required alignment with CDC priorities

As the world's premier public health institute, the U.S. Centers for Disease Control and Prevention (CDC) is at the front lines of public health threats to Americans, even when those threats emerge overseas. CDC must aim to protect the lives of all Americans, advancing health through science, technology, and innovation. CDC must lead with integrity to prevent and protect from diseases, detect emerging threats, both domestically and internationally, and drive state-of-the-art solutions—empowering communities and strengthening public health systems for a safer, healthier nation.

CDC serves the American public—individuals, families, and communities—who rely on accurate data, health guidance, and preventive measures. CDC also serves healthcare providers, researchers, policymakers, businesses, state and local health agencies, and global health partners that rely on CDC for data and guidance to scale improved health outcomes for all Americans at home and abroad. To strengthen public confidence and lead a modern public health system, CDC must be anchored in a set of core values that reflect the evolving needs and expectations of Americans.

Public trust in CDC must be restored through transparency and reliance on evidence-based scientific data and analysis. Americans benefit from practical, science-driven steps to protect their health and further expect proactive, fast responses to health risks. America additionally needs a public health system that embraces innovation and a modernized infrastructure.

Understanding the fundamental role CDC plays in the public health sphere, the following Priorities Statement illustrates the overall direction of CDC, in furtherance of the goals of the President and the Department of Health and Human Services (HHS) Secretary. The following is not an exhaustive list of CDC priorities but is, instead, a roadmap highlighting goals and priorities, all through the lens of providing Gold-Standard Science, as envisioned in the [Make America Healthy Again Commission Report](#) and the [Make Our Children Healthy Again Strategy](#).

President Trump and HHS Secretary Kennedy are committed to restoring trust, transparency, and credibility to CDC. CDC is committed to those goals and is likewise committed to ensuring that its leadership and all decisions are public facing and more accountable. CDC is committed to strengthening our

public health system and restoring it to its core mission of protecting Americans from infectious and communicable diseases and investing in innovation to prevent, detect, and respond to such public health threats. CDC is further committed to ensuring that any outbreaks—including any response to those outbreaks—is addressed transparently and with evidenced-based data.

CDC is specifically prioritizing a commitment to: gold-standard science;¹ global leadership; rebuilding trust, transparency, and credibility; rapid, evidence-based responses to crises; vaccine safety and efficacy research; advancing our understanding of autism spectrum disorder (ASD), neurodevelopmental disorders (NDDs), and chronic disease; modernizing public health infrastructure while enhancing our approach to health data; and otherwise ensuring compliance with the goals and priorities of the Trump Administration and HHS.

A commitment to gold-standard science and ensuring trust, transparency, and credibility

Public trust in CDC and public health has declined in recent years due to inconsistent messaging, lack of transparency, and challenges in responding appropriately to emerging health threats. Dwindling public trust has undermined CDC's ability to lead effectively during crises and has weakened public adherence to health recommendations. Strengthening and sustaining this trust is essential to CDC's mission, as it enables rapid decision-making, stronger partnerships, and coordinated national responses in times of crisis. More broadly, sustained trust ensures communities engage with prevention efforts, support science-based guidance, and contribute to a healthier, more resilient nation. Credibility is not just about better communication, it is foundational to CDC's long-term impact, effectiveness, and legitimacy.

CDC will achieve this trust and credibility by making its leadership more public-facing and accountable to Americans; improving data transparency and ensuring all recommendations are backed by clear, publicly accessible evidence; and establishing processes to ensure integrity in scientific decision-making.

As illustrated by the Trump Administration's Executive Order on "Restoring Gold Standard Science," CDC will conduct all science in a manner that is reproducible; transparent; communicative of error and uncertainty; collaborative and interdisciplinary; skeptical of its findings and assumptions; structured for falsifiability of hypotheses; subject to unbiased peer review; accepting of negative results as positive outcomes; and without conflicts of

interest. CDC is committed to restoring a gold standard for science to ensure that federally funded research is transparent, rigorous, and impactful, and that all decisions are informed by the most credible, reliable, and impartial scientific evidence available.

CDC is committed to restoring Americans' faith in the scientific enterprise and institutions that create and apply scientific knowledge in service of the public good. Employing gold-standard science methodologies will spur innovation, translate discovery to success, and ensure continued American strength and global leadership in technology.

A commitment to global leadership

CDC's Global Health Center addresses global challenges such as HIV, tuberculosis, vaccine-preventable diseases, and emergency and refugee health. When a viral hemorrhagic fever is identified, such as Ebola, CDC is first to confirm the diagnosis and provide guidance on how to contain the virus within a country and to prevent it from entering the United States.

Strategically located in 63 countries around the globe, CDC also serves another 20 countries from these hubs. As a major partner in implementing the PEPFAR program, CDC receives 40% of the resources and implements 60 percent of the program. Across the globe and often with external organizations, CDC is a trusted partner identifying risks early, sending out teams to combat highly infectious disease, training local clinical and public health staff, providing Personal Protective Equipment, vaccine and medicines, and offering advice to Americans abroad as well as supporting international Governments and Ministries of Health leadership and response. As part of an evolving system of response, the Biothreat Radar Detection program seeks out samples from wastewater and international travelers to know real-time when a new infection poses a risk to America. In addition, CDC receives infectious samples from around the globe offering rapid testing and surveillance to prepare for flu at home and guide rapid response for highly infectious diseases where they start and can travel around the globe. Through lessons learned from COVID-19, CDC has advanced its capacities to lead the world in keeping us safe here and abroad.

A commitment to ensuring rapid, evidence-based responses to crises

Public health emergencies need fast, coordinated, transparent, and evidence-based responses. Delays in data collection, fragmented decision-making, inconsistent guidance, and gaps in risk communication undermine the

nation's ability to contain threats and protect lives. Ensuring rapid, science-driven responses is critical to minimizing harm, maintaining public trust, and restoring stability. To meet this goal, CDC must continue to strengthen its emergency response systems by streamlining internal processes, improving risk communication strategies, and ensuring that laboratory capacity is fully equipped and tested—capable of rapidly developing and deploying scalable diagnostics during crises. Embedding structures for real-time learning, independent after-action reviews, and the application of lessons learned will ensure that each crisis response is smarter, faster, and more effective than the last.

To meet the challenges of today and anticipate the challenges of tomorrow, CDC must evolve into a high-performing, mission-driven organization that embraces innovation and streamlines operations. Modernizing internal operations will ensure CDC is not only effective in crisis but consistently excellent in execution, delivering faster decisions, smarter resource use, and a greater impact for Americans.

A commitment to vaccine safety and efficacy research

Gold-Standard Science will be applied to all intramural and extramural CDC vaccine safety and efficacy research. CDC will ensure that CDC vaccine efficacy and safety databases and datasets as well as future contracts, grants, cooperative agreements, and the like, for such datasets and databases are available through the least burdensome public use data agreements to restore trust and improve efficacy and safety through transparency and accountability. CDC will also preserve all internal datasets, protocols, programs and adjustments to databases and datasets for public access and reproducibility.

A commitment to advancing our understanding of the causes of autism spectrum disorder (ASD), neurodevelopmental disorders (NDDs), and chronic disease

CDC is committed to conducting its own research while also partnering with other federal agencies and outside researchers and institutions to understand the etiology of the ASD and NDD epidemics. CDC will utilize existing and new data resources both within and outside of CDC to better understand factors associated with the increases in ASD, NDD, and chronic

diseases that are plaguing our children and adults. CDC data indicates that ASD diagnoses have increased over the past 25 years from 1 in 150 to nearly 1 in 31.

A commitment to modernizing public health infrastructure and enhancing our approach to health data

Modernizing public health infrastructure is essential to building a faster, smarter, and more cost-effective health system—one that can detect and respond to outbreaks in real time, leverage advanced technologies, and deliver community-driven solutions. By investing in modern tools, integrated data, and state-of-the-art capabilities, CDC can lead a transformation that not only strengthens day-to-day operations but also ensures the nation is prepared for future health emergencies. CDC's traditional data silos are being replaced with robust, integrated data that fosters interdisciplinary research to get faster, more robust results for Americans.

Enhancing CDC's (and HHS's) approach to health data must recognize that the states serve as key partners and must be encouraged to maintain robust and up-do-date health data systems. There must be a shared responsibility across federal and state governments, while emphasizing the subsidiarity principle that public health functions should be performed at the lowest effective level of governance (the concept of subsidiarity), with federal structures offering support where scale or specialized expertise is required and as required by statute. Network governance highlights the importance of collaborative, interdependent nodes (state-based service units, federal expertise, and Health Data Utilities (HDUs)) working through shared standards rather than hierarchical command. Systems resilience frames the need for redundancy, adaptability, and transformability, ensuring that CDC can withstand shocks, respond to emerging public health crises, and evolve as public health challenges change. Collectively, these principles guide a strategy that positions public health as local in action, national in standards, and global in preparedness, while leveraging existing assets such as the Consumer Food Data System (CFDS) and Epidemic Intelligence Service (EIS) officers and modernizing infrastructure through HDUs.

Conflicts of interest

The public must know that unbiased science—evaluated through a transparent process and insulated from conflicts of interest—guides the recommendations of our health agencies, and CDC-funded programs and

activities carried out by Federal partners. CDC will deprioritize funding for programs that present conflicts of interest or otherwise compromise their objectivity or integrity in carrying out CDC-funded programs.

Immigration

Consistent with applicable federal law, Federal funds should not be used to encourage or support illegal immigration.

Protecting life and the family

CDC programs will not use taxpayer funds to fund or promote elective abortions, consistent with the Hyde Amendment. CDC will promote the dignity of human life at all stages of development, improve maternal health care, and strengthen the family.

Ending disorder on America's streets

CDC grants will prioritize evidence-based programs and deprioritize programs that fail to achieve adequate outcomes, including so-called "harm reduction" or "safe consumption" efforts that only facilitate illegal drug use and its attendant harm, consistent with SAMHSA guidance issued on July 29, 2025.

CDC will deprioritize support for "housing first" policies that fail to ensure accountability and fail to promote treatment, recovery, and self-sufficiency. CDC will increase competition among grantees through broadening the applicant pool and hold grantees to higher standards of effectiveness in reducing homelessness and increasing public safety. CDC will ensure that its funds reduce rather than promote homelessness by supporting, to the maximum extent permitted by applicable federal law, comprehensive services for individuals with serious mental illness and substance use disorder, including crisis intervention services.

CDC does not support drug injection sites for illegal drugs, or so-called "safe consumption sites," or the use or distribution of illegal drugs and associated paraphernalia.

To the extent allowable by applicable federal law, CDC intends to give priority to grantees in States and municipalities that actively meet the below criteria: (i) enforce prohibitions on open illicit drug use; (ii) enforce prohibitions on urban camping and loitering; (iii) enforce prohibitions on urban squatting; (iv) enforce, and where necessary, adopt, standards that address individuals who are a danger to themselves or others and suffer from serious mental illness or substance use disorder, or who are living on the streets and cannot care for themselves, through assisted outpatient treatment or by moving them into treatment centers or other appropriate facilities via civil commitment or

other available means, to the maximum extent permitted by law; or (v) substantially implement and comply with, to the extent required, the registration and notification obligations of the Sex Offender Registry and Notification Act, particularly in the case of registered sex offenders with no fixed address, including by adequately mapping and checking the location of homeless sex offenders.

Gender ideology and protecting children

CDC believes the health and safety of children must be the highest priority. HHS released a comprehensive [review](#) of the evidence and best practices for promoting the health of children and adolescents with gender dysphoria. This review, informed by an evidence-based medicine approach, found medical interventions, such as puberty blockers, cross-sex hormones, and surgeries, that attempt to transition minors away from their sex are unsupported by the evidence and have an unfavorable risk/benefit profile. Based on that evidence, it is a CDC priority to protect children from these practices, and, to the extent allowable by applicable federal law and any relevant court orders, CDC programs will deprioritize programs that engage in these practices where permissible. CDC funds will also not support the costs of such practices where not required by the law or court order.

HHS released [guidance](#) promulgating sex-based definitions rooted in biological truth. It is a CDC priority to recognize that a person's sex as either male or female is unchangeable and determined by objective biology, and to ensure CDC programs accurately reflect science, including the biological reality of sex.

DEI

To the extent permitted by law, CDC will deprioritize diversity, equity, and inclusion (DEI) initiatives that prioritize group identity over individual merit. CDC believes opportunities should be based on character, effort, and ability, not race or other group identity. CDC is committed to restoring merit-based opportunities and removing unlawful discriminatory practices (including unlawful proxies for racial discrimination).

CDC has previously invested substantially in ideologically-laden concepts like health equity—mainly on identifying and documenting worse health outcomes for minority populations. This has not translated into measurable improved health for minority populations, and in many cases has undermined core American values.

CDC will prioritize efforts that go beyond the use of ideologically laden concepts to focusing on solution-oriented approaches. This includes actively

testing, advancing, scaling, and implementing innovative evidence-based interventions and treatments that address poor health outcomes, including the root causes of Americans' chronic disease epidemic.

Parental rights

CDC believes parents are the primary decision-makers in their children's education and should have full authority over what their children are taught. School policies should include transparency and choice, and curricula should emphasize knowledge, critical thinking, and civic responsibility, without imposing ideas that may conflict with parents' political, religious, or social beliefs. CDC will prioritize funding Federal partners that protect parental rights and provide maximum transparency to parents and the public.

CDC will implement these priorities consistent with applicable laws, regulations, court orders, and any required procedures.

Program description

Background

Overview

There are still too many young people using substances like alcohol, tobacco, marijuana, opioids, and prescription drugs. Although substance use among youth has declined over the last decade, drug overdose deaths among youth have significantly increased over the last few years.

Effects of substance use

When young people use substances, it can:

- Negatively impact their brain development.
- Lead to risky behaviors.
- Make them more likely to experiment with harmful substances.
- Make them more likely to develop a substance use disorder later in life.

Young people's mental health, along with where they live, learn, work, and play, can impact whether they start to use substances. These factors can contribute to a higher risk of substance use among different groups. Regardless, every young person deserves access to better health.

What we can do

One of the best ways to prevent young people from using substances is to establish comprehensive strategies. These strategies address individual, family, and community-level risks and protective factors that influence youth substance use.

Organizations located in communities can build strong relationships and better understand the needs of their communities. By working together as a coalition, these organizations can create a tailored approach to youth substance use based on a community's unique circumstances.

National public health priorities and strategies

Proposed work should align with CDC's core priorities, as applicable, by demonstrating a commitment to gold-standard science, transparency, and evidence-based practices.

Projects should support CDC's mission to:

- Protect Americans from infectious and chronic diseases.
- Strengthen public health systems.
- Advance innovation in health data and infrastructure.

Additionally, you should show how your work:

- Contributes to rapid, science-driven responses to health threats.
- Promotes global health leadership.
- Adheres to principles of integrity, accountability, and compliance with applicable laws and federal priorities.

For more information about CDC's priorities, see [CDC priorities statement](#).

Purpose

The purpose of this NOFO is to support community coalitions that work to prevent and reduce substance use among youth.

Approach

Overview

This NOFO supports a comprehensive approach to:

- Address youth substance use in communities.
- Develop cohesive, multi-sectoral coalitions that can carry out evidence-based prevention strategies in their communities. (Evidence-based strategies have been proven to prevent or reduce youth substance use.)

These strategies should support DFC's goals and:

- Address factors in a community that increase the risk of substance use.
- Promote factors that minimize the risk of substance use.

Please note that the use of funds under this award must be related to the reduction of substance use and misuse among youth.

Program logic model

The logic model includes the allowed strategies and activities, and program's expected outcomes. Outcomes are the results that you intend to achieve and usually show the intended direction of change, such as increase or decrease.

The **asterisked (*)** outcomes are those we expect you to achieve during the five-year period of performance. You are required to report on these outcomes.

Not all outcomes apply to all strategies. The table shows how they apply. You will use these outcomes as a guide for developing performance measures.

Table: Strategies and outcomes

Strategies and activities	Short-term outcomes 1-2 years	Intermediate outcomes 3-4 years	Long-term outcomes 5 years
Strategy 1. Provide information to the general public and key stakeholders about youth substance use. Strategy 2. Enhance skills among relevant stakeholders so youth and adults can engage in positive social relationships and decision-making capabilities. Strategy 3. Provide support to increase opportunities that increase involvement in drug-free or healthy alternative activities. Strategy 4. Increase access, reduce barriers, and improve connections between systems and services that help prevent youth substance use. Strategy 5. Change consequences to incentivize positive practices and disincentivize negative practices. Strategy 6. Change physical design of the community to enhance protection against or to reduce the risk for youth substance use. Strategy 7. Educate and inform about modifying or changing policies that reduce access and availability to substances among youth.	• Improve knowledge of youth substance use patterns. • Improve knowledge of coalition efforts to address youth substance use in the community. • Increase outreach to relevant sectors of the community to address youth substance use. • Increase the capacity of local agencies and organizations to address youth substance use. • Increase intergovernmental cooperation, coordination, and collaboration to change the conditions that impact youth substance use.	• Reduce factors in the community that increase the risk of substance use. • Promote factors that minimize the risk of substance use. • Increase the ease, ability, and opportunity for youth to access settings, such as programs emphasizing self-efficacy and learning skills that prevent substance use. • Decrease the ease, ability, and opportunity for youth to access substances.	• Establish and strengthen collaboration among community members and organizations to address youth substance use.* • Reduce substance use among youth and over time reduce substance use among adults.*

Strategies and activities

This section elaborates on the strategies and activities described in the logic model. It provides details on how we expect you to implement your program.

We expect you to work with the [12 required sectors](#) to carry out evidence-based and practice-based prevention strategies to reduce the use of at least two named substances. You can select your strategies and substances based on a community needs assessment or other local data.

Your strategies should seek to:

- Limit access to substances.
- Change the culture and context around how decisions about substance use are made.
- Shift the consequences associated with substance use to promote healthy options.
- Address barriers to achieving optimal health and well-being.

Make sure that your strategies are comprehensive, and that you can carry them out during the five-year period of performance.

Seven strategies for community-level change

These seven strategies are reflected in the logic model. They include efforts that affect individuals as well as the entire community.

Provide information about youth substance use. This can include educational presentations, workshops or seminars, and data or media presentations, like public service announcements (PSAs), brochures, town halls, forums, web communication, or social media. Information and materials must focus on reducing substance use and misuse, and be consistent with federal laws, regulations, Executive Orders, public policies, and applicable court orders.

Build skills so youth, adults, and community members can build positive social skills and decision-making abilities. You can do this through a combination of activities such as workshops, seminars, or other activities designed to increase the skills of participants, members, and staff. Examples include training and technical assistance, parenting classes, strategic planning retreats, and model programs in schools.

Provide support to increase opportunities that reduce risk factors or enhance protective factors for youth and young adults. Create opportunities to participate in activities that reduce risk or enhance protection. This might include mentoring, referrals for services, support groups, and youth clubs.

Increase access, reduce barriers, and improve connections between systems and services that help prevent youth substance use. Improve systems and processes to increase the ease, ability, and opportunity to use them. These might include opportunities to access transportation, housing, education, safety, recreational facilities, and culturally sensitive prevention initiatives.

Change consequences to incentivize positive practices and disincentivize negative practices. Increase or decrease the probability of a behavior by altering the consequences for performing that behavior. This might include recognition programs for merchants who pass compliance checks.

Change the physical design of the community to reduce the risk of and enhance protection against youth substance use. This might include educating relevant stakeholders on re-routing foot and car traffic, adjusting park hours, and reducing the number and location of places where people can access alcohol or tobacco. **DFC federal funds or your cost sharing contributions cannot support landscape, lighting, or construction projects.**

Educate and inform about policies that reduce access and availability of substances among youth. This may include written procedures, by-laws, proclamations, rules, or laws, to the extent that applicable law and policies allow. This might also include workplace initiatives, law enforcement procedures, and practices, public policy actions, and systems change.

To help inform your strategies and activities, you can:

- Use the [SAMHSA Strategic Prevention Framework](#) for assessment, planning, and decision-making.
- Use the [National Coalition Institute's \(NCI\) coalition logic model](#) to identify root causes and local conditions to address youth substance use. You can use the results of that analysis to determine the strategies and activities you'll use to support the outcomes in the logic model.
- Refer to the [seven strategies for community-level change](#) and [CDC's ENGAGE tool](#) to identify evidence-based strategies.

You are not required to submit your own logic model in your application.

Outcomes

This section includes information about the outcomes we expect you to report progress on and achieve within the performance period.

We expect you to achieve a series of short-term, intermediate, and long-term outcomes because of your efforts. Tailor the short-term, intermediate, and long-term outcomes in the [logic model](#) in your [evaluation and performance measurement plan](#).

Communities served

We expect you to define the communities you propose to serve using various geographic boundaries, including:

- Neighborhoods.
- Census tracts.
- ZIP codes.
- School districts.
- Townships.
- Counties.
- Parish lines.
- Other defining properties.

Carefully consider the size and population of the area so you will have the ability to affect change. For example, choosing a community that is too large may be problematic, because multiple neighborhoods may have distinct problems or conditions that need to be addressed to affect change.

Work plan

You must provide a detailed work plan (called the 12-month action plan in this NOFO) for the current performance period of 2026 to 2027. The action plan should demonstrate a comprehensive approach to reduce the use of at least two substances and create sustainable community-level change.

Develop your 12-month action plan by using the following example. Make sure your plan:

- Outlines specific objectives, strategies, and activities that align with the two DFC goals, including who is responsible and the anticipated timeframe.
- Addresses at least two named substances that you select, based on a community needs assessment or other local data. You should include a rationale based on data such as school suspension rates, juvenile court data, emergency room data, or other applicable data. Strategies and activities should be specific to the selected substances. Note: Vaping is not a substance, it is a substance delivery method.
- Includes activities that address risk and protective factors, including root causes that may be driving substance use in the community.
- Uses existing frameworks, such as the SAMHSA Strategic Prevention Framework (SPF) and seven strategies for community-level change.
- Includes objectives that are specific, measurable, achievable, realistic, and time-bound (SMART).

Example work plan (12-month action plan)

DFC Goal 1: Establish and strengthen collaboration among community stakeholders and organizations to address youth substance use.

Table: Work plan example for objective 1

Objective 1: [SMART objective]

Strategy 1: [Specific strategy]

Activity	Who is Responsible?	By when?

Strategy 2: [Specific strategy]

Activity	Who is Responsible?	By when?

DFC Goal 2: Reduce substance use among youth and, over time, reduce substance use among adults by addressing the factors in a community that increase the risk of substance use and promoting the factors that minimize the risk of substance use, in alignment with the DFC statute.

Table: Work plan example for objective 2

Objective 2: [SMART objective]

Strategy 1: [Specific strategy]

Activity	Who is Responsible?	By when?

Strategy 2: [Specific strategy]

Activity	Who is Responsible?	By when?

You must also provide a summary (up to one paragraph) of what you aim to achieve at the end of the five years. Include how the objectives and strategies outlined in the 12-month action plan will contribute to the long-term outcomes to foster sustainable, community-level change.

You will be able to modify and finalize the work plan post-award, after you complete the [National Coalition Institute Training Program](#).

Table: Using SMART Objectives

Regular objective	SMART Objective
Reduce substance use rates for adolescents.	By August 30, 2027, reduce the percent of 9th graders in Specific County who have used Specific Substance from 8 percent baseline to 7 percent as indicated in our annual youth survey.
Meet with 12 high schools to inform them about drug drop-box programs.	Public health staff will meet with key stakeholders at all high schools in our jurisdiction, resulting in 3 out of 4 high schools committing to work on educating about and implementing drug drop-box programs by August 2027, as indicated in our annual school partner survey.

Data, monitoring, and evaluation

CDC strategy

CDC will work with you throughout the life of an award to ensure that all activities and expected outcomes align with your strategies and goals, and those of the U.S. government. This include providing evaluation and performance measurement tools used to:

- Highlight program accomplishments.
- Monitor the implementation.
- Demonstrate the effectiveness of NOFO strategies and activities.
- Build an evidence base for program strategies.
- Clarify how applicable the evidence base is to different communities, settings, and contexts.
- Drive continuous program improvement.

Required performance measures

DFC National Cross-Site Evaluation

The DFC National Cross-Site Evaluation is intended to measure how effective the DFC Support Program is in achieving its goals of increasing collaboration and preventing or reducing youth substance use. Collecting key data is a critical component of this NOFO.

You must participate in the DFC National Cross-Site Evaluation. This includes providing data every 2 years on core measures for alcohol, tobacco, marijuana, and prescription drug use in at least three grades between 6th and 12th grade, regardless of the substances included in the work plan for your program. We recommend that you include at least one grade at the middle school level and one grade at the high school level.

You will collect data for the following measures:

- **Past 30-day use:** The percentage of survey respondents who reported using alcohol, tobacco, marijuana, or misusing prescription drugs at least once within the past 30 days.
- **Perception of risk:** The percentage of survey respondents who perceived that their use of a given substance has moderate or great risk.
- **Perception of parental disapproval:** The percentage of survey respondents who perceived their parents would feel that regular use of alcohol (one or two drinks nearly every day), or engaging in any use of tobacco, marijuana, or misuse of prescription drugs is wrong or very wrong.
- **Perception of peer disapproval:** The percentage of survey respondents who perceived their friends would feel it would be wrong or very wrong for them to drink alcohol regularly (one or two drinks nearly every day), or engage in any use of tobacco, marijuana, or misuse of prescription drugs.

You're responsible for adhering to the DFC National Cross-Site Evaluation reporting schedule (every 2 years for the substances named in the three grade levels you choose). If you do not submit the core measures, you will fail to comply with the award terms and conditions. For more details, refer to the [Changes in HHS regulations](#) section.

Annual progress reports

You're also required to submit annual progress reports that outline the community profile, sector and youth engagement, coalition capacity, risk, and

protective factors, and implementation of youth substance use prevention strategies. You will also report on the establishment and development of a youth coalition where youth will hold key leadership roles and work together to plan and implement prevention activities. Using the [program logic model](#), you should identify and monitor measures of short-term, intermediate, and long-term outcomes, which can serve as benchmarks for measuring programmatic progress and impact.

Evaluation and performance measurement plan

You must provide an evaluation and performance measurement plan. Use the measures required under the [CDC strategy](#) section.

Include the following elements.

Methods

Describe how you will:

- Collect the performance measures.
- Use evaluation findings for continuous program quality improvement.
- Respond to the evaluation questions.
- Incorporate evaluation and performance measurement into planning, implementing, and reporting of project activities.

Additionally, explain:

- How key program partners will participate in the evaluation and performance measurement process.
- How feasible it will be to collect appropriate evaluation and performance data.
- How you will share evaluation findings with communities and stakeholders.
- Other relevant information, such as performance measures you propose.

Evaluation and performance measurement requirements post-award

You're not required, at the time of application, to comply with the DFC National Cross-Site Evaluation's Requirements. However, you are required to comply with the evaluation requirements once awarded. This includes:

- Submitting any surveys used to collect core measure data for review and approval through the DFC and CARA & Me system.

- Submitting the core measure data in specified increments (every 2 years) for the substances named in the respective grade levels.
- Submitting a data management plan (DMP) that includes:
 - The data you will collect or generate.
 - Who can access data and how you will protect it.
 - Data standards that explain what documentation the released data will have. That documentation should describe collection methods, what the data represent, and data limitations.
 - Archival and long-term data preservation plans.
 - Any reasons you cannot share data collected or generated under this award with CDC. These could include legal, regulatory, policy, or technical concerns.
 - How you will update the DMP as new information is available over the life of the project. You will provide updates to the DMP in annual reports.

For a definition of “public health data” and other key information, see [Data Management and Access](#) on our website.

Paperwork Reduction Act

Any activities involving information collection from 10 or more individuals or organizations may require the Paperwork Reduction Act (PRA) approval. The PRA requires review and approval of the information collection by the White House Office of Management and Budget. For further information to determine if a proposed activity requires PRA approval, contact your project officer. Collections include items like surveys and questionnaires. If you have collections requiring PRA approval, CDC is responsible for working with OMB to gain the approval.

For more information about CDC’s requirements under PRA see [CDC Paperwork Reduction Act Compliance](#).

Organizational capacity

You must demonstrate your organizational capacity to manage and implement the grant. This capacity includes your organizational structure, key personnel, and community coalition described as follows.

Organizational structure

You must describe the organizational structure and how it will support your implementation of the grant.

You must have the capacity to:

- Oversee operations of activities and programs.
- Provide fiscal oversight.
- Complete and submit required reports on time.
- Provide adequate communication.
- Formulate coalition goals and objectives.
- Develop and carry out the 12-month action plan.
- Maintain engagement with the required 12 sectors each budget year.
- Retain and recruit members.
- Demonstrate substantial involvement from volunteers.

If you are serving as a fiscal agent on behalf of a coalition, indicate that in the [organizational capacity section of your project narrative](#).

The fiscal agent must:

- Only receive one DFC grant at a time as the fiscal agent acting on behalf of one coalition that represents a community. A fiscal agent cannot apply on behalf of multiple coalitions.
- Be in the same geographic state as the coalition to ensure that one of the purposes of the statute is for the coalition to represent a community.

Fiscal agents must include a Memorandum of Understanding (MOU) that describes:

- The working relationship between the fiscal agent and the community coalition.
- The management role of the coalition's leadership in financial decisions related to the DFC grant.

A sample MOU is provided in the Other Supporting Documents folder on [grants.gov](https://www.grants.gov).

Key personnel

At a minimum, we require the following key personnel:

Authorized organization representative (AOR)

- The AOR is the representative of your organization who has authority to act on your organization's behalf in matters related to the award and administration of grants.

- In signing a grant application, the AOR agrees that your organization will assume the obligations of the award. These responsibilities include overseeing the financial aspects of the grant and the performance of the grant-supported project or activities as specified in the approved application.
- The AOR must be an employee of your organization and must be identified in the Personnel budget category as either federal or non-federal.
- The AOR must not be the same person as the PD/PI and the project coordinator.

Program director or principal investigator (PD/PI)

- The PD/PI is the person who provides programmatic oversight of the grant and is accountable to officials of your organization.
- The PD/PI cannot be the same person as the AOR.

Project coordinator

- The project coordinator manages the work of the coalition and program activities, including training, coalition communication, data collection, and information dissemination.
- The PD/PI and the project coordinator can be the same person.

Required skills

Staff selected to fulfill key personnel positions should have skills in non-research program administration, including:

- Program planning and implementation.
- Program evaluation.
- Performance monitoring.
- Financial management and reporting.
- Budget management and administration.
- Personnel management.
- Project management.

To demonstrate proficiency in these topic areas, you will submit resumes for filled positions or position descriptions for unfilled positions.

Community coalition

Describe the role of the community coalition in this section of your application.

For the purposes of this program, a community coalition is a community-based formal arrangement among 12 required sectors to cooperate and collaborate. Each group retains its identity, but all agree to work together toward a common goal.



Please note: Coalition members cannot represent more than one sector. Paid staff (like your program director/principal investigator and project coordinator) cannot serve as sector representatives.

Please refer to the following page for a detailed description of the required sectors.

The required sectors are:



Youth: Someone 18 years of age or younger in a public, private, home schooled, or alternative school (you must list their age).



Parent: A person who is legally responsible for a child, grandchild, or foster child.



Business: A representative of a business-related organization that provides services that are not in conflict with the goals and objectives of the DFC program.



Media: A representative of a communication outlet that provides information to the community. Through an appropriate media platform, this representative should be capable of communicating and sharing information (such as in print, digitally, or through social media) that furthers the coalition's mission.



School: A representative of the school system with influence in school policies and procedures.



Youth-serving organization: A representative of an organization that provides services to support youth.



Religious or fraternal organization: A representative of a faith-based organization or representative from a fraternal organization that's based on a common tie or pursuit of a common goal. The organization must have a substantial program of fraternal activities.



Law enforcement: A representative of a law enforcement agency. The representative must be an active sworn law enforcement officer, not retired.



Civic or volunteer groups: A representative of an organization that provides civic or volunteer activities that serves the community (not a coalition member). Examples include Lions clubs, Rotary clubs, and so on.



Healthcare professional: An individual or representative of an organization licensed to provide physical, mental, or behavioral healthcare services, like a pediatrician, pharmacist and so on.



State, local, or tribal governmental agency with expertise in the field of substance use: A representative of a government-funded agency with a focus on substance use prevention, treatment, or recovery support services.



Other organizations involved in reducing substance use.

For tribal applicants, appropriate sector representatives may hold different titles and positions than non-tribal applicants. For example:

- A traditional healer or spiritual leader can serve as the religious and fraternal organization sector representative.
- A tribal Elder that enforces tribal law can serve as a law enforcement sector representative.
- A storyteller can serve as the media sector representative.

If there are positions or titles for other sectors that you believe meet DFC requirements, please provide the rationale in the sector table.

Collaborations

With other grant-funded projects and organizations

We encourage you, where applicable and appropriate, to collaborate with local, state, federal, Tribal, and territories' grant-funded programs that are implementing evidence-based and practice-based prevention strategies that align within the [strategies and activities section](#). Note this in your application.

Memoranda of understanding (MOUs) or memoranda of agreement (MOAs) with these collaborators are not required.

Examples of relevant CDC partners and programs include:

- [Overdose Data to Action – State Overdose Data to Action](#)
- [Overdose Data to Action – Local Overdose Data to Action](#)
- [Overdose Response Strategy \(ORS\), High-Intensity Drug Trafficking Areas \(HIDTA\) Program](#)
- [Suicide Prevention, National Center for Injury and Prevention](#)

Funding policies and limitations

Changes in HHS regulations

As of October 1, 2025, HHS adopted [2 CFR 200](#), with some exceptions included in [2 CFR 300](#). These regulations replace those in 45 CFR 75. You can find details in HHS Summary of Regulatory Changes, which is posted in the Grants.gov Related Documents tab for this opportunity.

Pursuant to 2 CFR 200.340, the recipient agrees that, by accepting this award, continued funding for the award is contingent upon the availability of appropriated funds, recipient satisfactory performance, compliance with the terms and conditions of the award, and a determination by the agency that the award continues to effectuate program goals or agency priorities.

General guidance

Your budget is arranged in eight categories: salaries and wages, fringe benefits, supplies, travel, other categories (includes consultant costs), contractual costs, and total direct and indirect costs.

- You may use funds only for reasonable program purposes consistent with the award, its terms and conditions, and federal laws and regulations that apply to the award. If you have questions about this determination, ask the grants management specialist.
- You may not use funds to purchase furniture or equipment.
- Support beyond the first budget year will depend on:
 - Appropriation of funds.
 - Satisfactory progress in meeting your project's objectives.
 - A decision that continued funding is in the government's best interest

Unallowable costs

You may not use funds for:

- Research.
- Clinical care, except as allowed by law.
- Pre-award costs, unless we give you prior written approval.
- Harm reduction services, including but not limited to syringe service programs, vaping detection devices, drug testing strips, drug testing kits, or to purchase Naloxone.

- Other than for normal and recognized executive-legislative relationships:
 - Publicity or propaganda purposes, including preparing, distributing, or using any material designed to support or defeat the enactment of legislation before any legislative body.
 - The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before any legislative body.
 - See [Anti-Lobbying Restrictions for CDC Grantees](#).

Supplanting existing funding

- You cannot replace your current program's funds with federal grant funds.

Pass-through funding to community organizations

- Grant funds cannot be passed on to other community organizations via mini-grants or other methods, including one coalition funding another coalition. The recipient coalition must directly manage the programmatic work of the DFC Program.

Data collection and evaluation limit

- No more than 10% of the total federal grant award can be used for data collection and evaluation purposes. Coalitions are not required to hire evaluators.
- This limit does not apply to non-federal match funding.

Furniture and equipment purchases

- You cannot use funds to purchase furniture or equipment.
- You cannot use funds for landscaping or neighborhood revitalization projects, including lighting or community gardening efforts.

Law enforcement costs

- You cannot use funds for law enforcement equipment, drug courts, drug search detection canines, or related training.

Educational and sports programs

- You cannot use funds for youth sports programs.
- You cannot use funds for stipends or tuition expenses.
- You cannot use funds for curricula or packaged strategies that do not have evidence of effectiveness or have evidence of harm in the peer reviewed literature.

Special considerations

- **Food** is only allowed as a small incentive (up to \$3 per person) for participating in a community-wide event of the DFC Support Program.
- **Promotional items/incentives** are only allowed for program outreach, and specific purposes necessary to meet the requirements, goals, and objectives of the federal grant award (up to \$30 per person per activity).
- **Travel:** Follow the guidance provided by your organization. If you don't have official travel guidance, refer to [Plan a Trip](#) for detailed instructions on local GSA rates.
- **Lodging and subsistence:** Other travel expenses like lodging, meals, and incidentals, must be reasonable and not exceed the costs outlined in local GSA rates or the limits set by your organization's travel policy. For more information on travel costs, please see [2 CFR 200.475](#).
- You can use funds for program staff background checks and drug tests.

For guidance on some types of costs that we restrict or do not allow, see [2 CFR Part 200 Subpart E](#).

Indirect costs

Indirect costs have a common or joint purpose across more than one project and cannot be easily separated by project. Learn more at [CDC Budget Preparation Guidelines](#).

To charge indirect costs you can select one of two methods:

Method 1 — Approved rate. You currently have an indirect cost rate approved by your cognizant federal agency.

Provide a summary of the rate. Enclose a copy of the current approved rate agreement in your [attachments](#).

Method 2 — *De minimis* rate. Per [2 CFR 200.414\(f\)](#), if you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis*

rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is 15% of modified total direct costs (MTDC). See [2 CFR 200.1](#) for the definition of MTDC. You can use this rate indefinitely.

Other indirect cost policies

- As described in [2 CFR 200.403\(d\)](#), you must consistently charge items as either indirect or direct costs and may not double charge.
- Indirect costs may include the cost of collecting, managing, sharing, and preserving data.

Salary rate limitation

The salary rate limitation in the current appropriations act applies to this program. As of January 2026, the salary rate limitation is \$228,000. We will update this limitation in future years.

Program income

Program income is money earned as a result of your award-supported project activities. You must use program income for the purposes and under the conditions of the award. Find more about program income at [2 CFR 200.307](#).



Step 2:

Get Ready to Apply

In this step

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Get registered

SAM.gov

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

To register:

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

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

Once you register:

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

Grants.gov

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

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants.gov](#) and search for opportunity number CDC-RFA-CE-26-0061.

We recommend that you select the Subscribe button from the View Grant Opportunity page for this NOFO to get updates.

If you can't use Grants.gov to download application materials or have other technical difficulties, including issues with application submission, contact [Grants.gov](#) support for assistance.

Need help? See [Contacts and Support](#).

Help applying

For help related to the application process and tips for preparing your application, see [How to Apply](#) on our website. For other questions, see [Contacts and Support](#).

Join the informational call

For more information about this opportunity, join our informational call: [NEW \(Year 1\) Applicant Informational Webinar](#).

Date: March 18, 2026

Time: 2 p.m. to 4 p.m. ET

We will record the webinar. If you can't join live, you can [replay the webinar](#).

The goals of this session are to review the requirements of the DFC Program, outline how to apply, and describe how the applications will be evaluated and scored.

Joining and participating is voluntary and does not affect eligibility, application scoring, or award selection. You can attend anonymously.



Step 3:

Build Your Application

In this step

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Application checklist

This checklist includes every component you will need to submit a complete application:

Narratives

Item	Grants.gov form	Page limit
☐ Project abstract	Project Abstract Summary form	1 page
☐ Project narrative	Project Narrative Attachment form	20 pages
☐ Budget narrative justification	Budget Narrative Attachment form	None

Attachments

Put all of your attachments into a single Other Attachments form.

Attachments (13 total)	Page limit
☐ Table of contents	None
☐ Sector table	None
☐ Meeting minutes	None
☐ General applicant information	None
☐ Letter of mutual cooperation (if applicable)	None
☐ Statement of legal eligibility	None
☐ Memorandum of Understanding (MOU) (if applicable)	None
☐ Ten-year funding limit	None
☐ Disclosure of prior DFC funding	None
☐ Congressional notification	None
☐ Indirect cost rate agreement	None
☐ Resumes and job descriptions	None
☐ Report on overlap (if applicable)	

Other required forms

Other forms	Grants.gov form	Page limit
☐ Application for Federal Assistance (SF-424)	Form SF-424	None
☐ Budget Information for Non-Construction Programs (SF-424A)	Form SF-424A	None
☐ Disclosure of Lobbying Activities (SF-LLL)	Form SF-LLL	None

Your organization's authorized official must certify your application.

See [responsiveness criteria](#) to understand how they affect your application.

Required format for project abstract, project narrative, and budget narrative

Font: Calibri

File format: PDF

Size: 12-point font

Tables, footnotes, and text in graphics may be 10-point.

Ink color: Black

Spacing: Single-spaced

Margins: 1-inch

Include page numbers.

Application contents and format

Applications include narratives, attachments, and other required forms. This section includes guidance on each.

Project summary (0 points)

Page limit: 1

File name: Project abstract summary

Provide a self-contained summary of your proposed project, including the purpose and outcomes. Do not include any proprietary or confidential information. We use this information when we receive public information requests about funded projects.

Project narrative (100 points)

Page limit: 20

File name: Project narrative

Section	Evaluation Criterion	Total Number of points (out of 100)
1. Background and approach	Background	5 points
	Approach	20 points
	Communities served	5 points
	Work plan	20 points
2. Evaluation and performance measurement	Evaluation and performance measurement plan	25 points
3. Organizational capacity	Organizational structure	15 points
	Community coalition	10 points

Your project narrative must use the exact headings, subheadings, and order as follows.

Background (5 maximum points: See table)

Describe the problem you plan to address. Be specific to your population and geographic area.

Reviewers will evaluate the extent to which the applicant provides:	Points
A clear description of the nature and scope of the problem, including the risk factors and local conditions that are driving youth substance use and data to show how the chosen substances have contributed to problems among youth in the community.	5 points

Approach (20 maximum points: See table)

Strategies and activities

Describe how you will carry out the proposed strategies and activities to achieve performance outcomes. Explain whether they are:

- Existing evidence-based strategies.
- Other strategies. Note where you describe how you will evaluate them in your evaluation and performance measurement plan.

If needed, refer to the [strategies and activities](#) section of the program description.

Outcomes

Use the [program logic model](#) in the approach section of the program description, identify outcomes you expect to achieve or make progress on by the end of the performance period.

Reviewers will evaluate the extent to which the applicant provides:	Points
How the application addresses youth substance use in the community, including the mission of the coalition as it relates to preventing youth substance use.	5 points
Goals aligned with the DFC logic model and consistent with the period of performance outcomes in the program's logic model. Strategies and activities achievable and appropriate to meet the project outcomes.	15 points

Communities served (5 maximum points: See table)

Describe the community you plan to address under this award. Explain how you will include them and meet their needs in your project.

If needed, refer to the [communities served](#) section of the program description.

Reviewers will evaluate the extent to which the applicant provides:	Points
A clear description of the community, including geographic areas served.	5 points

Work plan (20 maximum points: See table)

Include a work plan using the requirements in the [work plan](#) section of the program description.

Reviewers will evaluate the extent to which the applicant provides:	Points
A detailed 12-month action plan that: • Provides a comprehensive approach to prevent youth substance use using the seven strategies for community level change. • Identifies at least 2 substances of focus and addresses the program goals of increasing community collaboration and reducing substance use among youth. • Includes SMART objectives that align with the strategies, activities, and timeline. • Identifies the responsible party and addresses risk and protective factors.	20 points

Evaluation and performance measurement plan (25 maximum points: see table)

You must provide an evaluation and performance measurement plan. This plan describes how you will fulfill the requirements in the data, monitoring, and evaluation section of the program description.

If needed, refer to the [data, monitoring, and evaluation](#) section of the program description.

Reviewers will evaluate the extent to which the applicant provides:	Points
How the coalition will participate in the DFC National Cross-Site Evaluation and collect data on youth alcohol, tobacco, marijuana, or prescription drug use for the four core measures.	10 points

Reviewers will evaluate the extent to which the applicant provides:	Points
How the coalition will monitor and evaluate the success of the goals and objectives of the workplan (i.e., 12-month action plan).	10 points
How the coalition will share findings with all segments of the community, including a description of the data that will be produced using these NOFO funds.	5 points

Organizational capacity (25 maximum points: See table)

Organizational structure

Describe how you will address the requirements in the organizational capacity section of the program description.

Community coalition

Describe the role of the community coalition in this section.

Collaborations

Describe how you will collaborate with programs and organizations, either internal or external to CDC.

If you're applying as a fiscal agent, please note that and include an MOU. For more information, refer to the [organizational capacity](#) section of the program description.

Reviewers will evaluate the extent to which the applicant provides:	Points
The capacity of the organization to manage programmatic and fiscal requirements of the grant, including the roles and responsibilities of key personnel and recruitment and retention of coalition members, especially youth.	15 points
The roles and responsibilities of the community coalition and fiscal agent (if applicable), including how the 12 sector representatives will be involved in achieving the coalition's goals, and how the coalition will collaborate with other organizations.	10 points

Budget narrative (0 points)

Page limit: None

File name: Budget narrative

The budget narrative supports the information you provide in Standard Form 424-A.

As you develop your budget, consider if the costs are reasonable and consistent with your project's purpose and activities. We will review your budget and approve costs prior to award.

The budget narrative must explain and justify the costs in your budget. Provide the basis you used to calculate costs. See [CDC Budget Preparation Guidelines](#).

Your budget narrative must follow this format:

- Salaries and wages.
- Fringe benefits.
- Supplies. (HHS uses the definition for [supplies](#) in 2 CFR 200.1.)
- Travel.
- Other categories.
- Contractual costs.
- Total direct costs (total of all items).
- Total indirect costs.

Refer to the [budget, funding policies and limitations](#) section for policies you must follow.

Attachments (0 points)

You will upload attachments in Grants.gov using the Other Attachments Form. When adding the attachments to the form, you can upload PDF, Word, or Excel formats.

Table of contents

File name: Table of contents

Provide a detailed table of contents for your entire submission that includes all the documents in the application and all the headings in the [project narrative](#) section.

Sector table

File name: Sector table

You must submit the sector table that describes the 12 individual sector representatives.

Meeting minutes

File name: Coalition minutes

You must include one set of coalition minutes from one meeting that took place between January 2025 and the deadline for submission of this application.

Meeting minutes must include the:

- Meeting date.
- Names of attendees.
- Sector represented.

General applicant information

File name: General applicant information

You must provide responses for all the requested information including:

- Key personnel.
- The coalition's mission statement.
- Substances addressed.
- The date the coalition was established.
- ZIP code served.
- Other community information.

Letter of mutual cooperation

File name: Letter of mutual cooperation

If you propose to serve ZIP codes that overlap with an existing DFC coalition's ZIP code, or with a coalition's ZIP code applying for a DFC grant, you must provide a Letter of Mutual Cooperation.

The letter must:

- Indicate the ZIP codes that overlap.
- Describe a plan for collaboration.
- Be signed by each coalition representative.

Each coalition must meet the requirements set forth in the [DFC Statutory eligibility requirements](#).

Statement of legal eligibility

File name: Statement of legal eligibility

You must indicate that you are able to receive federal funds.

If you (the coalition) are applying on your own behalf, you must have obtained 501(c)(3) status before you submit your application. You will sign and date the form.

If you are partnering with a legal entity eligible to receive federal grants, they must sign and date the form.

Memorandum of understanding (MOU)

File name: Memorandum of understanding

If you are not able to receive federal funds and choose to partner with a legal entity (i.e. fiscal agent) that can receive federal grants, you must provide an MOU that describes the relationship between the legal entity and the coalition.

Your MOU should outline the roles and responsibilities of each party. Please note:

- A representative of the legal entity and a representative of the coalition must sign the document.
- If the coalition exists within the legal entity that can receive federal grants, an MOU is still required.
- If the name of the legal entity does not match the name of the coalition on the SF-424, an MOU is required.

The MOU must be dated between January 2025 and the deadline for submission of this application.

A sample MOU is provided in the Other Supporting Documents folder on [grants.gov](#).

Ten-year funding limit

File name: Assurance of DFC 10-year funding limit

You must sign and date the assurance certifying that the coalition has not received more than 10 years of DFC funding.

Disclosure of prior DFC funding

File name: Disclosure of prior DFC funding

You must indicate whether you have ever received prior DFC funding by completing the checklist and the table within the attachment.

Congressional notification

File name: Congressional notification

You must provide a summary of your coalition and your proposed activities. If the application is funded, this information will be shared with members of Congress and the media and may be posted on the DFC website.

Indirect cost rate agreement

File name: Indirect cost rate agreement

If you include indirect costs in your budget using an approved rate, include a copy of your current agreement approved by your [cognizant agency for indirect costs](#). If you use the *de minimis* rate, you do not need to submit this attachment.

Resumes and job descriptions

File name: Resumes and job descriptions

For key personnel, attach resumes for positions that are filled. If a position isn't filled, attach the job description with qualifications and plans to hire.

Keep resumes to 2 pages each.

Keep job descriptions to one page each. Job descriptions must include:

- Title of key personnel position.
- Brief description of duties and responsibilities.
- One to two sentences on how you plan to fill the position, including the expected timeframe.

Report on overlap

File name: Report on overlap

You must provide this attachment only if you have submitted a similar request for a grant, cooperative agreement, or contract to another funding source in the same fiscal year and that request may result in any of the following types of overlap:

Programmatic

- They are substantially the same project.
- A specific objective and the project design for accomplishing it are the same or closely related.

Budgetary

- You request duplicate or equivalent budget items that already are funded by another source or requested in the other submission.

Commitment

- Given all current and potential funding sources, an individual's time commitment exceeds 100%, which is not allowed.
- We will discuss the overlap with you and resolve the issue before award.

Other required forms

You will need to complete some other forms. Upload the following forms at Grants.gov. You can find them in the NOFO application package or review them and their instructions at [Grants.gov Forms](#).

Table: Required standard forms

Forms	Submission requirement
Application for Federal Assistance (SF-424)	With application.
Budget Information for Non-Construction Programs (SF-424A)	With application.
Disclosure of Lobbying Activities (SF-LLL)	If applicable. With the application or before award.

Important: public information

When filling out your SF-424 form, pay attention to Box 15: Descriptive Title of Applicant's Project.

We share what you put there with [USAspending](#). This is where the public goes to learn how the federal government spends their money.

Instead of just a title, insert a short description of your project and what it will do.

[See instructions and examples.](#)



Step 4:

Understand Review, Selection, and Award

In this step

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Initial review

We will review your application to make sure that it meets the [responsiveness criteria](#) included in [Step 2: Get Ready to Apply](#). If your application does not meet these criteria, we will not move it to the merit review phase.

All DFC applications will be screened to determine whether you meet all the DFC Support Program's statutory eligibility requirements. Per the DFC statute, ONDCP reserves the right to waive certain requirements to prioritize rural areas (ex. counties that do not exceed 30,000 people).

In addition, ONDCP will ensure that applicants are aligned with the Administration's policy priorities.

We will not review any pages that exceed the page limit.

Merit review

Trained reviewers will assess all applications that pass the initial review. They will use the criteria outlined in [Step 2: Get Ready to Apply](#).

We do not consider **voluntary** cost sharing as part of the merit review process.

Risk review

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

We use SAM.gov [Responsibility / Qualification](#) to check this history for all awards likely to be over \$250,000. We also check Exclusions. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

We may ask for additional information prior to award based on the results of the risk review.

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

For more details, see [2 CFR 200.206](#).

Selection process

We will fund applications in rank order based on the average of the reviewer scores.

In the case of a tie, ONDCP may prioritize applicants proposing to reach rural, American Indian/Alaska Native, and economically disadvantaged communities.

We will notify both the successful and the unsuccessful applicants of the outcome prior to the start of the period of performance.

Our ability to make awards depends on available appropriations.

Award notices

If you are successful, we will email a Notice of Award (NoA) to your authorized official.

We will email you or write you a letter if your application is disqualified or unsuccessful.

The NoA is the only official award document. The NoA tells you about the amount of the award, important dates, and the terms and conditions you need to follow. Until you receive the NoA, you don't have permission to start work.

Once you draw down funds, you have accepted all terms and conditions of the award.

If you want to know more about NoA contents, go to [Understanding Your Notice of Award](#) at CDC's website.



Step 5:

Submit Your Application

In this step

Application

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Application

Due on Tuesday, April 14, 2026, at 11:59 p.m. ET.

You must submit your application through Grants.gov. See [get registered](#).

For instructions on how to submit in Grants.gov, see the [Quick Start Guide for Applicants](#).

Keep in mind:

- Grants.gov creates a date and time record when it receives the application. If you submit the same application more than once, we will accept the last on-time submission.
- Your organization's authorized official must certify your application.
- Do not encrypt, zip, or password-protect any files.
- Make sure your application passes the Grants.gov validation checks, or we may not get it.

The grants management officer may extend an application due date based on emergency situations such as documented natural disasters or a verifiable widespread disruption of electric or mail service.

See [Contacts and Support](#) if you need help.

Email submission

If you are unable to submit your application via grants.gov we may accept an email submission. You must get prior approval from the Grants Management Specialist/ Grant Management Official (GMS/GMO). Emailed applications submitted without prior approval will not be considered. The GMS/GMO will advise you on specific instructions for submitting the application via email. Email submission requests are handled on a case-by-case basis.

To submit a request for an email application you must:

- Submit a help ticket by e-mail at support@grants.gov.
- Include the [Grants.gov](#) case number assigned to the inquiry.
- Describe the difficulties that prevent electronic submission.
- Describe your efforts taken with the [Grants.gov](#) Contact Center to submit electronically.
- Submit your request and attach the email from support@grants.gov to DFC_OGS@cdc.gov at least five calendar days before the application deadline.

Intergovernmental review

This NOFO is not subject to Executive Order 12372, Intergovernmental Review of Federal Programs. No action is needed.



Step 6:

Learn What Happens After Award

In this step

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Post-award requirements and administration

We adopt by reference all materials included in the links within this NOFO.

Administrative and national policy requirements

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

- All terms and conditions in the Notice of Award (NoA), including [CDC General Terms and Conditions](#). The NoA includes the requirements of this NOFO.
- The rules listed in [2 CFR 200](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements, effective October 1, 2025. These replace those in 45 CFR 75, with some exceptions in [2 CFR 300](#).
- The HHS [Grants Policy Statement \(GPS\)](#). This document has policies relevant to your award. If there are any exceptions to the GPS, they'll be listed in your Notice of Award.
- All federal statutes and regulations relevant to federal financial assistance, including the cited authority in this award, the funding authority used for this award, and those highlighted in the [HHS Administrative and National Policy Requirements](#).
- All anti-discrimination laws: By applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams. Recipients are responsible for ensuring subrecipients, contractors, and partners also comply.

Each year, DFC recipients must demonstrate compliance with all the [Statutory Eligibility Requirements](#) to be considered for continuation funding as follows:

- 12 Sectors: [21 USC 1532\(a\)\(2\)\(A\)](#) and [\(C\)](#)
- Six Month Existence: [21 USC 1532\(a\)\(3\)\(A\)](#)
- Mission Statement: [21 USC 1532\(a\)\(4\)\(A\)](#)
- Multiple Drugs of Use: [21 USC 1532\(a\)\(4\)\(D\)](#)
- Evaluation and Performance Measurement Plan: [21 USC 1532\(a\)\(6\)\(A\)](#)
- Entity Eligible to Receive Federal Grants: [21 USC 1532\(a\)\(5\)\(A\)](#)

- Substantial Support from Non-Federal Sources: [21 USC 1532\(a\)\(5\)\(B\)\(C\)](#)
- Limit of Federal Funding Request: [21 USC 1532 \(b\)\(1\)\(A\)\(iv\)](#)
- ZIP Code Overlap: [21 U.S.C. 1532\(b\)\(1\)\(B\)\(i\)](#)
- No More Than 10 Years of DFC Funding: [21 USC 1532 \(b\)\(3\)\(A\)](#)

All activities and expenditures under this NOFO must comply with applicable Executive Orders and applicable law, and applicable court orders. The below is not an exhaustive list:

- [Protecting the American People Against Invasion](#) (Jan. 20, 2025)
- [Ending Radical and Wasteful Government DEI Programs and Preferencing](#) (Jan. 20, 2025)
- [Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government](#) (Jan. 20, 2025)
- [Enforcing the Hyde Amendment](#) (Jan. 24, 2025)
- [Ending Crime and Disorder on America's Streets](#) (July 24, 2025)

Additional Executive Orders, including any issued during the period of performance, may apply. Applicants are responsible for ensuring compliance with all federal laws, regulations, Executive Orders, applicable court orders, and public policies governing financial assistance awards.

Reporting

If you are successful, you will have to submit financial and performance reports. These include:

Table: Financial and performance reports

Report	Description	When
Annual Performance Report (Non-Competing Continuation Application)	Serves as yearly continuation application for the upcoming budget period. Includes performance narrative for current and upcoming budget period. Updates 12-month action plan. Includes budget for the next 12-month budget period. Submitted in Grants Management Module, GrantSolutions.	March of each year

Report	Description	When
Annual Progress Report	Serves as yearly progress report for the current budget period.Outlines the community profile, sector and youth engagement, coalition capacity, risk, and protective factors, and successes and challenges.Identifies how youth substance use prevention strategies will be carried out.Identifies any technical help needs.Submitted in DFC & CARA <i>Me</i> and uploaded with the Annual Performance Report.	August of each year
Data management plan	Shows how data are collected and used (data management plan).	August of each year
Data on required performance measures (core measures)	Includes DFC core measures related to alcohol, tobacco, marijuana, and prescription drugs.	Every 2 years
Sustainability Plan	Outlines ways you plan to sustain your programmatic efforts.	Year 3
Federal Financial Report	Includes funds authorized and disbursed during the budget period.Indicates exact balance of unobligated funds and other financial information.	December of each year
Final Performance Report	Includes information like the Annual Performance Report.	120 days after the end of the period of performance
Final Financial Report	Includes information in Federal Financial Report.	120 days after the end of the period of performance

To learn more about these reporting requirements, see [Reporting](#) on the CDC website.

CDC award monitoring

Monitoring activities include:

- Routine and ongoing communication between CDC and recipients.
- Site visits.
- Recipient reporting, including work plans, performance reporting, and financial reporting.

We expect to include the following in post-award monitoring:

- Tracking your progress in achieving outcomes.
- Making sure your systems can hold information and generate data reports.
- Creating an environment that fosters integrity in performance and results.

We may also include the following activities:

- Making sure work plans are feasible based on the budget.
- Making sure work plans are consistent with award intent.
- Making sure you are on track to achieve outcomes on time.
- Working with you to adjust your work plan based on outcome achievement, evaluation results, and changing budgets.
- Monitoring programmatic and financial performance measures to ensure satisfactory performance.
- Other activities that help us identify and manage risk, including among high-risk recipients.
- We can take corrective or enforcement actions if your performance is poor, in accordance with applicable regulations which may include [2 CFR part 200.339](#), as appropriate. This means:
 - The statutory, programmatic, and fiscal requirements must continue to be adhered to as the funded project is implemented.
 - Recipients must comply with the performance goals, milestones, outcomes, and performance data collection as reflected in the NOFO and related policy and guidance, as well as the certifications and assurances submitted with the award application.
 - Failure to meet any one of these requirements is considered non-compliance with program and grant regulations.

Required Training

New recipient virtual training

The New Recipient Virtual Training is offered by the Office of National Drug Control Policy in collaboration with CDC's National Center for Injury Prevention and Control and the Office of Grant Services.

Your program director or principal investigator (PD/PI), project coordinator, and the authorized organization representative (AOR) must participate in all the training sessions.

We will share the training dates within 90 days of your award.

National Coalition Institute Training Program

The National Coalition Institute (NCI) will offer a comprehensive training program for DFC-funded community coalitions to enhance the capacity of the prevention workforce and others in the prevention community to implement evidence-based interventions.

All Year 1 DFC recipients must attend and complete the NCI Training Program during their first year of funding. At the end of the program, you will have the opportunity to work with staff to develop and finalize a community assessment, logic model, strategic and action plan, evaluation plan, and sustainability plan.



Contacts and Support

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Agency contacts

Program

Christi Jones

DFC_NOFO@cdc.gov

Grants management

Karen Zion

DFC_OGS@cdc.gov

Help with Systems

Grants.gov

Grants.gov provides 24/7 support. Hold on to your ticket number.

- Phone: 1-800-518-4726
- Email: support@grants.gov

SAM.gov

If you need help, you can:

- Call 866-606-8220.
- Live chat with the [Federal Service Desk](#)

Helpful websites

- [U.S. Department of Health and Human Services \(HHS\)](#)
- [Grants Dictionary of Terms](#)
- [CDC Grants: How to Apply](#)
- [CDC Grants: Already Have a CDC Grant?](#)
- [Grants.gov Accessibility Information](#)
- [Code of Federal Regulations \(CFR\)](#)
- [United States Code \(U.S.C.\)](#)