



**CENTERS FOR DISEASE™
CONTROL AND PREVENTION**

Centers for Disease Control and Prevention

NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

Comprehensive Addiction and Recovery Act (CARA) Local Drug Crises Grants

CDC-RFA-CE21-2103

04/01/2021

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Part I. Overview

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substances and Disease Registry (ATSDR)

B. Notice of Funding Opportunity (NOFO) Title:

Comprehensive Addiction and Recovery Act (CARA) Local Drug Crises Grants

C. Announcement Type: New - Type 1:

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at <https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf>. Guidance on how CDC interprets the definition of research in the context of public health can be found at <https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html> (See section 45 CFR 46.102(d)).

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-CE21-2103

E. Assistance Listings (CFDA) Number:

93.799

F. Dates:

1. Due Date for Letter of Intent (LOI):

The LOI date will generate once the Synopsis is published if Days or a Date are entered.

2. Due Date for Applications:

04/01/2021

11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:

All applicants applying to the FY 2021 CARA NOFO are encouraged to attend the CARA Applicant Workshop Training, which will take place [on Friday, February 5 at 11:00 AM EST](#). Details on how to register and access the training are posted on the following website: <https://tvworldwide.com/events/ondcp/2021/CARA/>. The training will be recorded and posted in mid-February. A link to the workshop training video can be found at <https://tvworldwide.com/events/ondcp/2021/CARA/>.

G. Executive Summary:

1. Summary Paragraph

The Comprehensive Addiction and Recovery Act (CARA) Local Drug Crises Grants program was created by the Comprehensive Addiction and Recovery Act ([P.L. 114-198](#)). The Executive Office of the President, Office of National Drug Control Policy (ONDCP), and the Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention and Control (NCIPC), Drug Free Communities (DFC) Branch are accepting applications for Fiscal Year (FY) 2021 Comprehensive Addiction and Recovery Act Community-based Coalition Enhancement Grants to Address Local Drug Crises Grants (CARA Local Drug Crises Grants). The purpose of this program is to prevent opioid, methamphetamine, and/or prescription drug use/misuse among youth ages 12-18 in communities throughout the United States.

a. Eligible Applicants:

Open Competition

b. Funding Instrument Type:

G (Grant)

c. Approximate Number of Awards

60

d. Total Period of Performance Funding:

\$ 15,000,000

e. Average One Year Award Amount:

\$ 50,000

f. Total Period of Performance Length:

5

g. Estimated Award Date:

July 01, 2021

h. Cost Sharing and / or Matching Requirements:

No

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

The ongoing drug overdose crisis and the changing nature of drugs that contribute to overdoses in the U.S. highlight the urgency and importance of preventing illicit and prescription drug use and misuse among youth. While there were slight declines in overdose deaths from 2017 to 2018, provisional data from 2019 show an increase in overdose deaths since 2018, and that

synthetic opioid (e.g., illicitly manufactured fentanyl), often combined with other substances such as cocaine and methamphetamines, are contributing to a substantial proportion of overdose deaths.

Addressing the root causes of youth substance use and misuse is critical. These can include adverse childhood experiences (ACES), lack of parental involvement and positive parental attitudes towards substance use behavior, family rejection of sexual orientation or gender identity, lack of involvement or achievement in school, and anxiety, depression, and other mental health challenges. In addition, the environment in which people live, learn, work, and play can affect many different aspects of life, including economic stability, educational opportunities, and health care access and quality, and can contribute to health inequities. These conditions are also important to consider in the prevention of substance use among youth. For example, the lack of school-based interventions, the availability and accessibility of substances, and community norms favorable to the use of substances can contribute to increased youth substance use.

Studies have shown that prescription opioid misuse among youth is strongly linked with developing an opioid use disorder, injection drug use, use of methamphetamines, and experiencing a drug overdose. Research has also shown that misuse of prescription opioids is associated with other risk behaviors, such as suicidal ideation, youth violence, and risky sexual behaviors. The increase of overdose deaths involving opioids and stimulants as well as the risks associated with youth initiation of these substances underline the need for enhanced efforts to prevent illicit and prescription opioid use/misuse among youth.

These factors put youth populations at risk. The Youth Risk Behavior Survey data from 2009 to 2019 shows that both Black and Hispanic youth populations are significantly more likely to use methamphetamines, and youth who identify their sexual orientation as LGBT are significantly more likely to engage in methamphetamine and prescription opioid use. Overall higher rates of opioid-related deaths and opioid prescriptions have been recorded in rural areas than in urban areas.

The complex and changing nature of substance use and misuse among youth highlights the need for a comprehensive approach to inform substance use and misuse prevention and response efforts. This includes interventions that target the individual, family, and community level and focuses on youth that are at the greatest risk. This funding opportunity will focus on preventing and reducing local opioid, methamphetamine, and/or prescription drug use/misuse among youth ages 12-18 in communities throughout the United States.

b. Statutory Authorities

The statutory authority for this program is Section 103 of the Comprehensive Addiction and Recovery Act. It limits eligibility to domestic public and private nonprofit entities that are current or former Drug-Free Communities (DFC) Support Program recipients.

c. Healthy People 2030

This NOFO supports the Healthy People 2030 topic areas of [injury](#), [violence prevention](#), and [substance use](#).

d. Other National Public Health Priorities and Strategies

This NOFO supports the following public health priorities and strategies:

- HHS Five-Point Opioid Strategy (<https://www.hhs.gov/opioids/about-the-epidemic/hhs-response/index.html>)
- The National Prevention Council’s National Prevention Strategy – America’s Plan for Better Health (Tobacco-Free Living) (<http://www.ldh.la.gov/assets/docs/GovCouncil/MinHealth/NationalPreventionStrategyJune2011.pdf>)

e. Relevant Work

This funding opportunity builds upon past Drugs Free Communities (DFC) and Comprehensive Addiction and Recovery Act (CARA) programs focused on substance use prevention:

- Community-Based Coalition Enhancements Grants to Address Local Drug Crises (SP-18-001)
- Drug-Free Communities (DFC) Support Program-Competing Continuation (CDC-RFA-CE20-2002)
- Drug-Free Communities (DFC) Support Program- New (CDC-RFA-CE20-2003)

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

The approach is described below within the CARA Framework and the Outcomes and Strategies and Activities sections. The Framework of the CARA Program (**Table 1**) outlines the recommended strategies and activities based on the Seven Strategies for Community-Level Change (refer to the CDC Project Description: Strategies and Activities section for additional information) and identifies the intended short-term, immediate, and long-term outcomes for this NOFO.

Table 1. CARA Framework

Goal: Prevent local youth opioid, methamphetamine, and/or prescription drug use/misuse among youth aged 12-18 in communities by engaging with a diverse range of sectors in the community.

Strategies and Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Provide information to raise awareness of opioid, methamphetamine, and/or prescription drug use among youth.	Identify patterns of youth opioid, methamphetamine, and/or prescription drug use.	Address factors in the community that increase the risk of youth opioid, methamphetamine, and/or prescription drug use.	Reduce and prevent the use of opioids, methamphetamine, and/or prescription drugs among youth.
Enhance skills to promote community education and patient safety.	Increase community and provider awareness of youth opioid, methamphetamine,		Change the culture and context regarding the
Provide support to increase involvement in drug-free/healthy		Increase the promotion of factors that minimize the risk	

<p>alternative activities.</p> <p>Enhance access/reduce barriers for systems and services that help prevent youth opioid, methamphetamine, and/or prescription drug use.</p> <p>Change consequences to incentivize positive practices and disincentive negative practices.</p> <p>Change physical design of the community protection against youth opioid, methamphetamine, and/or prescription drug use.</p> <p>Educate and inform about modifying/changing policies that reduce access and availability to substances among youth.</p>	<p>and/or prescription drug use.</p> <p>Identify community conditions that contribute to youth opioid, methamphetamine, and/or prescription drug use.</p> <p>Increase the capacity of local agencies and/or organizations to address youth opioid, methamphetamine, and/or prescription drug use.</p> <p>Increase intergovernmental cooperation, coordination, and collaboration on issues to prevent youth opioid, methamphetamine, and/or prescription drug use.</p>	<p>of opioid, methamphetamine, and/or prescription drug use.</p> <p>Increase the ease, ability, and opportunity for youth to access settings, such as programs emphasizing self-efficacy and learning skills that prevent opioid, methamphetamine, and/or prescription drug use.</p> <p>Decrease the ease, ability, and opportunity for youth to access opioid, methamphetamine, and/or prescription drugs.</p>	<p>acceptability of opioid, methamphetamine, and/or prescription drug use.</p>
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i. Purpose

The purpose of this program is to enhance the efforts of current or former Drug-Free Communities (DFC) recipients to prevent opioid, methamphetamine, and/or prescription drug use among youth ages 12-18 in communities throughout the United States. This program also seeks to change the culture and context regarding the acceptability of youth use and misuse of these substances.

ii. Outcomes

A series of short-term and intermediate outcomes are expected to be achieved as a result of recipient efforts (shown in **Table 1 CARA Framework**). The short-term and intermediate outcomes should be tailored to the Work Plan (i.e., the 12-Month Action Plan) of strategies selected.

iii. Strategies and Activities

Recipients are expected to work with leaders in their communities across sectors to identify and address local youth substance use problems and create sustainable community-level change through the implementation of evidence-based and practice-based strategies. Such strategies seek to: (1) limit access to substances; (2) change the culture and context within which decisions about substance use are made; and/or (3) shift the consequences associated with youth substance use. Recipients are expected to propose strategies and activities that are comprehensive and that can be implemented during the period of performance (over the 5-year period). Recipients are expected to use the Seven Strategies for Community-Level Change, described below and outlined in the **CARA Framework (Table 1)** and the Strategic Prevention Framework to inform their approach. Please see **Appendix B: Resources on Evidence-Based and Practice-Based Strategies and Activities** for more information.

Seven Strategies for Community-Level Change

The Seven Strategies for Community-Level Change include efforts that affect individuals as well as an entire community.

1. **Provide information** to raise awareness of opioid, methamphetamine, and/or prescription drug use among youth: Educational presentations, workshops or seminars, and data or media presentations (e.g., Public Service Announcements (PSAs), brochures, town halls, forums, web communication, including social media).
2. **Enhance skills** to promote community education and patient safety: Workshops, seminars, or activities designed to increase the skills of participants, members, and staff (e.g., training and technical assistance, parenting classes, strategic planning retreats, model programs in schools).
3. **Provide support** to increase involvement in drug-free/healthy alternative activities: Creating opportunities for participation in activities that reduce risk or enhance protection (e.g., alternative activities, mentoring, referrals for service, support groups, youth clubs).
4. **Enhance access/reduce barriers** for systems and services that help prevent youth opioid, methamphetamine, and/or prescription drug use: Improving systems/processes to increase the ease, ability, and opportunity to utilize those systems and services (e.g., assuring transportation, housing, education, safety, and cultural sensitivity) in prevention initiatives. Reduce Access/Enhance Barriers: Improving systems/processes to decrease the ease, ability, and opportunity for youth to access substances.
5. **Change consequences** to incentivize positive practices and disincentive negative practices: Increasing or decreasing the probability of a behavior (incentives/disincentives) by altering the consequences for performing that behavior.
6. **Change physical design** of the community that reduces risk or enhances protection against youth opioid, methamphetamine, and/or prescription drug use.
7. **Educate and inform about modifying/changing policies** that reduce access and availability to substances among youth: Change in written procedures, by-laws, proclamations, or rules, to the extent applicable (e.g., workplace initiatives, school policies, legal procedures and practices, public policy actions, systems change).

For more information on the Seven Strategies for Community Level Change, visit: <http://www.cadca.org/resources/coalition-impact-environmental-prevention-strategies>

In addition to using **the Seven Strategies for Community Change**, CARA coalitions are expected to utilize the **Strategic Prevention Framework (SPF)** as the planning model to develop long-range plans. The SPF is a five-step evidence-based process for community planning and decision-making. Cultural competence and sustainability should be considered throughout all five steps of the process, which includes:

1. **Assessment:** Identify local youth substance use problems and the community conditions that contribute to the specific identified issues.
2. **Capacity:** Mobilize/build capacity to change the conditions and address the youth substance use problems.
3. **Planning:** Develop a logic model, comprehensive 12-Month Action Plan, and multi-year Strategic Plan.
4. **Implementation:** Implement action and strategic plans with multiple objectives, strategies, and activities.
5. **Evaluation:** Monitor, sustain, improve, or replace prevention activities, efforts, and strategies.

For more information on the SPF, visit: <https://www.cadca.org/sites/default/files/OverviewSPF.pdf>

Community coalitions are encouraged to use the National Coalition Institute's (NCI) coalition logic model template to address their local youth substance use problems, its related root causes and local conditions. For more information on the DFC coalition logic model template, visit https://www.cadca.org/sites/default/files/cadca_logic_model.pptx.

Submission of a coalition's logic model is not required.

1. Collaborations

a. With other CDC programs and CDC-funded organizations:

Recipients are **encouraged**, where applicable and appropriate, to collaborate with CDC programs that are implementing practice-based prevention strategies that align with the strategies identified in the Strategies and Activities Section of this NOFO.

Memorandums of Understanding (MOUs) or Memorandums of Agreement (MOAs) are not required.

Examples of relevant CDC programs include, but are not limited, to:

- Overdose Data to Action (OD2A)
<https://www.cdc.gov/drugoverdose/od2a/index.html>
- Opioid Response Strategy (ORS), High Intensity Drug Trafficking Areas (HIDTA) Program
<https://ahidta.org/content/overdose-response-strategy>
- Division of Adolescent and School Health
<https://www.cdc.gov/healthyyouth/>
- Adverse Childhood Experiences, Division of Violence Prevention
<https://www.cdc.gov/violenceprevention/aces/index.html>

- Suicide Prevention, Division of Violence Prevention
<https://www.cdc.gov/violenceprevention/suicide/index.html>

b. With organizations not funded by CDC:

Recipients are **required** to collaborate with organizations that have a role in conducting the proposed activities and achieving the NOFO outcomes. In particular, recipients are expected to build upon the collaborations established through the past or current DFC award and work with leaders in their communities that can help to identify and address local youth substance use problems and create sustainable community-level change through the implementation of evidence-based and practice-based prevention strategies and informed by the Seven Strategies for Community Level Change (refer to Strategies and Activities Section of this NOFO).

Memorandums of Understanding (MOUs) or Memorandums of Agreement (MOAs) are not required.

2. Target Populations

Applicants are expected to define the communities they propose to serve. The CARA Program does not prescribe the demographics or geographic location of funded coalitions. Applicants may use various geographic boundaries including neighborhoods, census tracts, zip codes, and school districts, as well as townships, counties, or parish lines, among others, to define their community. **Applicants should choose an area of feasible size and population in which the coalition will have the ability to create change.** For example, choosing a community that is too large may be problematic due to the inclusion of multiple neighborhoods that have distinct problems or conditions that need to be addressed to affect change. Applicants must include the rationale for the selection of their chosen community and describe how their inclusion will help to achieve the program purpose of preventing and reducing opioids, methamphetamine, and/or prescription drug/misuse among youth ages 12-18. Applicants should demonstrate specific consideration of population(s) of the highest risk when selecting a community to serve.

a. Health Disparities

As described in previous sections of this funding opportunity, the Youth Risk Behavior Survey data from 2009 to 2019 shows that both Black and Hispanic youth populations are significantly more likely to use methamphetamines, and youth who identify their sexual orientation as LGB are significantly more likely to engage in methamphetamine and prescription opioid use. Transgender youth are also more likely to engage in these behaviors. Additionally, overall higher rates of opioids-related deaths and opioid prescriptions have been recorded in rural areas than in urban areas. Applicants are encouraged to pay particular attention to populations at higher risk for certain forms of substance abuse and misuse, as well as populations underserved by other programs, such as non-English speaking populations, people with limited health literacy, tribal populations, and other geographically underserved communities.

iv. Funding Strategy

N/A.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and Performance Measurement are tools used to: (1) help demonstrate achievement of program outcomes; (2) build a stronger evidence base for specific program interventions; (3)

clarify the applicability of the evidence base to different populations, settings, and context, and (4) drive continuous program improvement. Evaluation and performance measurement can also determine whether program strategies are scalable and effective at reaching the target or intended populations.

To meet the requirements outlined above, CARA Local Drug Crises grant award recipients will be required to:

- Submit annual progress reports through the DFC *Me* (Management and Evaluation) system. Recipients are expected to monitor and evaluate the success of the goals and objectives of the workplan (i.e., the 12-Month Action Plan) and how the coalition plans to enhance efforts to measure outcomes. The Terms and Conditions of the grant award will specify how the data are to be submitted, and the schedule for Progress Report submissions.
- Participate in the CARA Local Drug Crises Program Evaluation. Recipients are expected to identify a “starting point” from which to measure progress using quantitative survey data, DFC Cross-Site Evaluations, and qualitative data (e.g., focus groups, town hall meetings, informal surveys). Recipients are required to provide data on the following core measures for opioid, methamphetamine, and/or prescription drug use/misuse for three grade levels between the 6th and 12th grades:
 - Past 30–day use
 - Perception of risk or harm
 - Perception of parental disapproval of use
 - Perception of peer disapproval of use
- Describe a Data Management Plan (DMP) outlined in the **Data Management Plan** section. Applicants should describe:
 - the data to be collected or generated in the proposed project;
 - the standards to be used for the collected or generated data;
 - access to the data, including a description for protection of privacy, confidentiality, security, and intellectual property, or other rights;
 - a statement of the use of data standards that ensure all documentation that describes the method of collection, what the data represent, and plans for archiving and long-term preservation of the data or explaining why long-term preservation and access are not justified.

Not all of this information may be available or applicable at the time of application. Thus, applicants may include a DMP that is as complete as possible.

Award recipients will receive additional training and technical assistance on developing a DMP, which must be submitted within the first 6 months of award, as described in the Reporting Section of this NOFO. **Failure to comply with the Terms and Conditions of the CARA grant award may result in suspension or termination of the award.**

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance

Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP), if applicable, for accuracy throughout the lifecycle of the project. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see <https://www.cdc.gov/grants/additionalrequirements/ar-25.html>.

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan, including a DMP, if applicable, within the first 6 months of award, as described in the Reporting Section of this NOFO.

Applicants may contact the current DFC Evaluation Team (dfc_evaluators@icf.com) for assistance in gathering the necessary information as it relates to the CARA National Cross-Site Evaluation.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants must demonstrate the capacity to implement the CARA program as outlined in the statutory eligibility section of this NOFO. In addition, applicants are required to hire key personnel that will be responsible for implementing and managing the grant. These include:

- **Business Official (i.e. Authorized Organization Representative):** person authorized for overseeing the financial aspects of the grant. This is the individual who will receive the Notice of Award if funded.
- **Program Director (i.e. Program Director/Principal Investigator):** person designated to direct the project or program supported by the grant and accountable to officials of the recipient organization.

- **Project Coordinator:** person who coordinates the work of the coalition and program activities, including training, coalition communication, data collection, and information dissemination.

Staff to fulfill key personnel positions shall have skills in non-research program administration: program planning, program evaluation, performance monitoring, financial management and reporting, budget management and administration, personnel management or project management. To demonstrate proficiency in these topic areas, applicants must submit resumes for positions currently filled (no more than 2 pages in length) and position descriptions for vacant positions (no more than 1 page in length) for key personnel outlined above. For key personnel positions that are not filled, applicants can provide the position description, which should include:

- Title of key personnel position;
- Brief description of duties and responsibilities; and
- 1-2 sentences on how the applicant plans to fill the position, including expected timeframe.

NOTE: Regarding financial management, applicants are required to demonstrate that they have a financial management system that will allow for proper funds management and segregation of funds by program and meet the requirements as stated in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards found at https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75#se45.1.75_1302 (45 CFR 75.302). The financial system should permit the preparation of reports required by general and program-specific terms and conditions; and the tracing of funds to a level of expenditure adequate to establish that such funds have been used according to the federal statutes, regulations, and the terms and conditions of the federal award.

d. Work Plan

Applicants must prepare a detailed work plan for the first year of the award (i.e., **12-Month Work Plan**) that outlines the proposed objectives, strategies, and activities during the period of performance from **July 1, 2021 – June 30, 2022**. The combination of objectives, strategies, and activities should align with the long-term outcomes of the CARA Framework. One long-term outcome should address reducing opioid, methamphetamine, and/or prescription drug use/misuse among youth. The other long-term outcome should address changing the culture and context regarding the acceptability of opioid, methamphetamine, and/or prescription drug use/misuse.

Objectives should be Specific, Measurable, Achievable, Realistic, and Time-bound (SMART). SMART objectives indicate the type of change; how much change will occur including the specific amount of increase or decrease; the specific population to be addressed; include a specific date (Month/Year) by when the change will be accomplished; indicate how the change will be measured.

Examples of SMART objectives are provided below:

Regular Objective	SMART Objective
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Reduce prescription drug misuse rates for children and adolescents.	By July 31, 2022, reduce the percent of 9th graders in Awesome County who have misused prescription drugs from 8% baseline to 7% 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 June 2022 as indicated in our annual school partner survey.

The following work plan (i.e. 12-Month Action Plan) table should be completed for each goal of the CARA program.

Table 2. 12-Month Action Plan (July 1, 2021 – June 30, 2022)

CARA Goal One: Reduce opioid, methamphetamine, and/or prescription drug use/misuse among youth.

Objective 1: Provide a SMART objective

Strategy 1: Provide specific strategy

Activity	Who is Responsible?	By When?

Strategy 2: Provide specific strategy

Activity	Who is Responsible?	By When?

CARA Goal Two: Change the culture and context regarding acceptability of youth opioid, methamphetamine, and/or prescription drug use/misuse.

Objective 1: Provide a SMART objective

Strategy 1: Provide specific strategy

Activity	Who is Responsible?	By When?

Strategy 2: Provide specific strategy

Activity	Who is Responsible?	By When?

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient reporting (including work plans, performance, and financial reporting). Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

- Tracking recipient progress in achieving the desired outcomes.
- Ensuring the adequacy of recipient systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities deemed necessary to monitor the award:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

Monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk recipients.

f. CDC Program Support to Recipients

N/A

B. Award Information

1. Funding Instrument Type:

G (Grant)

2. Award Mechanism:

H28

3. Fiscal Year:

2021

4. Approximate Total Fiscal Year Funding:

\$ 3,000,000

5. Total Period of Performance Funding:

\$ 15,000,000

This amount is subject to the availability of funds.

Estimated Total Funding:

\$ 50,000

6. Total Period of Performance Length:

5

year(s)

7. Expected Number of Awards:

60

8. Approximate Average Award:

\$ 50,000

Per Budget Period

9. Award Ceiling:

\$ 50,000

Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:

\$ 50,000

Per Budget Period

11. Estimated Award Date:

July 01, 2021

12. Budget Period Length:

12 month(s)

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

13. Direct Assistance

Direct Assistance (DA) is not available through this NOFO.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:

12 (Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education)

25 (Others (see text field entitled "Additional Information on Eligibility" for clarification))

2. Additional Information on Eligibility

Eligible applicants are community-based coalitions addressing opioid, methamphetamine, and/or prescription drug use/misuse by local youth. They must be a nonprofit (as defined by the IRS as a 501(c) organization); or an entity that the Administrator determines to be appropriate; or part of, or is associated with an established legally recognized domestic, public or private nonprofits organization. For example, state and local governments, federally recognized tribes, state-recognized tribes, urban Indian organizations (as defined in Pub. L. No. 94-437), public or private universities and colleges, professional associations, voluntary organizations, self-help groups, consumer and provider services-oriented constituency groups, community- and faith-based organizations, and tribal organizations. (Pub. L. No. 114-198 Sec 103). In addition, applicants must document rates of misuse of opioids or use of methamphetamines that are higher than the national average over a sustained period. The statutory authority for this program (Section 103 of the Comprehensive Addiction and Recovery Act) limits eligibility to domestic public and private nonprofit entities that are current or former Drug-Free Communities (DFC) Support Program recipients.

The intent of the CARA Support Program is to fund coalition activities in the United States and does not authorize the funding of organizations or activities outside the United States. A CARA legal applicant (an organization applying on behalf of a coalition, the coalition, or the applicant coalition) **must** reside within the United States and/or the U.S. territories.

Refer to **Table 3 Statutory Eligibility Requirements**: which contains, the minimum eligibility requirements, the evidence required, and where to document the requirement. The table also specifies which attachment to use to provide the necessary evidence to document your compliance with the eligibility requirement. All CARA applications will be jointly screened by ONDCP and CDC to determine whether an applicant meets all the CARA Support Program Statutory Eligibility Requirements identified in **Table 3**. Applications submitted by eligible coalitions that demonstrate they meet all requirements will then be scored through a merit review process according to the evaluation criteria described in **Section E. Review and Selection Process** of this NOFO.

Failure to meet any single statutory eligibility requirement will cause the application to be deemed ineligible; in such cases, it will not move forward to merit review. Should your application fail to meet the eligibility requirements, the person listed as the Business Official on the Application for Federal Assistance (SF-424) will receive a notification stating why the application was deemed ineligible. **No additional information may be added to an application after the application deadline.** The final authority lies with the DFC Administrator to determine the eligibility of an application. Each year, CARA recipients **must** demonstrate compliance with all of the Statutory Eligibility Requirements to be considered for continuation funding.

Table 3: Statutory Eligibility Requirements

Eligibility Requirement Item	Evidence Required and Where to Document
Requirement 1: Entity Eligible to Receive Federal Grants	Evidence Required

Eligibility Requirement Item	Evidence Required and Where to Document
<p>Must be a Legal Entity - Organizations eligible to receive federal funds as CARA grant recipients must be a nonprofit (as defined by the IRS as a 501(c) organization); or an entity that the Administrator determines to be appropriate; or part of, or is associated with an established legally recognized domestic, public or private nonprofit organization. For example, state and local governments, federally recognized tribes, state-recognized tribes, urban Indian organizations (as defined in Pub. L. No. 94-437), public or private universities and colleges, professional associations, voluntary organizations, self-help groups, consumer and provider services-oriented constituency groups, community- and faith-based organizations, and tribal organizations. (Pub. L. No. 114-198 Sec 103).</p>	<p>Statement of Legal Eligibility. Where to Document:</p> <ul style="list-style-type: none"> • Appendix D Attachment 1: Signed Assurance of Legal Eligibility. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Appendix D Attachment 2: Memorandum of Understanding between Grant Award Recipient and Coalition.
<p>Requirement 2: Previous DFC Funding</p>	<p>Evidence Required</p>
<p>An organization that on or before the date of applying for a grant under this section, receives or has received a grant under the Drugs-Free Communities (DFC) Act of 1997. (Pub. L. No. 114-198 Sec 103(a)(4)(A)).</p>	<p>Disclosure of Drug-Free Communities (DFC) Support Program funding. Where to Document:</p> <ul style="list-style-type: none"> • Appendix D Attachment 3: Disclosure of Drug-Free Communities Support Program Funding.
<p>Requirement 3: Documentation of Rates of Abuse of Opioids and Methamphetamines</p>	<p>Evidence Required</p>
<p>An organization that has documented, using local data, rates of abuse of opioids or methamphetamines at levels that are higher than the national average over a sustained period of time. (Pub. L. No. 114-198 Sec 103(a)(4)(B)).</p>	<p>Statement of Rates of Misuse of Opioids and Methamphetamines. Where to Document:</p> <ul style="list-style-type: none"> • Appendix D Attachment 4: Statement of Rates of Misuse of Opioids and Methamphetamines.
<p>Requirement 4: Collaboration with other Community-based coalitions</p>	<p>Evidence Required</p>

Eligibility Requirement Item	Evidence Required and Where to Document
Community-based coalitions addressing local youth opioid, methamphetamine, and/or prescription drug abuse. (Pub. L. No. 114-198 Sec 103).	Meeting Minutes – Coalition meeting minutes from a meeting that took place between <u>January 2020 and the deadline for this application</u> that documents efforts to address an emerging issue or a local crisis related to the abuse of opioids, methamphetamines, and/or prescription drugs in the community. Where to Document: <ul style="list-style-type: none"> • Appendix D Attachment 5: One Set of Coalition Meeting Minutes.
Requirement 5: CARA National Evaluation Requirement	Evidence Required
A grant under this section shall be subject to the same evaluation requirements and procedures as the evaluation requirements and procedures imposed on the recipients of a grant under the Drug-Free Communities Act of 1997, and may also include an evaluation of the effectiveness at reducing abuse of opioids or methamphetamines. (Pub. L. No. 114-198 Sec 103).	Applicant must demonstrate the ability to comply with the CARA Program Evaluation requirements. Where to Document: <ul style="list-style-type: none"> • Appendix D Attachment 7: CARA Act Program Evaluation Requirements.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:

No

5. Maintenance of Effort

Not required

D. Application and Submission Information

1. Required Registrations

An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.

a. Data Universal Numbering System:

All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll

free) or internet at [http:// fedgov.dnb.com/webform/displayHomePage.do](http://fedgov.dnb.com/webform/displayHomePage.do). The DUNS number will be provided at no charge.

If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS numbers before accepting any funds.

b. System for Award Management (SAM):

The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at <https://www.sam.gov/SAM/>.

c. Grants.gov:

The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option at www.grants.gov.

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	<ol style="list-style-type: none"> 1. Click on http:// fedgov.dnb.com/webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number 	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor	<ol style="list-style-type: none"> 1. Retrieve organizations DUNS number 2. Go to https://www.sam.gov/SAM/ and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have 	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/fsd-gov/home.do Calls: 866-606-8220

	Registration (CCR)	an active SAM account before you can register on grants.gov)		
3	Grants.gov	<p>1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR)</p> <p>2. Once the account is set up the E-BIZ POC will be notified via email</p> <p>3. Log into grants.gov using the password the E-BIZ POC received and create new password</p> <p>4. This authorizes the AOR to submit applications on behalf of the organization</p>	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

Applicants may access the application package at www.grants.gov.

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this notice of funding opportunity at www.grants.gov.

4. Submission Dates and Times

If the application is not submitted by the deadline published in the NOFO, it will not be processed. Office of Grants Services (OGS) personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by OGS.

a. Letter of Intent Deadline (must be emailed or postmarked by)

Number Of Days from Publication NA

The LOI date will generate once the Synopsis is published if Days or a Date are entered.

b. Application Deadline

Due Date for Applications 04/01/2021

04/01/2021

11:59 pm U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

A Letter of Intent (LOI) is not required for this funding opportunity. Application due on 4/01/2021 by 11:59 pm U.S. Eastern Standard Time, at www.grants.gov.

Due Date for Information Conference Call

All applicants applying to the FY 2021 CARA NOFO are encouraged to attend the CARA Applicant Workshop Training, which will take place [on Friday, February 5 at 11:00 AM EST](#). Details on how to register and access the training are posted on the following website: <https://tvworldwide.com/events/ondcp/2021/CARA/>. The training will be recorded and posted in mid-February. A link to the workshop training video can be found at <https://tvworldwide.com/events/ondcp/2021/CARA/>.

5. CDC Assurances and Certifications

All applicants are required to sign and submit “Assurances and Certifications” documents indicated at [http://wwwn.cdc.gov/grantassurances/\(S\(mj444mxct51lnrv1hljjmaa\)\)/Homepage.aspx](http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjmaa))/Homepage.aspx).

Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications with each application submission, name the file “Assurances and Certifications” and upload it as a PDF file with at www.grants.gov
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at [http://wwwn.cdc.gov/grantassurances/\(S\(mj444mxct51lnrv1hljjmaa\)\)/Homepage.aspx](http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjmaa))/Homepage.aspx)

Assurances and certifications submitted directly to CDC will be kept on file for one year and will apply to all applications submitted to CDC by the applicant within one year of the submission date.

Risk Assessment Questionnaire Requirement

CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award conditions, the charging of unallowable costs, and inexperience. The risk assessment will include an evaluation of the applicant’s CDC Risk Questionnaire, located at <https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf>, as well as a review of the applicant’s history in all available systems; including OMB-designated repositories of government-wide eligibility and financial integrity systems (see 45 CFR 75.205(a)), and other sources of historical information. These systems include, but are not limited to: FAPIIS (<https://www.fapiis.gov/>), including past performance on federal contracts as per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System for Award Management (SAM) exclusions.

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at <https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf>, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC’s Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit

a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS.

When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award.

Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

6. Content and Form of Application Submission

Applicants are required to include all of the following documents with their application package at www.grants.gov.

7. Letter of Intent

LOI is not requested or required as part of the application for this NOFO.

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package.

Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)

Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

Applicants must provide a description of relevant background information that includes the context of the problem (See CDC Background).

b. Approach

i. Purpose

Applicants must describe in 2-3 sentences specifically how their application will address the public health problem as described in the CDC Background section.

ii. Outcomes

Applicants must clearly identify the outcomes they expect to achieve by the end of the project period, as identified in the logic model in the Approach section of the CDC Project Description. Outcomes are the results that the program intends to achieve and usually indicate the intended direction of change (e.g., increase, decrease).

iii. Strategies and Activities

Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the period of performance outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe in the Applicant Evaluation and Performance

Measurement Plan how these strategies will be evaluated over the course of the project period. See the Strategies and Activities section of the CDC Project Description.

1. Collaborations

Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC. Applicants must address the Collaboration requirements as described in the CDC Project Description.

2. Target Populations and Health Disparities

Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. The applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description.

c. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA see <http://www.hhs.gov/ocio/policy/collection/>.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan (including the DMP elements) within the first 6 months of award, as described in the Reporting Section of this NOFO.

d. Organizational Capacity of Applicants to Implement the Approach

Applicants must address the organizational capacity requirements as described in the CDC Project Description.

11. Work Plan

(Included in the Project Narrative's page limit)

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the recipient plans to carry out achieving the period of performance outcomes, strategies and activities, evaluation and performance measurement.

Please see **Section D.** under the CDC Project Description for more information about creating and submitting a Work Plan.

12. Budget Narrative

Applicants must submit an itemized budget narrative. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Contractual costs
- Total Direct costs
- Total Indirect costs

Indirect costs could include the cost of collecting, managing, sharing and preserving data.

Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of \$25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: <http://www.phaboard.org>). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the 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), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO, applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. Recipients may, for example, use funds to support efforts to build VRO capacity through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved by CDC.

Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/subaccounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 2 CFR 200 which include, but are not limited to, the following:

- Records that identify adequately the source and application of funds for federally-funded activities.

- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

14. Intergovernmental Review

Executive Order 12372 does not apply to this program.

15. Pilot Program for Enhancement of Employee Whistleblower Protections

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 Code of Federal Regulations (CFR) section 3.908 to the award and requires that recipients inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

16. Copyright Interests Provisions

This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

17. Funding Restrictions

Restrictions that must be considered while planning the programs and writing the budget are:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of 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 [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](#).
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (<https://www.cdc.gov/grants/additionalrequirements/ar-35.html>).

Additional restrictions on the use of CARA Local Drug Crises grant funds:

- CARA grant funds may not be used to supplant current funding of existing activities. “Supplant” is defined as replacing funding of a grant recipient’s existing program with funds from a federal grant.
- No more than **10 percent** of the total federal grant award may be used for data collection and evaluation purposes unless approved by the Project Officer and Grants Management Specialist.

- CARA grant funds **may not** be passed through by contract or any other method to another entity to conduct the programmatic work on the CARA Program. The funded grant recipient and coalition are expected to perform the substantive role and manage the efforts carried out by this grant.
- CARA grant funds **may not** be used to provide funding to community organizations through mini-grants, including one coalition funding another coalition.
- CARA grant funds **may not** be used for stipends, as defined in the HHS Grants Policy Statement (GPS).
- The Authorized Representative or Business Official charged with financial oversight responsibilities for the CARA grant award **must** be an employee of the recipient organization and identified in the ‘Salaries and Wages’ budget category. **NOTE: The Program Director/Principal Investigator (PD/PI) and Business Official cannot be the same individual.**
- The Program Director/Principal Investigator (PD/PI) **must** be an employee of the recipient organization, overseeing the day to day operations of the grant, and **must** be identified in the ‘Salaries and Wages’ budget category as either federal or non-federal

CARA Local Drug Crises grant funds may not be used to fund the following (not a fully exhaustive list):

- Youth Sports Programs
- Purchase of naloxone/Narcan
- Treatment services/programs/facilities
- Construction
- Landscaping/neighborhood revitalization projects, including lighting or community gardening efforts
- Law enforcement equipment, drug courts, drug search detection canines or related training

Special considerations:

- Food is **generally unallowable**. Exceptions within the CARA Program may include food used as a small incentive (not to exceed \$3.00 per person) to encourage participation in a community-wide event. Food costs are not allowable for general coalition or subcommittee meetings.
- The cost of promotional items are **generally unallowable**. However, the exception would be for program outreach, and other specific purposes necessary to meet the requirements, goals, and objectives of the federal grant award.

18. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan. The DMP is the applicant’s assurance of the quality of the public health data through the data’s lifecycle and plans to deposit data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information:

<https://www.cdc.gov/grants/additionalrequirements/ar-25.html>

19. Other Submission Requirements

a. Electronic Submission:

Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity at www.grants.gov. Applicants can complete the application package using Workspace, which allows forms to be filled out online or offline. All application attachments must be submitted using a PDF file format. Instructions and training for using Workspace can be found at www.grants.gov under the "Workspace Overview" option.

If Internet access is not available or if the forms cannot be accessed online, applicants may contact the OGS TIMS staff at 770- 488-2700 or by e-mail at ogstims@cdc.gov, Monday through Friday, 7:30 a.m.–4:30 p.m., except federal holidays. Electronic applications will be considered successful if they are available to OGS TIMS staff for processing from www.grants.gov on the deadline date.

b. Tracking Number: Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt when www.grants.gov receives the application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

c. Validation Process: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a "submission receipt" e-mail generated by www.grants.gov. A second e-mail message to applicants will then be generated by www.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the NOFO. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.

[https:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t=Get_Started%2FGet_Started. htm](https://www.grants.gov/help/html/help/index.htm?callingApp=custom#t=Get_Started%2FGet_Started.htm)

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@grants.gov. Application submissions sent

by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that www.grants.gov is managed by HHS.

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them at support@grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail CDC GMO/GMS, before the deadline, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.

An applicant's request for permission to submit a paper application must:

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered.

If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

1. Review and Selection Process: Applications will be reviewed in three phases

a. Phase I Review

All applications will be initially reviewed for eligibility and completeness by CDC Office of Grants Services. Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.

- i. Approach
- ii. Evaluation and Performance Measurement
- iii. Applicant's Organizational Capacity to Implement the Approach

Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements

Approach

Maximum Points: 55

Approach (30 points):

The extent to which the applicant:

1. Describes the youth opioid, methamphetamine, and/or prescription drug use/misuse in the community. Applicants should provide current data on how these substances have contributed to problems among youth such as school drop-out rates, school suspensions, juvenile court data, emergency room admissions, or treatment admission data. Applicants should use these data to briefly describe the current youth culture regarding use and/or misuse of the target substances.
2. Describes the purpose, outcome, strategies, and activities that the coalition will use to address opioid, methamphetamine, and/or prescription drug use/misuse, including the cultures and context of these substances in the community.
3. Describes how the coalitions will continue building on past successes and address past challenges encountered while funded by the DFC grant to support the proposed strategies and activities.
4. Describes how the coalition will continue to recruit, retain, and integrate a broad range of sectors to achieve its goals. Please include how the coalition will engage youth in its efforts.
5. Describes how the coalition's efforts will address health disparities.

Workplan (i.e., 12-Months Action Plan) (25 points):

The extent to which the applicant:

1. Develops a detailed 12-Month Action Plan based on the template provided in Table 2 and includes 2 goals: 1) Reduce opioid, methamphetamine, and/or prescription drug use/misuse among youth. 2) Change the culture and context regarding acceptability of youth opioid, methamphetamine, and/or prescription drug use/misuse.
2. Outlines the specific objectives, strategies, and activities the coalition will be using to address opioid, methamphetamine, and/or prescription drug use/misuse and the culture and context related to these substances in the community.
3. The strategies and activities must be specific to the substances and each substance must have a separate specific, measurable, achievable, realistic, and time-bound (SMART) Objective.
4. Utilizes existing frameworks, such as the SPF and Seven Strategies for Community-Level Change outlined in the Strategies and Activities Section. Coalitions should focus on fostering community-level change and outline how the coalition's objectives for CARA build on DFC activities.

Evaluation and Performance Measurement**Maximum Points: 25****Evaluation and Performance Management (25 points):**

The extent to which the applicant:

1. Describes how the coalition will participate in the CARA Local Drug Crises Program Evaluation and collect data on youth opioid, methamphetamine, and/or prescription drug use/misuse for the following measures:
 - a. Past 30-day use
 - b. Perception of risk/harm of use
 - c. Perception of parental disapproval of the use

- d. Perception of peer disapproval of the use
- 2. Describes how the coalition will monitor and evaluate the success of the goals and objectives of the workplan (i.e., 12-Month Action Plan) and how the coalition plans to enhance efforts to measure outcomes.
- 3. Describes how the coalition will ensure that all segments of the community receive the information, including a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans.

Applicants are not required at the time of application to be in compliance with the CARA Local Drug Crises Program Evaluation requirements; however, applicants must provide information about their ability to comply with the Evaluation Requirements once awarded a CARA Act grant.

Applicant’s Organizational Capacity to Implement the Approach

Maximum Points: 20

Organizational Capacity to Implement Approach:

The extent to which the applicant:

- 1. Provides an overview of the make-up of the coalition, including how the multiple sectors have been involved in achieving the coalition’s goals.
- 2. Demonstrates the coalition’s adequate capacity and data infrastructure to implement the project and achieve the project outcomes.
- 3. Provides evidence of appropriate staff member experiences and resumes (e.g. key coalition sector representatives are encouraged to submit their resumes).
- 4. Describes clearly defined roles for the staff member.

Budget

Maximum Points: 0

A budget is required for submission, but will not be scored. CDC budget preparation guidelines can be found at <https://www.cdc.gov/grants/documents/Budget-Preparation-Guidance.pdf>.

c. Phase III Review

Upon full completion of the statutory eligibility review process and review of final scores, ONDCP begins funding with the highest scoring application until all funds are exhausted. ONDCP may also take into consideration factors relating to rural, American Indian/Alaska Native, and economically disadvantaged communities. Please see **Appendix C** for additional information.

Review of risk posed by applicants.

Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the

Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.

CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.

In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:

- (1) Financial stability;
- (2) Quality of management systems and ability to meet the management standards prescribed in this part;
- (3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
- (4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
- (5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

Successful applicants will be notified in writing by CDC's grants office at least 30 days before the award date.

F. Award Administration Information

1. Award Notices

Recipients will receive an electronic copy of the Notice of Award (NOA) from CDC OGS. The NOA shall be the only binding, authorizing document between the recipient and CDC. The NOA will be signed by an authorized GMO and emailed to the Recipient Business Officer listed in application and the Program Director.

Any applicant awarded funds in response to this Notice of Funding Opportunity will be subject to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt or by U.S. mail.

Successful applicants will be notified in writing by CDC's grants office before the award date. The anticipated award date is no later than 07/01/2021.

2. Administrative and National Policy Requirements

Brief descriptions of relevant provisions are available at <http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17>.

The Paperwork Reduction Act of 1995 (PRA): Offerors should be advised that any activities involving information collection (i.e., posing similar questions or requirements via surveys, questionnaires, telephonic requests, focus groups, etc.) from 10 or more non-Federal entities/persons, including States, are subject to PRA requirements and may require CDC to coordinate an Office of Management and Budget (OMB) Information Collection Request clearance before the start of information collection activities. This would also include information sent to or obtained by CDC via forms, applications, reports, information systems, and any other means for requesting information from 10 or more persons; asking or requiring 10 or more entities/persons to keep or retain records; or asking or requiring 10 or more entities/persons to disclose information to a third-party or the general public.

The full text of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR 75, can be found at: <https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>

3. Reporting

Reporting provides continuous program monitoring and identifies successes and challenges that recipients encounter throughout the project period. Also, reporting is a requirement for recipients who want to apply for yearly continuation of funding. Reporting helps CDC and recipients because it:

- Helps target support to recipients;
- Provides CDC with periodic data to monitor recipient progress toward meeting the Notice of Funding Opportunity outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the NOFO.

The table below summarizes required and optional reports. All required reports must be sent electronically to GMS listed in the “Agency Contacts” section of the NOFO copying the CDC Project Officer.

Report	When?	Required ?
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into the award	Yes
Annual Performance Report (APR)	No later than 120 days before the end of budget period. Serves as yearly continuation application.	Yes
Federal Financial Reporting Forms	90 days after the end of the budget period.	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30.	Yes

a. Recipient Evaluation and Performance Measurement Plan (required)

With support from CDC, recipients must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; recipients must submit the plan 6 months into the award. HHS/CDC will review and approve the recipient’s monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC, or other guidance otherwise applicable to this Agreement.

Recipient Evaluation and Performance Measurement Plan (required): This plan should provide additional detail on the following:

Performance Measurement

- Performance measures and targets
- The frequency that performance data are to be collected.
- How performance data will be reported.
- How quality of performance data will be assured.
- How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).
- Dissemination channels and audiences.
- Other information requested as determined by the CDC program.

Evaluation

- The types of evaluations to be conducted (e.g. process or outcome evaluations).
- The frequency that evaluations will be conducted.

- How evaluation reports will be published on a publically available website.
- How evaluation findings will be used to ensure continuous quality and program improvement.
- How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
- Dissemination channels and audiences.

HHS/CDC or its designee will also undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the activities and use of HHS/CDC funding under this Agreement.

b. Annual Performance Report (APR) (required)

The recipient must submit the APR via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
 - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
 - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
 - Recipients must describe success stories.
- **Challenges**
 - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
 - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**

- Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.
- **Administrative Reporting** (No page limit)
 - SF-424A Budget Information-Non-Construction Programs.
 - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
 - Indirect Cost Rate Agreement.

The recipients must submit the Annual Performance Report via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period.

c. Performance Measure Reporting (optional)

CDC programs may require more frequent reporting of performance measures than annually in the APR. If this is the case, CDC programs must specify reporting frequency, data fields, and format for recipients at the beginning of the award period.

d. Federal Financial Reporting (FFR) (required)

The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period through the Payment Management System (PMS). The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. Failure to submit the required information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, recipients are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

e. Final Performance and Financial Report (required)

The Final Performance Report is due 120 days after the end of the period of performance. The Final FFR is due 120 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the project period, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)

- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

4. Federal Funding Accountability and Transparency Act of 2006 (FFATA)

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, <http://www.USASpending.gov>.

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over \$25,000.

For the full text of the requirements under the FFATA and HHS guidelines, go to:

- <https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf>,
- https://www.frs.gov/documents/ffata_legislation_110_252.pdf
- <http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA>.

5. Reporting of Foreign Taxes (International/Foreign projects only)

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) (“United States foreign assistance funds”). Outlined below are the specifics of this requirement:

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the recipient did not pay any taxes during the reporting period.]

2) Quarterly Report: The recipient must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October

15 and January 15.

3) Terms: For purposes of this clause:

“Commodity” means any material, article, supplies, goods, or equipment;

“Foreign government” includes any foreign government entity;

“Foreign taxes” means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.

5) Contents of Reports: The reports must contain:

a. recipient name;

b. contact name with phone, fax, and e-mail;

c. agreement number(s) if reporting by agreement(s);

d. reporting period;

e. amount of foreign taxes assessed by each foreign government;

f. amount of any foreign taxes reimbursed by each foreign government;

g. amount of foreign taxes unreimbursed by each foreign government.

6) Subagreements. The recipient must include this reporting requirement in all applicable subgrants and other subagreements.

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

First Name:

Wendy

Last Name:

Heirendt

Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

Address:

Telephone:

Email:

CARA_NOFO@cdc.gov

Grants Staff Contact

For financial, awards management, or budget assistance, contact:

First Name:

Daniel

Last Name:

Jackson

Grants Management Specialist

Department of Health and Human Services

Office of Grants Services

Address:

Telephone:

678-475-4577

Email:

qpz2@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

CDC Telecommunications for persons with hearing loss is available at: TTY 1-888-232-6348

H. Other Information

Following is a list of acceptable attachments **applicants** can upload as PDF files as part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Project Narrative limited to 10 pages only.
- Other Required Documents include the following:
 - Proof of 501(c)(3) Status if applying as that organization type
 - SF 424
 - SF 424 A

Additionally, please include the attachments cited in the table below:

Table 4: Required Attachments

Attachment Number	Attachment Name	Naming Convention to Upload as a PDF to www.grants.gov
Attachment 1	Assurance of Legal Eligibility	<p>Name the file “Attachment 1 - Assurance of Legal Eligibility”.</p> <p>Note:</p> <ul style="list-style-type: none"> • Upload either Attachment 1 or Attachment 2. Do not upload both.
Attachment 2	Memorandum of Understanding between Grant Award Recipient and Coalition	<p>Name “Attachment 2 - MOU”.</p> <p>Note:</p> <ul style="list-style-type: none"> • Upload either Attachment 1 or Attachment 2. Do not upload both.
Attachment 3	Disclosure of Drug-Free Communities Support Program Funding	Name the file “Attachment 3 - Disclosure of DFC Program Funding”.
Attachment 4	Statement of Rates of Misuse of Opioids and Methamphetamines	Name the file “Attachment 4 - Statement of Rates of Misuse of Opioids and Methamphetamines”.
Attachment 5	One Set of Coalition Meeting Minutes	<p>Coalition meeting minutes from a meeting that took place between January 2020 and the deadline for this application is due.</p> <p>Please name the file “Attachment 5 - One Set of Meeting Minutes”.</p>
Attachment 6	Key Personnel Resumes, CVs, and Position Descriptions	Name the file "Attachment 6 - Key Personnel Resumes”.
Attachment 7	CARA Act Program Evaluation Requirements	Name the file “Attachment 7 - CARA Act Program Evaluation Requirements”.
Attachment 8	General Applicant Information	Name the file “Attachment 8 - General Applicant Information”.
Attachment 9	Congressional Notification	Name the file “Attachment 9 - Congressional Notification”.

I. Glossary

Activities: The actual events or actions that take place as a part of the program.

Administrative and National Policy Requirements, Additional Requirements

(ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see http://www.cdc.gov/grants/additional_requirements/index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.

Assistance Listings (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.

Assistance Listings (CFDA) Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency

Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.

Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

CDC Assurances and Certifications: Standard government-wide grant application forms.

Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the “life” of the award).

Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.

Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.

Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. [http:// www.cdc.gov /grants /additionalrequirements /index.html](http://www.cdc.gov/grants/additionalrequirements/index.html).

DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at [http://fedgov.dnb.com/ webform/displayHomePage.do](http://fedgov.dnb.com/webform/displayHomePage.do).

Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.

Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.

Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.

Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

Healthy People 2030: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.

Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list:

https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_Review-SPOC_01_2018_OFFM.pdf.

Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

Memorandum of Understanding (MOU) or Memorandum of Agreement

(MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher education, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

Notice of Award (NoA): The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.

Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.

Outcome: The results of program operations or activities; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.

Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by

program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A “program” may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

Period of performance –formerly known as the project period - : The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.

Period of Performance Outcome: An outcome that will occur by the end of the NOFO's funding period

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.

Program Strategies: Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

Program Official: Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation <http://www.phaboard.org>.

Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.

Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.

System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.

Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.

Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

NOFO-specific Glossary and Acronyms

Achievable (related to outcomes): Attainable within a given timeframe and with available project resources.

Allocability (cost principle): A cost is allocable to a specific grant, function, department, or other component, known as a cost objective, if the goods or services involved are chargeable or assignable to that cost objective in accordance with the relative benefits received or other equitable relationship.

Allowable cost: A cost incurred by a recipient that is:

- i. Reasonable for the performance of the award;
- ii. Allocable;
- iii. In conformance with, or incorporated by reference, any limitations or exclusions set forth in the federal cost principles applicable to the organization incurring the cost or the Notice of Award (NOA) as to type or amount;
- iv. Consistent with regulations, policies and procedures of the recipient that apply uniformly to both federally supported and other activities of the organization;
- v. Determined in accordance with generally accepted accounting principles; and
- vi. Not included as a cost in any other federally supported award (unless specifically authorized by statute).

Authorized Organization Representative: The individual(s), named by the applicant/recipient organization, who is authorized to act for the applicant/recipient and to assume the obligations imposed by the federal laws, regulations, requirements, and conditions that apply to grant applications or awards.

Business Official: The individual identified in the application as being the primary party responsible for overseeing the financial aspects of the grant (i.e., Authorized Organization Representative). This is the individual who will receive the Notice of Award if funded and the merit review summary statement.

Community-level Change: Change that occurs within the overall population of the community.

Community Readiness: The degree to which a community is prepared to take action on an issue.

Congressional District: An electoral division of a state entitled to send one member to the U.S. House of Representatives (federal congressional district).

Consistency (cost principle): Regulations regarding cost assignment must be consistent for all work of the organization under similar circumstances, regardless of the source of funding, to avoid duplicate charges.

DFC Me: DFC's Management and Evaluation system used for grant communications and progress reporting in concert with CDC's grants management system GrantSolutions. DFC Me is also used as a learning center for award recipients.

Economically Disadvantaged Area: An area with 20 percent or more children living in households below the poverty line as defined by the U.S. Census Bureau.

Key Personnel: Individuals, in addition to the principal investigator/program director (PI/PD),

identified by the OPDIV in the Notice of Award (NOA) that are considered critical to the project (i.e., their removal or absence from the project would have a significant impact on the project). The PI/PD is always considered both a “key person” and a “principal.” Other key personnel generally are not considered “principals” for purposes of suspension and debarment.

Level of Effort: Direct time spent by an individual on program-related work. Across all projects/grants/positions, the level of effort for an individual may not exceed 100 percent.

Measurable (related to outcomes): How much change is expected. It must be possible to count or otherwise quantify an activity or its results. It also means that the source of and mechanism for collecting measurement data can be identified and that collection of the data is feasible for the project. A baseline measurement is required to document change (e.g., to measure the percentage of increase or decrease). If an applicant plans to use a specific measurement instrument, it is recommended that the instrument is incorporated into the outcome.

Objectives: What is to be accomplished during a specific period of time to move toward achievement of a goal. Measurable objectives **must** include the following elements:

- The type of change;
- How much change will occur, including the specific amount of increase or decrease;
- The specific population to be addressed (if population is youth, the ages of youth or grade level **are** identified);
- A specific date (month/year) by when change will be accomplished; and
- Indicates how change will be measured.

Other Sources of Support: Funds or resources, whether federal, non-federal, or institutional, available to the Program Director, Principal Investigator, or Project Coordinator in direct support of their activities through grants, cooperative agreements, contracts, fellowships, gifts, prizes, and other means.

Pass-through Program: A program where the recipient’s role is to select subrecipients that are expected to provide the services that are the purpose of the grant, coordinating and overseeing their activities, and providing the administrative support needed to meet OPDIV requirements. Recipients under the DFC Support Program are not permitted to run their program as a pass-through program.

Program Director/Principal Investigator (PD/PI): The individual(s) designated by the recipient to direct the project or program being supported by the grant. The PD/PI is responsible and accountable to officials of the recipient organization for the proper conduct of the project, program, or activity.

Project Coordinator: An individual who coordinates the work of the coalition and program activities, including training, coalition communication, data collection, and information dissemination. The Project Coordinator will be listed on the DFC website if the grant is awarded.

Reasonableness (cost principle; including necessity): A cost if it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost.

Realistic (related to outcomes): Within the scope of the project and propose reasonable programmatic steps that can be implemented within a specific timeframe.

Recipient: Conduct the day-to-day operations of the grant program.

Rural: According to the Drug-Free Communities Act of 1997, rural is defined as a county with a population that does not exceed 30,000 individuals.

Social Indicator Data: Numerical measures that describe the well-being of individuals or

communities. Indicators are comprised of one variable or several components combined into an index. They are used to describe and evaluate community well-being in terms of social, economic, and psychological welfare. Community-level social indicators can be useful in community assessments for different purposes. An assessment to identify community issues and problems, for instance, might rely on such indicators as the incidence of a disease or medical condition either in the community at large, or in a particular social, ethnic, or geographic group.

Specific (related to outcomes): Includes the “who” and “what” of program activities. Use only one action verb to avoid issues with measuring success.

Strategy: An overarching strategic plan, action, initiative, or policy approach designed to achieve a key or primary aim or objective the coalition intends to achieve intended results.

Supplement not supplant: A form of maintenance of effort requirement that specifies that federal funds received may not be used to replace existing state, local, or agency funds with federal funds. Federal funds may be used to supplement existing activities. Existing state, local, or agency funds for a project, may not be replaced by federal funds and reallocated for other organizational expenses. The baseline for a supplement-not-supplant requirement may be the recipient’s previous fiscal year or another baseline year or period.

Time-bound (related to outcomes): Provide a timeframe indicating when the outcome will be measured or a time by when the outcome will be met.

Urban: According to the Census Bureau classifies as all territory, population, and housing units located within an urbanized area (UA) or urban cluster (UC). It delineates UA and UC boundaries to encompass densely settled territory, which consists of Core Census block groups or blocks that have a population density of at least 1,000 people per square mile and surrounding census blocks that have an overall density of at least 500 people per square mile.