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**Centers for Disease Control and Prevention**

NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

Drug-Free Communities (DFC) Support Program

CDC-RFA-CE21-2102

05/17/2021

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### Part I. Overview

Applicants must go to the synopsis page of this announcement at [www.grants.gov](http://www.grants.gov) and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-CE21-2102. Applicants also must provide an e-mail address to [www.grants.gov](http://www.grants.gov) to receive notifications of changes.

#### 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:

Drug-Free Communities (DFC) Support Program

#### 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-CE21-2102

#### E. Assistance Listings Number:

93.276

#### 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:

05/17/2021

11:59 p.m. U.S. Eastern Standard Time, at [www.grants.gov](http://www.grants.gov).

### **3. Due Date for Informational Conference Call:**

All applicants are strongly encouraged to attend the Drug-Free Communities - Applicant Workshop Webinar on March 25, 2021, from 3:30pm - 5:00pm EDT. Please register in advance using the following link: <https://tvworldwide.com/events/ondcp/2021/dfc/210325>.

## **G. Executive Summary:**

### **1. Summary Paragraph**

The Drug-Free Communities (DFC) Support Program was created by the Drug-Free Communities Act of 1997 (Public Law 105-20). 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) are accepting applications for Fiscal Year (FY) 2021 Drug-Free Communities (DFC) Support Program grants. The purpose of the DFC Support Program is to fund applicants who have never received DFC funding to carry out the two goals of the program. In accordance with the DFC Act, the DFC Support Program has two goals:

- 1) Establish and strengthen collaboration among communities, public and private non-profit agencies, as well as federal, state, local, and tribal governments to support the efforts of community coalitions working to prevent and reduce substance abuse among youth (individuals 18 years of age and younger).
- 2) Reduce substance abuse among youth and, over time, reduce substance abuse among adults by addressing the factors in a community that increases the risk of substance abuse and promoting the factors that minimize the risk of substance abuse.

#### **a. Eligible Applicants:**

Open Competition

#### **b. Funding Instrument Type:**

G (Grant)

#### **c. Approximate Number of Awards**

100

#### **d. Total Period of Performance Funding:**

\$ 62,500,000

#### **e. Average One Year Award Amount:**

\$ 125,000

#### **f. Total Period of Performance Length:**

5

#### **g. Estimated Award Date:**

August 30, 2021

#### **h. Cost Sharing and / or Matching Requirements:**

Yes

The DFC authorizing legislation requires recipients to demonstrate that they have non-federal matching funds ("match") from non-federal sources equivalent to or greater than federal funds

requested from the DFC Support Program. Applicants must itemize the match separately in the budget and explain the match separately in the Budget. CDC budget preparation guidelines can be found at <https://www.cdc.gov/grants/documents/Budget-Preparation-Guidance.pdf>.

Applicants in their first cycle of DFC funding (Year One – Year Five), are required to have 100 percent match (1:1) from non-federal sources. Beginning in Year Seven, the percentage increases. The table below indicates the percentage of match required for DFC grant recipients in each year of the grant.

**Table 1: Percentage of Match**

Year of Funding Request	Matching Requirement
1-6	100%
7 - 8	125%
9 - 10	150%

Cash or in-kind support may be used for the match requirement. In-kind support includes the value of goods and services donated to the operation of the DFC coalition, including but not limited to office space, volunteer secretarial services, pro bono accounting services, and other volunteer services to support the coalition’s work. All match must follow federal cost principles (see Administrative and National Policy Requirements Section within the NOFO). Applicants cannot submit match that would not be an allowable expense of DFC funds. If an applicant has sufficient match to allow a budget request of the full \$125,000, the applicants final budget should total \$125,000. A match level over the required amount will not result in a higher merit review score. All proposed match is an obligation on the part of the applicant.

Federal funds, including those passed through a state or local government, cannot be used toward the required match. The only exception in the DFC Support Program is in the case of a coalition that includes a representative of the Bureau of Indian Affairs, the Indian Health Service, or a tribal government agency with expertise in the field of substance use and misuse and serving a tribal community.

**NOTE:** As per both HHS/CDC and ONDCP guidelines, and applicable Anti-Lobbying provisions, impermissible lobbying with federal dollars is not permitted. Additionally, such costs for impermissible lobbying cannot be used as match.

**Part II. Full Text**

**A. Funding Opportunity Description**

**1. Background**

**a. Overview**

Substance use is a global public health issue affecting individuals, families, and communities. Recent data indicate that 70,630 lives were lost to drug overdose in the United States in 2019. Further, provisional data indicate approximately 81,230 drug overdose deaths occurred in the United States in the 12-months ending in May 2020, with these deaths being driven largely by synthetic opioids, cocaine, and methamphetamines. These changes represent a worsening of the drug overdose epidemic during the COVID-19 pandemic and the largest

number of drug overdoses for a 12-month period ever recorded. These troubling data underline the need to implement primary prevention strategies designed to prevent substance use before it begins – for instance, by implementing programs, policies, and practices to prevent initiation of substance use among youth. □ □

Prevention of initiation of and use of substances among youth is particularly important given that substance use during childhood and adolescence is associated with negative impacts on brain physiology, engagement in risky behaviors, and increased risk for harmful substance use and overdose later in life. Recent data from CDC’s Youth Risk Behavior Survey (YRBS) show that more than 29% of high school students consumed alcohol, with almost 14% of high school students engaging in binge drinking. Tobacco use also remains common, with nearly 7 of every 100 middle school students (6.7%) and about 24 of every 100 high school students (23.6%) reporting current use of a tobacco product, mainly driven by e-cigarette use. Additionally, approximately 21.7% reported current marijuana use and 7.2% reported current prescription opioid misuse. □ □

Addressing the root causes of and risk factors for youth substance use is critical. These can include exposure to 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, or other mental health challenges. These conditions are also important to consider in the prevention of substance use among youth. □

□  
YRBS data from 2009 to 2019 show that both Black and Hispanic youth populations are significantly more likely to use prescription drugs, cocaine, and methamphetamines, while non-Hispanic White youth report higher rates of current alcohol use and binge drinking. Youth who identify their sexual orientation as lesbian, gay, bisexual, transgender, queer/questioning or are uncertain of their sexuality (LGBTQ+) report higher rates of substance use. Finally, higher rates of opioid-related deaths and opioid prescriptions have been recorded in rural areas than in urban areas. □ □

□  
An approach to prevent youth substance use should involve interventions that target individual, family, and community-level risk and protective factors and focus on youth that are at the greatest risk of using substances. Thus, this funding opportunity is designed to continue to fund work focused on 1) establishing and strengthening collaboration among communities, public and private non-profit agencies, as well as federal, state, local, and tribal governments to support the efforts of community coalitions working to prevent and reduce substance use and misuse among youth and 2) reducing substance use among youth and, over time, reduce substance use and misuse among adults by addressing the factors in a community that increases the risk of substance use and misuse and promoting the factors that minimize the risk of substance abuse. □ □ □

## **b. Statutory Authorities**

**Drug Free Communities Act, 21 USC 1531 et seq., P.L. 105-20**

## **c. Healthy People 2030**

This NOFO addresses the proposed Healthy People 2030 focus areas of [alcohol](#), [tobacco](#), [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**

Drug-Free Communities (DFC) Support Program-New (CDC-RFA-CE20-2002)

Drug-Free Communities (DFC) Support Program-Competing Continuation (CDC-RFA-CE20-2003)

Office of National Drug Control Policy | The White House: <https://www.whitehouse.gov/ondcp/>

**2. CDC Project Description**

**a. Approach**

**Bold** indicates period of performance outcome.

The approach is described below within the DFC Framework and the Outcomes and Strategies and Activities sections. The Framework of the DFC Program (**Table 2**) outlines an approach that is implemented by a multi-sector community-based coalition. For the purposes of this NOFO and the DFC Support Program, a coalition is defined as a community-based formal arrangement for cooperation and collaboration among groups or sectors of a community in which each group retains its identity, but all agree to work together toward a common goal of building a safe, healthy, and drug-free community. The recommended strategies and activities are 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 2: DFC Framework**

<b>CDC-RFA-CE21-2102 Drug-Free Communities Program Framework</b>			
<b>Goal: Strengthen community coalitions and reduce/prevent youth substance use</b>			
<b>Strategies and Activities</b>	<b>Short-Term Outcomes</b>	<b>Intermediate Outcomes</b>	<b>Long-Term Outcomes</b>
<b>Provide information</b> to the general public and key stakeholders about youth substance use.	Improved knowledge regarding patterns of youth substance use	Reduce factors in the community that increases the risk of substance use and misuse.	Establish and strengthen collaboration among community stakeholders and
<b>Enhance skills</b> among relevant stakeholders so youth/adults can engage in positive social and	Improve knowledge of coalition efforts to address youth	Increase the	

<p>decision-making capabilities.</p> <p><b>Provide support</b> to increase opportunities that increase involvement in drug-free/healthy alternative activities.</p> <p><b>Enhance access, reduce barriers,</b> and improve connections between systems and services that help prevent youth substance use.</p> <p><b>Change consequences</b> to incentivize positive practices and disincentivize negative practices.</p> <p><b>Change physical design</b> of the community to enhance protection against or to reduce the risk for youth substance use.</p> <p><b>Educate and inform about modifying/ changing policies</b> that reduce access and availability to substances among youth.</p>	<p>substance use in the community.</p> <p>Increase outreach to relevant sectors of the community to address youth substance use.</p> <p>Increase the capacity of local agencies and/or organizations to address youth substance use.</p> <p>Increase intergovernmental cooperation, coordination, and collaboration to change the conditions that impact youth substance use.</p>	<p>promotion of factors that minimize the risk of substance use and misuse.</p> <p>Increase the ease, ability, and opportunity for youth to access settings, such as programs emphasizing self-efficacy and learning skills that prevent substance use and misuse.</p> <p>Decrease the ease, ability, and opportunity for youth to access substances.</p>	<p>organizations to address youth substance use.</p> <p>Reduce substance use among youth, and over time, reduce substance use among adults.</p>
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**i. Purpose**

The purpose of the DFC Support Program is to establish and strengthen collaborations to support the efforts of community coalitions working to prevent and reduce substance use among youth by addressing the factors in a community that increase the risk of substance use and misuse and promoting the factors that minimize the risk of substance use.

**ii. Outcomes**

A series of short-term, intermediate, and long-term outcomes are expected to be achieved as a result of recipient efforts (shown in Table 2 DFC Framework) by the end of the period of performance. The short-term, intermediate, and long-term outcomes should be tailored to the work plan (aka 12-Month Action Plan) of strategies selected.

**iii. Strategies and Activities**

Recipients are expected to work with leaders in their communities 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. 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. Well-conceived strategies, activities, and policies at the local, state and national levels are powerful tools communities can reference and utilize to reduce youth substance use in their communities. Please see **Appendix B: Resources on Evidence-Based and Practice-Based Strategies and Activities** for more information.

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 **DFC Framework (Table 2)** and the Strategic Prevention Framework to inform their approach.

□

### **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** about youth substance use: 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** □so youth/adults can engage in positive social and decision-making capabilities: □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 opportunities that reduce risk or enhance protection for youth/adults: □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**, and improve connections between systems and services that help prevent youth substance use: Improving systems/processes to increase the ease, ability, and opportunity to utilize those systems and services (e.g., assuring transportation, housing, education, safety, recreational facilities, and cultural sensitivity) in prevention initiatives.
5. **Change consequences** □to incentivize positive practices and disincentivize negative practices: □Increasing or decreasing the probability of a behavior (incentives/disincentives) by altering the consequences for performing that behavior (e.g., □ recognition programs for merchants who pass compliance checks; publicizing businesses non-compliant with local ordinances).
6. **Change physical design** □of the community to reduce the risk for and enhance protection against youth substance use: □Changing the physical design of the environment to reduce risk or enhance protection (e.g., re-routing foot/car traffic, adjusting park hours, alcohol/tobacco outlet density). □**NOTE:** □DFC federal funds cannot support landscape and lighting projects. □As such, costs for these projects cannot be used as a match.
7. **Educating and informing about modifying or changing policies** □that reduce access and availability to substances among youth: □Change in written procedures, by-laws, proclamations, rules, or laws, to the extent applicable law and policies allow (e.g., workplace initiatives, law enforcement procedures, and practices, public policy actions, systems change). □ □

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

□

In addition to using the Seven Strategies for Community Change, DFC-funded coalitions are expected to utilize SAMHSA's 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 specifically identified issues. □
2. **Capacity:** Mobilize/build capacity to change the conditions and address the youth substance use problems. □
3. **Planning:** □ Develop a □ 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.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>.

Community coalitions are encouraged to use the National Coalition Institute's (NCI) coalition logic model to address their local youth substance use problems, their related root causes, and local conditions. □ The results of that analysis are used to determine the strategies and activities that will be implemented in this grant to support the outcomes identified in the DFC Framework. □ □

For more information on the DFC coalition logic model, visit [https://www.cadca.org/sites/default/files/cadca\\_logic\\_model.pptx](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 evidence-based and 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>
- Office of Smoking and Health <https://www.cdc.gov/tobacco/about/osh/>

**b. With organizations not funded by CDC:**

Recipients receiving DFC funds are expected to collaborate with organizations and leaders in their communities. They will 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 use 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 DFC Support Program does not prescribe the demographics or geographic location of DFC-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 carefully consider the size and population of the area in which the coalition is established so they 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 selection will help to achieve the program purpose of preventing and reducing substance use among youth (including use of alcohol, tobacco, marijuana, and prescription drugs). Applicants are encouraged to focus on population(s) of highest risk (i.e., Black/African American, Hispanic/Latino, LGBTQ+, and/or rural communities) when selecting a community to serve.

**a. Health Disparities**

As described in previous sections of this funding opportunity, applicants will focus efforts on youth (i.e., 18 years of age or younger), with an emphasis on promoting health equity, reducing disparities that impact youth substance use, and addressing the social determinants that negatively impact health outcomes in communities. Black, Hispanic, LGBTQ+, and rural populations are at higher risk for certain forms of substance use. Applicants are encouraged to pay particular attention to populations at higher-risk for substance-abuse or 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, □DFC□ grant award recipients will be required to: □

- Participate in the DFC National Cross-Site Evaluation. The DFC National Cross-Site Evaluation is intended to measure the effectiveness of the DFC Support Program in reducing youth substance use. Recipients are required to provide data every two years on the following core measures for alcohol, tobacco, marijuana, and prescription drugs for three grades (6th-12th): □
  - Past 30–day use.
  - Perception of risk or harm related to use.
  - 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. □

DFC grant recipients will also be responsible for submitting a semi-annual Progress Report. □ The Terms and Conditions of the grant award will specify how the data are to be submitted, and the schedule for □Progress Report submissions. □

Applicants are not required at the time of application to be in compliance with the DFC National Cross-Site Evaluation □Requirements. However, recipients will be required to comply with the DFC National Cross-Site Evaluation Requirements once awarded a DFC grant. Prior to submitting core measures data, coalitions are required to submit any survey(s) used to collect these data for review and approval through the DFC □Me□(Management and Evaluation)

system. □ The recipient will have two years from the time of award to report its first complete set of core measure data. □

□ □

It will be the responsibility of the recipient to know the National Cross-Site Evaluation reporting schedule. The recipient is expected to submit core measure data in specified increments (every two years) for the substances named in the respective grade levels. Failure to submit the core measures means the recipient is out of compliance with the Award Terms and Conditions. **Failure to comply with the Terms and Conditions of the DFC 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 the 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) as new pertinent information becomes available. If applicable, throughout the lifecycle of the project. Updates to DMP should be provided in annual progress reports. 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, the applicant 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](mailto:dfc_evaluators@icf.com)) for assistance in gathering the necessary information as it relates to the DFC National Cross-Site Evaluation.

### c. Organizational Capacity of Recipients to Implement the Approach

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. □ **The Authorized Representative or Business Official charged with financial oversight responsibilities for the DFC grant award must be an employee of the recipient organization.**
- **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. □ **The PI/PD for the DFC grant award must be an employee 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 selected 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. Resumes should be combined in one pdf with the title: □ **Attachment 10\_Key Personnel Resumes**

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 the 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](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. □

Applicants must demonstrate the capacity and data infrastructure to implement the DFC program as outlined in the statutory eligibility section of this NOFO. Applicants must describe their community coalition and they must □ demonstrate that members have worked together on

substance abuse reduction initiatives for a period of not less than 6 months at the time of submission (**Attachment 2\_One Set of Coalition Meeting Minutes**). Applicants must include the rationale for selecting the individuals who will serve on the coalition and how they meet the criteria to represent each required community sector (**Attachment 1\_12 Coalition Involvement Agreement**). Required sectors include:

1. **Youth:** An individual 18 years of age or younger (must provide the age of youth).
2. **Parent:** An individual legally responsible for a child, grandchild, or foster child.
3. **Business:** A representative of a business-related organization.
4. **Media:** A representative of a communication outlet that provides information to the community.
5. **School:** A representative of the school system with influence in school policies and procedures.
6. **Youth-Serving Organization:** A representative of an organization that provides services to youth.
7. **Law Enforcement:** A representative of a law enforcement agency. The representative must be an active sworn law enforcement officer, not retired.
8. **Civic/Volunteer Group:** A representative of an organization that provides civic or volunteer activities that serves the community (not a coalition member). Examples include Lions Clubs, Rotary Clubs, etc.
9. **Religious/Fraternal Organization:** A representative of a faith-based organization or representative from a fraternal organization that is based on a common tie or pursuit of a common goal. The organization must have a substantial program of fraternal activities.
10. **Healthcare Professional:** An individual and/or organization licensed to provide physical, mental, or behavioral healthcare services.
11. **State/Local/Tribal Government:** A representative of a government-funded agency with a focus on substance use.
12. **Other Organization Involved in Reducing Substance Abuse:** A representative of a community organization that addresses substance abuse.

#### **d. Work Plan**

Applicants must prepare a detailed work plan for the first year of the award (i.e., **12-Month Action Plan**) that outlines the proposed objectives, strategies, and activities during the period of performance from **September 30, 2021 – September 29, 2022**. The combination of objectives, strategies, and activities should align with the long-term outcomes of the DFC Framework.

The work plan (aka 12-Month Action Plan) must, at a minimum, include:

- Period of performance;
- Activities that are in alignment with the proposed objectives and program strategies; and

- Objectives that are Specific, Measurable, Achievable, Realistic, and Time-bound (see Glossary section within this NOFO for further definition of each) □

**CDC may provide standard guidance to recipients to finalize the work plan (i.e., 12-Month Action Plan) post-award.**

A work plan (i.e., 12-Month Action Plan) table should be developed for each goal of the DFC program. An example of a work plan table is provided below. If a particular activity leads to multiple goals or objectives, it should be described under each goal and/or objective. □

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
Reduce prescription drug misuse rates for children and adolescents.	By July 31, 2022, reduce the percent of 9th graders in Random 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.

**Table 3. 12-Month Action Plan (September 30, 2021 – September 29, 2022)**

For each DFC Goal, applicants should provide one SMART objective and develop at least one specific strategy using the table below to outline what activities will support the objective, who will be responsible, and what the anticipated timeframe is (Month/Year). □

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

**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?

**DFC Goal Two: Reduce substance use and misuse among youth and, over time, reduce substance use and misuse among adults by addressing the factors in a community that increases the risk of substance use and misuse and promoting the factors that minimize the risk of substance use.**

**Objective 2:** 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.

Funded coalitions are required to participate in training to maintain successful coalition operations. Listed below are the Required Training for the new funded recipients:

- **New Recipient Virtual Training:** All new recipients **must** participate in the New Recipient Virtual Training offered by the Office of National Drug Control Policy (ONDCP) in collaboration with CDC’s NCIPC and the Office of Grant Services (OGS). The Program Director/Principal Investigator (PD/PI), Project Coordinator, and the award recipient (Legal Applicant) **must** participate in all the training sessions. Training dates and topics will be shared with all new recipients 60 to 90 days post-award.
- **National Coalition Academy:** All new recipients must participate in the National Coalition Academy offered by CADCA.

**B. Award Information**

**1. Funding Instrument Type:**

G (Grant)

**2. Award Mechanism:**

HD4

**3. Fiscal Year:**

2021

**4. Approximate Total Fiscal Year Funding:**

\$ 12,500,000

**5. Total Period of Performance Funding:**

\$ 62,500,000

This amount is subject to the availability of funds.

Estimated Total Funding:

\$ 62,500,000

**6. Total Period of Performance Length:**

5

year(s)

**7. Expected Number of Awards:**

100

**8. Approximate Average Award:**

\$ 125,000  
Per Budget Period

**9. Award Ceiling:**

\$ 125,000  
Per Budget Period

This amount is subject to the availability of funds.

**10. Award Floor:**

\$ 0  
Per Budget Period

**11. Estimated Award Date:**

August 30, 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.

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

**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))

00 (State governments)

01 (County governments)

99 (Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility")

- 02 (City or township governments)
- 04 (Special district governments)
- 05 (Independent school districts)
- 20 (Private institutions of higher education)
- 06 (Public and State controlled institutions of higher education)
- 07 (Native American tribal governments (Federally recognized))
- 11 (Native American tribal organizations (other than Federally recognized tribal governments))

Additional Eligibility Category:

Government Organizations:

American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

State controlled institutions of higher education

Territorial governments or their bona fide agents in 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

Local governments or their bona fide agents

Non-government Organizations

American Indian or Alaska native tribally designated organizations

## 2. Additional Information on Eligibility

Eligible applicants are community-based coalitions addressing youth substance use that have not yet previously received a DFC grant. **Statutory Eligibility Requirements, written into the DFC Act, are inherent in the language of the DFC Support Program.** Applicants should refer to **Table 4: Statutory Eligibility Requirements**, which contains a summary of the minimum documentation applicants **must** provide to meet these criteria. The table also specifies evidence required and where to place it in the application (e.g., as an attachment, in the Project Narrative, or in the Budget).

**Failure to meet any single statutory eligibility requirement will cause the application to be deemed ineligible; in such case, 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.

All DFC applications will be jointly screened by ONDCP and CDC to determine whether an applicant meets all the DFC Support Program Statutory Eligibility Requirements identified in Table 4. 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. Each year, DFC recipients must demonstrate compliance with all of the Statutory Eligibility Requirements to be considered for continuation funding.

**NOTE:**

- Coalitions that have already received 10 years of DFC funding are not eligible to apply for this grant.
- A DFC 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. The intent of the DFC 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.

**Table 4: Statutory Eligibility Requirements**

Eligibility Requirement Item	Evidence Required and Where to Document
<b>Requirement 1: 12 Sectors</b>	<b>Evidence Required</b>
<p>The coalition must consist of one or more representatives from each of the following required 12 sectors:</p> <ol style="list-style-type: none"> <li>1. Youth (18 or younger)</li> <li>2. Parent</li> <li>3. Business</li> <li>4. Media</li> <li>5. School</li> <li>6. Youth-serving organization</li> <li>7. Law enforcement</li> <li>8. Religious/Fraternal organization</li> <li>9. Civic/Volunteer groups (i.e., local organizations committed to volunteering, not a coalition member designated as a “volunteer”)</li> <li>10. Healthcare professional or organization (i.e., primary care, hospitals, etc.)</li> <li>11. State, local, or tribal governmental agency with expertise in the field of substance abuse (including, if applicable, the state agency with primary authority for substance abuse)</li> </ol>	<p>A Coalition Involvement Agreement (CIA) for each of the 12 sector members. A CIA is an agreement signed by each sector representative to document the sector's involvement in the local coalition.</p> <p><b>Where to Document:</b></p> <ul style="list-style-type: none"> <li>• <b>Attachment 1:</b> 12 CIAs and Sector Table.</li> </ul> <p>For additional information, please refer to <b>Section C. Eligibility Information</b> and <b>Attachment 1</b>.</p> <p><b>Note:</b> Coalition members can not represent more than one sector category and paid staff (i.e., Program Director/Principal Investigator (PD/PI) and Project Coordinator) cannot serve as sector representatives. Doing so will deem an application ineligible and the application will not proceed to peer review.</p>

<p>12. Other organization involved in reducing substance abuse</p> <p><b>21 USC 1532(a)(2)(A)</b> An individual who is a member of the coalition may serve on the coalition as a representative of not more than one sector category.</p> <p><b>21 USC 1532(a)(2)(C)</b></p>	<p>Be sure to provide a rationale for selecting the individual to represent each sector on the Coalition Involvement Agreement.</p>
<p><b>Requirement 2: Six Month Existence</b></p>	<p><b>Evidence Required</b></p>
<p>The coalition must demonstrate that members have worked together on substance abuse reduction initiatives for a period of not less than 6 months at the time of submission of the application, acting through entities such as task forces, subcommittees, or community boards.</p> <p><b>(21 USC 1532(a)(3)(A); P.L. 105-20) §1032 (a)(3)(A)</b></p> <p>The coalition must also demonstrate substantial participation from volunteer leaders in the community.</p> <p><b>(21 USC 1532(a)(3)(B); P.L. 105-20 §1032 (a)(3)(B))</b></p>	<p>One set of coalition meeting minutes, proving coalition existence for at least 6 months.</p> <p><b>Where to Document:</b></p> <ul style="list-style-type: none"> <li><b>Attachment 2:</b> Coalition minutes from one meeting that took place between January 2020 and the deadline for submission of this application.</li> <li><b>Attachment 8:</b> General Applicant Information.</li> </ul> <p>For additional information, please refer to <b>Attachment 2</b> and <b>Attachment 8</b>.</p>
<p><b>Requirement 3: Mission Statement</b></p>	<p><b>Evidence Required</b></p>
<p>The coalition must have as its principal mission the reduction of youth substance use, which, at a minimum, includes the use and abuse of drugs in a comprehensive and long-term manner, with a primary focus on youth in the community. The mission must be clearly defined in the project narrative.</p> <p><b>(21 USC 1532(a)(4)(A); P.L. 105-20 §1032 (a)(4)(A))</b></p>	<p>A Coalition Mission Statement.</p> <p><b>Where to Document:</b></p> <ul style="list-style-type: none"> <li><b>Project Narrative (not to exceed 15 pages), Background.</b></li> <li><b>Attachment 8:</b> General Applicant Information-Mission Statement and Multiple Drugs of Misuse.</li> </ul> <p>For additional information, please refer to the <b>Project Narrative Section</b> in this NOFO and <b>Attachment 8</b>.</p>

<p><b>Requirement 4: Multiple Drugs of Misuse</b></p> <p>The coalition must have developed a 12-Month Action Plan to reduce substance use among youth which targets multiple drugs of misuse.</p> <p>Substances may include but are not limited to, narcotics, depressants, stimulants, hallucinogens, inhalants, marijuana, alcohol, and tobacco, where youth use is prohibited by federal, state, or local law. (21 USC 1532(a)(4)(D); P.L. 105-20 §1032(a)(4)(D))</p>	<p><b>Evidence Required</b></p> <p>12-Month Action Plan that identifies at least of misuse to be addressed by the coalition.</p> <p><b>Where to Document:</b></p> <ul style="list-style-type: none"> <li>• <b>Attachment 8:</b> General Applicant Information - Mission Statement and Multiple Drugs of Misuse.</li> <li>• <b>Project Narrative (not to exceed 15 pages), Approach, Workplan.</b></li> </ul>
<p><b>Requirement 5: Evaluation and Performance Measurement Plan</b></p> <p>The coalition must establish a system to measure and report outcomes, established and approved by the DFC Administrator, to the federal government. 21 USC 1532(a)(6)(A)</p> <p>Applicants are not required at the time of application to be in compliance with the DFC National Cross-Site Evaluation Requirements.</p> <p>If awarded a grant, the coalition will have two years from the time of award to report its first complete set of core measure data.</p>	<p><b>Evidence Required</b></p> <p>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.</p> <p><b>Where to Document:</b></p> <ul style="list-style-type: none"> <li>• <b>Attachment 3:</b> DFC Program Evaluation Requirements.</li> <li>• <b>Project Narrative (not to exceed 15 pages), Evaluation, and Performance Measurement.</b></li> </ul> <p>For additional information, please refer to the <b>Evaluation and Performance Measurement subsection in the Review and Selection Process Section</b> of this</p>

	<p>NOFO and Attachment 3.</p> <p>Applicants must describe a system to measure and report outcomes.</p>
<p><b>Requirement 6: Entity Eligible to Receive Federal Grants</b></p>	<p><b>Evidence Required</b></p>
<p>The applicant must demonstrate that the coalition is an ongoing concern by demonstrating that the coalition is a non-profit organization or has made arrangements with a legal entity that is eligible to receive federal grants. (21 USC 1532(a)(5)(A); P.L. 105-20 §1032 (a)(5)(A))</p> <p>Organizations eligible to receive federal funds as DFC grant recipients must be legally recognized domestic public or private nonprofit entities. For example, state and local governments, federally recognized tribes, state-recognized tribes, urban Indian organizations (as defined in P.L. 94-437, as amended), 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.</p>	<p>Statement of Legal Eligibility.</p> <p><b>Where to Document:</b></p> <ul style="list-style-type: none"> <li>Attachment 4: Signed Assurance of Legal Eligibility or Memorandum of Understanding (MOU) between the applicant coalition and legal applicant/grant award recipient.</li> <li>Proof of 501(c)(3) Status if applicable.</li> </ul> <p>For additional information, please refer to <b>Section C. Eligibility Information</b> and Attachment 4.</p>
<p><b>Requirement 7: Substantial Support from Non-Federal Sources</b></p>	<p><b>Evidence Required</b></p>
<p>The coalition must have a strategy to solicit substantial financial support from non-federal sources to ensure that the coalition is self-sustaining. (21 USC 1532(a)(5)(B)(C); P.L. §1032 (a)(5)(B)(C))</p>	<p>Budget narrative which describes matching funds.</p> <p><b>Where to Document:</b></p> <ul style="list-style-type: none"> <li>SF-424, SF-424A</li> <li>Budget Narrative</li> </ul> <p>For additional information, please refer to the Budget Narrative and Cost Sharing or Matching Sections of this NOFO.</p>
<p><b>Requirement 8: Federal Request</b></p>	<p><b>Evidence Required</b></p>
<p>The applicant must not request more than \$125,000 in federal funds per year. (21 USC 1532 (b)(1)(A)(iv); P.L. 109-469 §803)</p>	<p>The budget may not exceed \$125,000/year.</p> <p><b>Where to Document:</b></p>

	<ul style="list-style-type: none"> <li>• SF-424A <input type="checkbox"/> <input type="checkbox"/></li> <li>• Budget Narrative</li> </ul> <p>For additional information, please refer to <b>Part I. Overview, Section B. Award Information, and the Budget Narrative Section</b> of this NOFO. <input type="checkbox"/></p>
<b>Requirement 9: Zip Code Overlap</b>	<b>Evidence Required</b>
<p>Two DFC-funded coalitions <input type="checkbox"/> may not <input type="checkbox"/> serve the same zip code(s) unless both coalitions have clearly described their plan for collaboration <input type="checkbox"/> in their application and each coalition has independently met the eligibility requirements. <input type="checkbox"/> <input type="checkbox"/></p> <p><b>(21 USC 1532(b)(2)(C)(ii); §1032(b)(2)(C)(ii))</b></p>	<p>An applicant that proposes to serve a geographical area that overlaps with a community served by other applicant coalitions or existing DFC coalitions must provide a Letter of Mutual Cooperation between these coalitions acknowledging the geographical overlap and their efforts to collaborate. <input type="checkbox"/></p> <p><b>Where to Document:</b> <input type="checkbox"/> <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• <b>Attachment <input type="checkbox"/> 5:</b> <input type="checkbox"/> Letter(s) of Mutual Cooperation, signed by both coalitions, <input type="checkbox"/> or <input type="checkbox"/> a <input type="checkbox"/> statement that there is no overlap between the applicant and other coalitions. <input type="checkbox"/></li> <li>• <b>Attachment <input type="checkbox"/> 8:</b> <input type="checkbox"/> General Applicant Information. <input type="checkbox"/></li> </ul> <p>For additional information, please refer to <b>Target Populations Section</b> of this NOFO and <input type="checkbox"/> <b>Attachment <input type="checkbox"/> 5.</b> <input type="checkbox"/></p>
<b>Requirement 10: One grant at a time</b>	<b>Evidence Required</b>
<p>Grant recipients may be awarded only one grant at a time through the DFC Support Program. <input type="checkbox"/></p>	<p>Applicants <input type="checkbox"/> must <input type="checkbox"/> sign and submit the Assurance of One DFC Grant at a Time. <input type="checkbox"/></p> <p><b>Where to Document:</b> <input type="checkbox"/></p>

	<ul style="list-style-type: none"> <li>• <b>Attachment 6:</b> Assurance of One DFC Grant at a Time.</li> </ul> <p>For additional information, please refer to <b>Attachment 6</b>.</p>
<b>Requirement 11: No more than 10 years of DFC funding</b>	<b>Evidence Required</b>
In order to receive a DFC grant, coalitions may not have received 10 years of DFC funding. Coalitions that received funding for the first grant period (5 years) are eligible to apply for an additional 5 years of funding.	<p>Applicants must sign the Assurance of DFC 10-Year Funding Limit.</p> <p><b>Where to Document:</b></p> <ul style="list-style-type: none"> <li>• <b>Attachment 7:</b> Assurance of DFC 10-Year Funding Limit.</li> </ul> <p>For additional information, please refer to <b>Attachment 7</b>.</p>

### 3. Justification for Less than Maximum Competition

N/A

### 4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:

Yes

The DFC authorizing legislation requires recipients to demonstrate that they have non-federal matching funds (“match”) from non-federal sources equivalent to or greater than federal funds requested from the DFC Support Program. Applicants must itemize the match separately in the budget and explain the match separately in the Budget. CDC budget preparation guidelines can be found at <https://www.cdc.gov/grants/documents/Budget-Preparation-Guidance.pdf>.

Applicants in their first cycle of DFC funding (Year One – Year Five), are required to have 100 percent match (1:1) from non-federal sources. Beginning in Year Seven, the percentage increases. The table below indicates the percentage of match required for DFC grant recipients in each year of the grant.

**Table 1: Percentage of Match**

Year of Funding Request	Matching Requirement
1-6	100%
7 - 8	125%
9 - 10	150%

Cash or in-kind support may be used for the match requirement. In-kind support includes the value of goods and services donated to the operation of the DFC coalition, including but not limited to office space, volunteer secretarial services, pro bono accounting services, and other volunteer services to support the coalition's work. All match must follow federal cost principles (see Administrative and National Policy Requirements Section within the NOFO). Applicants cannot submit match that would not be an allowable expense of DFC funds. If an applicant has sufficient match to allow a budget request of the full \$125,000, the applicants final budget should total \$125,000. A match level over the required amount will not result in a higher merit review score. All proposed match is an obligation on the part of the applicant.

Federal funds, including those passed through a state or local government, cannot be used toward the required match. The only exception in the DFC Support Program is in the case of a coalition that includes a representative of the Bureau of Indian Affairs, the Indian Health Service, or a tribal government agency with expertise in the field of substance use and misuse and serving a tribal community.

**NOTE:** As per both HHS/CDC and ONDCP guidelines, and applicable Anti-Lobbying provisions, impermissible lobbying with federal dollars is not permitted. Additionally, such costs for impermissible lobbying cannot be used as match.

## **5. Maintenance of Effort**

Maintenance of effort is not required for this program.

## **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](http://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](http://www.grants.gov):**

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

All applicant organizations must register at [www.grants.gov](http://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"> <li>1. Click on <a href="http://fedgov.dnb.com/webform">http://fedgov.dnb.com/webform</a></li> <li>2. Select Begin DUNS search/request process</li> <li>3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit #</li> <li>4. Request appropriate staff member(s) to obtain DUNS number, verify &amp; update information under DUNS number</li> </ol>	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at ( <a href="http://fedgov.dnb.com/webform">http://fedgov.dnb.com/webform</a> ) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	<ol style="list-style-type: none"> <li>1. Retrieve organizations DUNS number</li> <li>2. Go to <a href="https://www.sam.gov/SAM/">https://www.sam.gov/SAM/</a> and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)</li> </ol>	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact <a href="https://fsd.gov/fsd-gov/home.do">https://fsd.gov/fsd-gov/home.do</a> Calls: 866-606-8220
3	Grants.gov	<ol style="list-style-type: none"> <li>1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR)</li> <li>2. Once the account is set up the E-BIZ POC will be notified via email</li> <li>3. Log into grants.gov using the</li> </ol>	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

	password the E-BIZ POC received and create new password		
	4. This authorizes the AOR to submit applications on behalf of the organization		

## 2. Request Application Package

Applicants may access the application package at [www.grants.gov](http://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](http://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 N/A

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

### b. Application Deadline

Due Date for Applications 05/17/2021

05/17/2021

11:59 pm U.S. Eastern Standard Time, at [www.grants.gov](http://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.

### Due Date for Information Conference Call

All applicants are strongly encouraged to attend the Drug-Free Communities - Applicant Workshop Webinar on March 25, 2021, from 3:30pm - 5:00pm EDT. Please register in advance using the following link: <https://tvworldwide.com/events/ondcp/2021/dfc/210325>.

## 5. Pre-Award Assessments

### 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](http://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](http://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](http://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](http://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](http://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.

### **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](http://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](http://www.grants.gov).

The amount requested in this original application for the four future years establishes the maximum amount that an applicant can receive in future years if awarded the grant.

### **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/sub accounts 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 45 CFR 75 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. 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.

#### **15. 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.

## 16. 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.
- DFC 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.
- DFC grant funds **may not** be passed through by contract or any other method to another entity to conduct the programmatic work on the DFC Program. The funded grant recipient and coalition are expected to perform the substantive role and manage the efforts carried out by this grant.

- DFC grant funds **may not** be used to provide funding to community organizations through mini-grants, including one coalition funding another coalition.
- DFC 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 DFC 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.

DFC Support Program 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 DFC Support 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.

## 17. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection or generation must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan unless CDC has stated that CDC will take on the responsibility of creating the DMP. The DMP describes plans for assurance of the quality of the public health data through the data's lifecycle and plans to deposit the 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>

## 18. 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](http://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](http://www.grants.gov) under the "Workspace Overview" option.

**b. Tracking Number:** Applications submitted through [www.grants.gov](http://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](http://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](http://www.grants.gov). A second e-mail message to applicants will then be generated by [www.grants.gov](http://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](http://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](http://www.grants.gov), applicants should contact Customer Service at [www.grants.gov](http://www.grants.gov). The [www.grants.gov](http://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](mailto: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](http://www.grants.gov) is managed by HHS.

**e. Paper Submission:** If technical difficulties are encountered at [www.grants.gov](http://www.grants.gov), applicants should call the [www.grants.gov](http://www.grants.gov) Contact Center at 1-800-518-4726 or e-mail them at [support@grants.gov](mailto: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](http://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](http://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

#### **i. Approach**

**Maximum Points: 55**

#### **Background and Approach (30 points):**

The extent to which the applicant:

1. Briefly describes the specific purpose, history, and mission of the coalition in addressing youth substance use, the challenges and successes it has experienced in becoming a viable coalition, and its impact on youth substance use in the community it serves. Applicants new to DFC may indicate their intended impact.
2. Explains the rationale for selecting the two substances the coalition will address, including:

- a. How these substances have contributed to problems among youth in the community (e.g., school dropout rates, school suspensions, juvenile court data, emergency room data, or other applicable data);
  - b. The nature and scope of the problem these substances introduce within the community context (i.e., how they contribute to morbidity and mortality, youth rates of use within the community, and availability and access to the substances within the community).
3. Outlines how the coalition will recruit, retain, and integrate a broad range of sectors to achieve its goals, including a description of how the coalition will recruit and retain youth and will ensure that youth membership is representative of the community the coalition serves; describes how the coalition will collaborate with community organizations, leaders, or programs internal or external to CDC.
  4. Documents how the coalition's efforts will address health disparities.

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

The extent to which the applicant:

1. Develops a detailed 12-Month Action Plan based on the template provided in the Workplan section addressing youth substance use and misuse in the community.
2. Outlines the specific objectives, strategies, and activities the coalition will use to achieve their outcomes to reduce substance use, as well as impact community norms and attitudes related to substance use. 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.
3. Addresses at least two named substances (e.g., alcohol, tobacco, marijuana, and/or prescription drugs). The strategies and activities must be specific to the substances the coalition will be addressing.
4. Utilizes existing frameworks, such as the SPF and Seven Strategies for Community-Level Change outlined in the Strategies and Activities Section, especially to foster community-level change by including a combination of DFC goals, as well as objectives, strategies, and activities.

This is included in the 15-page limit of the Project Narrative. This section has a maximum of 55 out of 100 points.

**i. Approach**

**Maximum Points: 0**

**ii. Evaluation and Performance Measurement**

**Maximum Points: 25**

The extent to which the applicant:

1. Describes how the coalition will monitor and evaluate the effectiveness of the 12-month Action Plan, including plans to collect and analyze data needed to measure the effectiveness of the Plan.
2. Describes how the coalition will participate in the DFC National Cross-Site Evaluation and collect data every two years on the following core measures for alcohol, tobacco, marijuana, and prescription drugs:
  - o Past 30-day use.
  - o Perception of risk/harm of use.

- Perception of parental disapproval of the use.
  - Perception of peer disapproval of the use.
3. Describes how the coalition will ensure all segments of the community will receive the evaluation information/results.

This is included in the 15-page limit of the Project Narrative. This section has a maximum of 25 out of 100 points.

**ii. Evaluation and Performance Measurement** **Maximum Points: 0**

**iii. Applicant's Organizational Capacity to Implement the Approach** **Maximum Points: 20**

The extent to which the applicant demonstrates:

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.

This is included in the 15-page limit of the Project Narrative. This section has a maximum of 20 out of 100 points.

**iii. Applicant's Organizational Capacity to Implement the Approach** **Maximum Points: 0**

**Budget** **Maximum Points: 0**

A Budget is required for submission. CDC budget preparation guidelines can be found at <https://www.cdc.gov/grants/documents/Budget-Preparation-Guidance.pdf>. The Budget is not included in the 15-page limit of the Project Narrative. The Budget will be reviewed, but not scored.

**Budget** **Maximum Points: 0**

**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: Review and Selection Process** 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 prior to 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.

## **2. Administrative and National Policy Requirements**

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.

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

The HHS Grants Policy Statement is available at <http://www.hhs.gov/sites/default/files/grants/policies-regulations/hhsgps107.pdf>.

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.

<b>Report</b>	<b>When?</b>	<b>Required?</b>
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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](http://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](http://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 90 days after the end of the period of performance. The Final FFR is due 90 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.fsr.gov/documents/ffata\\_legislation\\_110\\_252.pdf](https://www.fsr.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.

## **6. Termination**

CDC may impose other enforcement actions in accordance with 45 CFR 75.371- Remedies for Noncompliance, as appropriate.

The Federal award may be terminated in whole or in part as follows:

- (1) By the HHS awarding agency or pass-through entity, if the non-Federal entity fails to comply with the terms and conditions of the award;
- (2) By the HHS awarding agency or pass-through entity for cause;
- (3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or
- (4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

## **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:  
DFC\_NOFO@cdc.gov

### Grants Staff Contact

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

First Name:  
Valencia  
Last Name:  
Williams  
Grants Management Specialist  
Department of Health and Human Services  
Office of Grants Services

Address:  
Telephone:  
Email:  
DFC\_OGS@cdc.gov

For assistance with **submission difficulties related to** [www.grants.gov](http://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](http://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
- 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:

Indirect Cost Rate, if applicable

Non-profit organization IRS status forms, if applicable

**Appendix A Pre-Submission Verification Tool:** Appendix A: Pre-Submission Verification Tool is intended to help you confirm that you have included the documentation needed for this application. This tool is NOT required to be submitted with your application and is intended only as a guide.

**Required attachments:**

- Project Narrative limited to 15 pages only.
- Risk Questionnaire and supporting documentation (please see **Section D: Application and Submission Information Subsection 5 CDC Assurances and Certifications** for more information).

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

<b>Table 5: Required Attachments</b>		
<b>Attachment Reference in Appendix D</b>	<b>Attachment Name</b>	<b>Naming convention to upload as a PDF to <a href="http://www.grants.gov">www.grants.gov</a></b>
<b>Attachment 1</b>	Coalition Involvement Agreement	<b>Name the file “Attachment 1_ Coalition Involvement Agreement”</b>
<b>Attachment 2</b>	One Set of Coalition Meeting Minutes	Coalition meeting minutes must be from between January 2020 and the date this application is due. <b>Name the file “Attachment 2_ Meeting Minutes”</b>
<b>Attachment 3</b>	DFC Program Evaluation Requirements	<b>Name the file “Attachment 3_ DFC Program Evaluation Requirements”</b>
<b>Attachment 4</b>	Assurance of Legal Eligibility	<b>Name the file “Attachment 4_ Assurance of Legal Eligibility”</b>
<b>Attachment 5</b>	Letter of Mutual Cooperation	<b>Name the file “Attachment 5_ Letter of Mutual Cooperation”</b>

<b>Attachment 6</b>	Assurance of One DFC Grant at a Time <input type="checkbox"/>	<b>Name the file “Attachment <input type="checkbox"/>6_ Assurance of One DFC Grant at a Time”</b>
<b>Attachment 7</b>	Assurance of <input type="checkbox"/> 10-Year Funding Limit <input type="checkbox"/>	<b>Name the file “Attachment <input type="checkbox"/>7_ Assurance of 10-Year Funding Limit” <input type="checkbox"/></b>
<b>Attachment 8</b>	General Applicant Information	<b>Name the file “Attachment <input type="checkbox"/>8_ General Applicant Information” <input type="checkbox"/> <input type="checkbox"/></b>
<b>Attachment 9</b>	Congressional Notification <input type="checkbox"/>	<b>Name the file “Attachment <input type="checkbox"/>9_ Congressional Notification”</b>
<b>Attachment 10</b>	Key Personnel Resumes	<b>Name the file “Attachment <input type="checkbox"/>10_ Key Personnel Resumes”</b>
<b>Attachment 11</b>	Disclosure of All Prior DFC Funding	<b>Name the file “Attachment <input type="checkbox"/>11_ Disclosure of All Prior DFC Funding” <input type="checkbox"/> <input type="checkbox"/></b>

## 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](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:** 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 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.

**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](http://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](http://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.

**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](http://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 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.

**Coalition Involvement Agreement:** A single, mutual agreement between the coalition and each one of its 12 sector members establishing the minimum expectations and contributions to be leveraged on behalf of the community, the coalition, and the implementation of the award.

**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.