Centers for Disease Control and Prevention

NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

Drug-Free Communities (DFC) Support Program- NEW

CDC-RFA-CE22-2205

04/11/2022

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Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-CE22-2205. Applicants also must provide an e-mail address to 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- NEW

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-CE22-2205

E. Assistance Listings Number:

93.276

F. Dates:

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

N/A

2. Due Date for Applications:

04/11/2022
11:59 p.m. U.S. Eastern Standard Time, at 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 February 24th, 2022, from 2:00pm – 3:30pm EST. Please register in advance using the following link:
https://ww2.eventrebels.com/er/Registration/StepRegInfo.jsp?ActivityID=39794&StepNumber=1

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) is accepting applications for Fiscal Year (FY) 2022 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 use among youth (individuals 18 years of age and younger).
2. Reduce substance use among youth and, over time, reduce substance use among adults by addressing the factors in a community that increases the risk of substance use and promoting the factors that minimize the risk of substance use.

a. Eligible Applicants:
Open Competition

b. Funding Instrument Type:
G (Grant)

c. Approximate Number of Awards
50

d. Total Period of Performance Funding:
$31,250,000

e. Average One Year Award Amount:
$125,000

f. Total Period of Performance Length:
5

g. Estimated Award Date:
August 30, 2022

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 in the Budget Narrative. CDC budget preparation guidelines can be found at https://www.cdc.gov/grants/documents/Budget-Preparation-Guidance.pdf. Applicants in Years 1-6 of the DFC funding are required to have 100 percent match (1:1) from non-federal sources. Beginning in Year Seven, the percentage increases. The below table indicates the percentage of match required for DFC grant recipients in each year of the grant. Cash or in-kind support may be used for the match requirement.

Percentage of Match

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

Examples of **ACCEPTABLE** in-kind support/match include the following (not limited to)

- 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.
- Other volunteer services can include youth hours worked on events.
- In-kind support can include training programs sponsored by other coalitions or partners for the community.
- Coalitions that include a representative with expertise in the field of substance use from the Bureau of Indian Affairs, the Indian Health Service, or a tribal government agency and that are serving a tribal community can use additional federal funding as match.

Examples of **UNACCEPTABLE** in-kind support/match include the following (not limited to):

- Federal funds, including those passed through a state or local government, (e.g., CARA, STOP, etc.)

All in-kind/match must follow federal cost principles (see Administrative and National Policy Requirements Section within the NOFO). In-kind/match support must align with allowable expenses under the DFC program. If an applicant has sufficient match to allow a budget request of the full required match amount, the applicant should round up the final budget figures to equal the required amount. 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.

Based on the CDC Budget Preparation Guide, the applicant must provide a budget narrative for the non-federal match **similar to the budget narrative for the federal request with the application. 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. Provisional data indicate approximately 99,331 drug-overdose deaths occurred in the United States in the 12-months ending in February 2021, with these deaths being driven largely by fentanyl, 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 within a 12-month period. These 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.

Preventing the initiation of and use of substances among youth is critical because substance use during childhood and adolescence may increase the risk of overdose later in life. Substance use at a young age is associated with negative impacts on brain physiology, engagement in risky behaviors, and increased risk for harmful substance use. While youth substance use has declined over time, 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. Approximately, 22% reported current marijuana use and 7% reported current prescription opioid use.

Youth substance use patterns also differ among populations. Black and Hispanic youth 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. Also, 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. Regardless of age, gender, race or ethnicity, income education, geographic location, disability, or sexual orientation, every person in every community across the nation deserves equal access to their best health.

Social determinants of health (SDOH), or the conditions in which people live, work, learn, and play, can also contribute to health inequities and result in an intergenerational risk for substance use and overdose. The root causes and risk factors related to substance use include adverse childhood experiences (ACEs), lack of parental involvement, positive parental attitudes towards substance use behavior, family rejection of sexual orientation, lack of involvement in school, availability, and accessibility of substances, and community norms favorable to substance use.

In contrast, protective factors can include youth engagement, parental involvement, social and emotional learning within the school setting, the availability of resources and after-school activities, and policies that limit the availability and accessibility to substances. The implementation of comprehensive-strategies to address the individual, family, and community level risk and protective factors requires partnership across a broad array of organizations and

sectors within communities.

This funding opportunity is designed to prevent and reduce substance use among youth into adulthood.

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 Overdose Prevention Strategy (https://www.hhs.gov/overdose-prevention/)
- The National Prevention Council's National Prevention Strategy – America's Plan for Better Health (Tobacco-Free Living) (https://ldh.la.gov/assets/docs/GovCouncil/MinHealth/NationalPreventionStrategyJune2011.pdf)
- The Office of National Drug Policy Priorities (https://www.whitehouse.gov/wp-content/uploads/2021/03/BidenHarris-Statement-of-Drug-Policy-Priorities-April-1.pdf)

e. Relevant Work
Drug-Free Communities (DFC) Support Program-New (CDC-RFA-CE21-2102)
Drug-Free Communities (DFC) Support Program-Competing Continuation (CDC-RFA-CE20-2004CC21)
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 establishment of a cohesive multi-sectoral community coalition can facilitate the effective implementation of evidence-based and practice-based youth substance use prevention strategies within a community. Grant funds are specifically intended to support a comprehensive approach to address the youth substance use issues in communities and aims to fund coalitions with the capacity to maintain active sector membership and collaboration, assess the scope and nature of the problem, including the root causes and local conditions driving youth substance use, promote health equity, implement proven strategies, and monitor progress. **The community coalition must be 501(c)(3) organization, or the coalition can partner with an outside organization that is eligible to receive federal funds to serve as the Fiscal Agent on behalf of the coalition.**

The DFC Framework (Table 1) outlines a comprehensive approach with recommended strategies and activities based on the Seven Strategies for Community-Level Change (refer to the CDC Project Description: Strategies and Activities section for additional information) and identifies the intended short-term, immediate, and long-term outcomes for this NOFO.

Table 1: DFC Framework

Drug-Free Communities (DFC) Framework CDC RFA-CE22-2205			
Goal: Strengthen community coalitions and reduce/prevent youth substance use			
Strategies and Activities	**Short-Term Outcomes**	**Intermediate Outcomes**	**Long-Term Outcomes**
Provide information to the general public and key stakeholders about youth substance use. **Enhance skills** among relevant stakeholders so youth/adults can engage in positive social and decision-making capabilities. **Provide support** to increase opportunities that increase involvement in drug-free/healthy alternative activities. **Enhance access, reduce barriers,** and improve connections between systems and services that help prevent youth substance use. **Change consequences** to incentivize positive practices and disincentivize negative practices. **Change physical design** of the community to enhance protection against or to reduce the risk for youth substance use. **Educate and inform about modifying/ changing policies** that reduce access and availability to substances among youth.	Improved knowledge regarding patterns of youth substance use. Improve knowledge of coalition efforts to address youth substance use in the community. Increase outreach to relevant sectors of the community to address youth substance use. Increase the capacity of local agencies and/or organizations to address youth substance use. Increase intergovernmental cooperation, coordination, and collaboration to change the conditions that impact youth substance use.	Reduce factors in the community that increase the risk of substance use. Increase the promotion of factors that minimize the risk of substance use. Increase the ease, ability, and opportunity for youth to access settings, such as programs emphasizing self-efficacy and learning skills that prevent substance use. Decrease the ease, ability, and opportunity for youth to access substances.	Establish and strengthen collaboration among community stakeholders and organizations to address youth substance use. Reduce substance use among youth, and over time, reduce substance use among adults.

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 promote 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 1 DFC Framework**) by the end of the period of performance. The short-term, intermediate, and long-term outcomes should be tailored in the detailed performance measurement plan.

iii. Strategies and Activities

Applicants are expected to work with youth, community members, and leaders of their communities to identify, discuss, plan, and implement evidence-based and practice-based prevention strategies to reduce the use of at least two named substances that are selected using a community needs assessment or other local data and create sustainable community-level change.

These strategies should seek to: (1) limit access to substances; (2) change the culture and context within which decisions about substance use are made; (3) shift the consequences associated with youth substance use and (4) address issues related to health disparities and promote health equity. 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: Evidence-Based Resources** for more information.

Applicants are expected to provide as part of their application, strategies and activities that are comprehensive and can be implemented during the period of performance (12-months) using the Seven Strategies for Community-Level Change. The seven strategies, described below, are included in the DFC Framework and include efforts that affect individuals as well as the entire community.

Seven Strategies for Community-Level Change

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

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, social media).

2. Enhance skills so youth/adults and community members can build positive social skills and enhance their 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 factors or enhance protective factors for youth/adults: Creating opportunities for participation in activities that reduce risk or enhance protection (e.g., alternative activities, mentoring, referrals for services, 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 the 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, or construction 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.

To help inform the strategies and activities, recipients are encouraged to use the Strategic Prevention Framework found at https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf for assessment, planning, and decision-making. Cultural competence and sustainability should be considered throughout all five steps of the process.

In addition, recipients are encouraged to use the National Coalition Institute's (NCI) coalition logic model to identify root causes and local conditions to address youth substance use. 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 CADCA's coalition logic model, visit https://www.cadca.org/sites/default/files/cadca_logic_model.pptx. Submission of a coalition's logic model is **not required**.

1. Collaborations

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

Recipients are encouraged to, where applicable and appropriate, 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. **Memoranda of Understanding (MOUs) or Memoranda 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://www.hidta.org/ors/
- Division of Adolescent and School Health https://www.cdc.gov/healthyyouth/partners/index.htm
- 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/
- Office of Tribal Affairs and Strategic Alliances https://www.cdc.gov/tribal/tribes-organizations-health/index.html
- Good Health and Wellness in Indian Country CDC https://www.cdc.gov/healthytribes/ghwic.htm
- Division of Violence Prevention (DVP) Youth Violence Prevention Centers https://www.cdc.gov/violenceprevention/

b. With organizations not funded by CDC:
Recipients receiving DFC funds are expected to collaborate with other organizations and leaders that have a role in conducting the proposed activities and achieving the project outcomes. In addition to the sectors represented on the coalition, collaborations can include federal, national, state, local, and tribal organizations that can assist in identifying and addressing local youth substance use problems and help create sustainable community-level change through the implementation of evidence-based and practice-based prevention strategies. **Memorandums of Understanding (MOUs) or Memorandums of Agreement (MOAs) are <u>not required.</u>**

2. Target Populations
Applicants are expected to define the communities they propose to serve, using various geographic boundaries including neighborhoods, census tracts, zip codes, and school districts, as well as townships, counties, or parish lines, among others defining properties. **Applicants should carefully consider the size and population of the area in which the coalition is established so they will have the ability to affect 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 also 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.

a. Health Disparities
CDC is committed to addressing health inequities and to ensuring health equity, which is achieved when every person has the opportunity to live a healthy life. Health disparities are differences in health outcomes and their causes among groups. Health inequities can contribute to increased overdose deaths and other negative health outcomes, especially among groups that have been marginalized. Reducing health disparities and improving the social determinants of health among populations at greatest risk brings us closer to health equity.

Applicants should 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 risk and protective factors that negatively impact health outcomes in communities.

Applicants are encouraged to pay particular attention to communities or populations disproportionately affected by substance use. Those communities include but are not limited to those with reduced economic stability; limited education attainment, access or quality; limited healthcare access or quality; non-English populations; tribal populations; rural communities; geographically underserved areas; racial/ethnic minority groups; and sexual/gender minority groups.

iv. Funding Strategy

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 3. DFC Statutory Eligibility Requirements. 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 the Statutory Eligibility Requirements to be considered for continuation funding. See **Appendix A. Review and Selection Process** for additional information.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and Performance Measurement are tools used to highlight program accomplishments; monitor the implementation and demonstrate the effectiveness of NOFO strategies and activities; build an evidence base for program strategies; clarify the applicability of the evidence base to different populations, settings, and contexts; and drive continuous program improvement.

The DFC National Cross-Site Evaluation is intended to measure the effectiveness of the DFC Support Program in achieving its goals of increasing collaboration and reducing/preventing youth substance use. The collection of key data is a critical component of this award.

DFC recipients are required to participate in the DFC National Cross-Site Evaluation, which includes providing data every two years on core measures for alcohol, tobacco, marijuana, and prescription drug use in three grades (6th-12th). It is recommended to include at least one grade at the middle school level and one grade at the high school level.

Data will be collected for the following measures:

- **Past 30-Day Use** The percentage of survey respondents who reported using alcohol, tobacco, or marijuana (prevalence of use) or misusing prescription drugs at least once within the past 30 days (prevalence of misuse).
- **Perception of Risk:** The percentage of survey respondents who perceived that the use of a given substance has moderate risk or great risk.
- **Perception of Parental Disapproval**: The percentage of survey respondents who perceived their parents would feel that regular use of alcohol (one or two drinks nearly every day), or engaging in any use of tobacco, marijuana, or misuse of prescription drugs is wrong or very wrong.

- **Perception of Peer Disapproval:** The percentage of survey respondents who perceived their friends would feel it would be wrong or very wrong for them to drink alcohol regularly (one or two drinks nearly every day), or engage in any use of tobacco, marijuana, or misuse of prescription drugs.

It will be the responsibility of the recipient to know the National Cross-Site Evaluation reporting schedule (every 2 years for the substances named in the respective grade levels). Failure to submit the core measures means the recipient is out of compliance with Award Terms and Conditions.

In addition, recipients will be required to submit semi-annual progress reports that outline the community profile, sector and youth engagement, coalition capacity, risk, and protective factors, and implementation of youth substance use prevention strategies. Recipients should also identify and monitor measures of short-term, intermediate, and long-term outcomes, which can serve as benchmarks for measuring programmatic progress and impact.

CDC requires recipients for projects that involve the collection or generation of data with federal funds to develop, submit and comply with a Data Management Plan (DMP) for each collection or generation of public health data undertaken as part of the award and, to the extent appropriate, provide access to, and archiving/long-term preservation of, collected or generated data. These reports are due within the first six months of the award. For more information about CDC's policy on the DMP, see Additional Requirement – 25 | Grants | CDC

Applicants are **not required** at the time of application to be in compliance with the DFC National Cross-Site Evaluation's Requirements nor the DMP requirement; however, recipients will be required to comply with the evaluation requirements once awarded. This includes submitting any survey(s) used to collect core measure data for review and approval through the DFC Me system; and submitting the core measure data in specified increments (every 2 years) for the substances named in the respective grade levels.

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/additional-requirements/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.

Additional information on reporting requirements is described in the Reporting Section of the NOFO and will be specified in the Terms and Conditions of award. Award recipients will receive additional training, evaluation technical assistance and ongoing evaluation guidance on recipient-level evaluation and performance measures, including requirements for the evaluation plan and reporting. Applicants may contact the current DFC Evaluation Team (DFC_Evaluators@ICFI.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 must demonstrate the organizational capacity to manage and implement the grant. This includes 1) organizational structure, 2) key personnel, and 3) the community coalition described below.

1) Organizational Structure

The applicant must describe the organizational structure of the recipient organization and how it will support the implementation of the grant. The organization must have the capacity to complete and submit reports, provide fiscal oversight of federal grant funds, and provide adequate communication. If the applicant is serving as a fiscal agent on behalf of a coalition, indicate that in this section and provide a memorandum of understanding describing the relationship between the fiscal agent and the community coalition. If the coalition is applying on its own behalf as a 501(c)(3), indicate that in this section.

2) Key Personnel

At a minimum, the following key personnel are required:

- Authorized Organization Representative (AOR): The AOR is the representative of the applicant/recipient organization with authority to act on the organization's behalf in matters related to the award and administration of grants. In signing a grant application, this individual agrees that the organization will assume the obligations imposed by applicable Federal statutes and regulations and other terms and conditions of the award, including any assurances, if a grant is awarded. These responsibilities include overseeing

the financial aspects of the grant and the performance of the grant-supported project or activities as specified in the approved application **This person must be an employee of the recipient organization.**

- Program Director/Principal Investigator (PD/PI): The PD/PI is the person who provides programmatic oversight of the grant and is accountable to officials of the recipient organization. **The PD/PI must be an employee of the recipient organization and cannot be the same person as the AOR.**
- Project Coordinator: The Project Coordinator manages the work of the coalition and program activities, including training, coalition communication, data collection, and information dissemination. **The PD/PI and the Project Coordinator can be the same person.**

Staff selected to fulfill key personnel positions should have skills in non-research program administration: program planning and implementation, 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 into one pdf with the title: **Key Personnel Resumes.**

For key personnel positions that are not filled, applicants can provide the position description, which should include:

1. Title of key personnel position;
2. Brief description of duties and responsibilities; and
3. 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 primary party that is responsible for overseeing the financial aspects of the grant (e.g. bookkeeping or accounting services) and 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/current/title-45/subtitle-A/subchapter-A/part-75(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.

3) Community Coalition

The applicant is required to describe the role of the community coalition in this section. For the purposes of this program, a community coalition is defined as a community-based formal arrangement for cooperation and collaboration among 12 required sectors of a community in which each group retains its identity, but all agree to work together toward a common goal.

Required sectors include:

1. Youth: An individual 18 years of age or younger (must provide age of youth) in a public,

private, homeschooled, or alternative school.
2. Parent: An individual legally responsible for a child, grandchild, or foster child.
3. Business: A representative of a business-related organization that provides services that are not in conflict with the goals and objectives of the DFC program.
4. Media: A representative of a communication outlet that provides information to the community. Through an appropriate media platform, this representative should be capable of communicating and disseminating information that furthers the coalition's mission (e.g., print, electronic, or social media).
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 support youth.
7. 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.
8. Law enforcement: A representative of a law enforcement agency. The representative must be an **active sworn, law enforcement officer,** not retired.
9. Civic/Volunteer groups: A representative of an organization that provides civic or volunteer activities that serves the community (not a coalition member). Examples include Lions Clubs, Rotary Clubs, etc.
10. Healthcare professional or organization: An individual and/or organization **licensed** to provide physical, mental, or behavioral healthcare services (i.e., pediatrician, CEOs, pharmacist, etc.).
11. State, local, or tribal governmental agency with expertise in the field of substance use: A representative of a government-funded agency with a focus on substance use prevention, treatment, or recovery support services.
12. **Other organizations involved in reducing substance use:** A representative of a community organization that **addresses substance use.**

Responsibilities of the coalition should include: formulate coalition goals and objectives; oversee operations of activities and programs; develop and carry out the 12-month action plan; create a credible and relevant sustainability plan; and retain and recruit members, in particular youth sector representatives. Coalitions should demonstrate substantial participation from volunteer leaders in the community who have worked together on substance use reduction initiatives.

Responsibilities of sector representatives can include, but are not limited to:

- Being a community leader amongst the represented sector and acting as a positive role model for youth, families, and peers.
- Attending coalition meetings, participating on committees, and engaging in coalition-sponsored training, town hall meetings, and other community events.
- Ensuring clear communication between the sector represented and the coalition.
- Contributing to the strategic action planning process and participating in sustaining the coalition's capacity, involvement, and goals.
- Promoting evidence-based and practiced-based environmental strategies.
- Using his/her activities as match, if applicable.

d. Work Plan

Applicants are required to provide a detailed work plan (12-Month Action Plan) for the current performance period (2022-2023). The action plan should demonstrate a comprehensive approach to the reduction of the use of at least two substances and create sustainable community-level change.

Applicants should develop the 12-month action plan following the template provided (in **Table 2: Detailed Work Plan (12-Month Action Plan)**) and ensure the action plan:

- Outlines the specific objectives, strategies, and activities that are in alignment with the DFC goals, including who is responsible and the anticipated timeframe.
- Addresses at least two named substances that are selected based on a community needs assessment or other local data. **Note:** Vaping is not a substance, it is a substance delivery method. The selection of these substances should include a rationale based on data such as school suspension rates, school suspensions, juvenile court data, emergency room data, or other applicable data. Strategies and activities should be specific to the selected substances.
- Includes activities that address risk and protective factors, including root causes that may be driving substance use in the community (e.g. ACEs, mental health, health disparities).
- Uses existing frameworks, such as the SPF and Seven Strategies for Community-Level Change.
- Includes objectives that are specific, measurable, achievable, realistic, and time-bound (SMART).

Examples of SMART objectives

Regular Objective	SMART Objective
Reduce substance use rates for adolescents.	By July 31, 2023, reduce the percent of 9th graders in Random County who have used (*specific substance*) 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 2023 as indicated in our annual school partner survey.

Table 2: Detailed Work Plan (12-Month Action Plan)
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 among youth and, over time, reduce substance use among adults by addressing the factors in a community that increases the risk of substance use 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?

Applicants are also required to provide a general summary (up to one paragraph) of what they aim to achieve at the end of the 5 years and how the objectives and strategies outlined in the 12-month action plan will help contribute to the long-term outcomes to foster sustainable, community-level change.

Recipients will have the flexibility to modify and finalize the work plan post-award and following the completion of the National Coalition Academy (NCA) as described in the section below.

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.

Attending required trainings and conferences is critical for building and maintaining the skills of the staff with responsibility for carrying out the requirements of this NOFO. This NOFO requires attendance at specific trainings and conferences as a term and conditions of this award. Specific meeting dates and guidance related to travel will be provided at a later date. Listed below are the Required Trainings for newly funded recipients:

- **New Recipient Virtual Training:** The New Recipient Virtual Training offered by the Office of National Drug Control Policy (ONDCP) in collaboration with CDC's National Center for Injury Prevention and Control (NCIPC) and the Office of Grant Services (OGS). The Program Director/Principal Investigator (PD/PI), Project Coordinator, and the Authorized Organization Representative (AOR) **must** participate in all the training sessions. Training dates and topics will be shared within 90 days post award.
- **National Coalition Academy:** The National Coalition Academy (NCA) is a comprehensive training program developed by CADCA's National Coalition Institute and teaches leaders "what they need to know" (the core competencies) and "what their team needs to do" (the essential processes) to establish or maintain a highly effective anti-drug coalition. All Year 1 DFC Recipients are required to attend and complete the NCA during their first year of funding. Year 6 DFC Recipients are recommended to attend, especially if there is change in staff, but attendance is not required.

At the end of the NCA, recipients will have the opportunity to work with staff to develop and finalize a community assessment, logic model, strategic and action plan, evaluation plan, and sustainability plan.

B. Award Information

1. Funding Instrument Type:
G (Grant)

2. Award Mechanism:
HD4

3. Fiscal Year:
2022

4. Approximate Total Fiscal Year Funding:
$6,250,000

5. Total Period of Performance Funding:
$31,250,000
This amount is subject to the availability of funds.

Estimated Total Funding:
$31,250,000

6. Total Period of Performance Length:
5
year(s)

7. Expected Number of Awards:
50

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, 2022

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)

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))

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

13 (Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education)

Additional Eligibility Category:

Government Organizations:

State governments or their bona fide agents (includes the District of Columbia)

Local governments or their bona fide agents

Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam,

the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau

State controlled institutions of higher education

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

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**.** A DFC legal applicant must reside within the United States and/or the U.S. territories.

Statutory Eligibility Requirements, written into the DFC Act, are inherent in the language of the DFC Support Program. Applicants should refer to Table 3: DFC Statutory Eligibility Requirements, which contains a summary of the requirements, the evidence required, and where to place it in the application. **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.** The final authority lies with the DFC Administrator to determine the eligibility of an application.

Should your application fail to meet the statutory eligibility requirements, the person listed as the Authorized Representative on the Application for Federal Assistance (SF-424) will receive a notification stating why the application was deemed ineligible. **Additional information may <u>not</u> be added to an application after the application deadline.** It is the responsibility of the applicant to submit a complete application prior to the application deadline.

All forms, with the exception of the IRS form proving 501(c)(3) status, that demonstrate statutory eligibility must be dated between January 2021 and the deadline for submission of this application. All forms that require signatures must be **signed and dated** or the application will be screened out and not move forward to merit review. Handwritten and/or electronic signatures are acceptable.

Eligibility Requirement Item	**Evidence Required and Where to Document**
Requirement 1: 12 Sectors	
The coalition must consist of one or more representatives from each of the following required 12 sectors: 1. Youth 2. Parent 3. Business 4. Media 5. School 6. Youth-serving organization	**Evidence Required: The Sector Table and 12 Coalition Involvement Agreements** that includes each of the 12 required sectors of a community as outlined in the DFC Act. See Appendix C. Sample Coalition Involvement Agreement.

7. Law enforcement 8. Religious/Fraternal organization 9. Civic/Volunteer groups (i.e., local organizations committed to volunteering, not a coalition member designated as a "volunteer") 10. Healthcare professional or organization (i.e., primary care, hospitals, etc.) 11. State, local, or tribal governmental agency with expertise in the field of substance use (including, if applicable, the state agency with primary authority for substance use) 12. Other organizations involved in reducing substance use **21 USC 1532(a)(2)(A)** An individual who is a member of the coalition may serve on the coalition as a representative of not more than one sector category. **21 USC 1532(a)(2)(C)**	**Where to Document:** • **Attachment 1:** Sector Table **and** 12 Coalition Involvement Agreements (CIAs) 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.
Requirement 2: Six Month Existence	
The coalition must demonstrate that members have worked together on substance use 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. **21 USC 1532(a)(3)(A)** The coalition must also demonstrate substantial participation from volunteer leaders in the community. **21 USC 1532(a)(3)(B)**	**Evidence Required:** The **date** that the coalition was established and **one set of meeting minutes**. **Where to Document:** • **Attachment 4:** General Applicant Information, Question #6 • **Upload:** One set of coalition meeting minutes from one meeting that took place between January 2021 and the deadline for submission of this application. Meeting minutes **must**: include the date of meeting, names of attendees, and sector represented.
Requirement 3: Mission Statement	
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	**Evidence Required:** A coalition mission statement that addresses youth substance use prevention. **Where to Document:**

the project narrative. **21 USC 1532(a)(4)(A)**	• **Attachment 4:** General Applicant Information, Question #4 • **Project Narrative**
Requirement 4: Multiple Drugs Of Use	
The coalition must have developed a 12-Month Action Plan to reduce substance use among youth which targets multiple drugs of use. 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)**	**Evidence Required:** The coalition has included at least two drugs of use for the coalition to address in the 12-month action plan. **Where to Document:** • **Attachment 4:** General Applicant Information, Question #5 • **Project Narrative: 12-Month Action Plan**
Requirement 5: Evaluation And Performance Measurement Plan	
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)** Applicants are not required at the time of application to be in compliance with the DFC National Cross-Site Evaluation's Requirements. 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.	**Evidence Required:** An evaluation and performance measurement plan that outlines how the applicant will collect and report the DFC Program's required measures: (1) substance use in the past 30 days; (2) perception of risk; (3) perception of peer substance use; and (4) perception of disapproval of use by parents. **Where to Document:** • **Project Narrative:** Evaluation and Performance Section
Requirement 6: Entity Eligible To Receive Federal Grants	
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)**	**Evidence Required:** Statement of Legal Eligibility AND either a copy of the letter from the IRS indicating 501(c)(3) status OR an MOU between the coalition and

Organizations eligible to receive federal funds as DFC grant recipients must be legally recognized domestic public or private nonprofit entities.	fiscal agent.
	
	If the coalition is not serving as its own legal applicant, the coalition must enter into a partnership with an entity eligible to receive federal funds and submit a Memorandum of Understanding. See Appendix D. Sample MOU between Fiscal Agent and Coalition.
	
	Where to Document:
	• **Attachment 3:** Statement of Legal Eligibility, to include:
	  ○ **Upload:** IRS letter indicating proof of 501(c)(3) status; or
	  ○ **Upload:** MOU between fiscal agent and coalition.

Requirement 7: Substantial Support From Non-Federal Sources	
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)**	**Evidence Required:** Budget narrative which describes 100% matching funds. **Where to Document:** • Budget Narrative • SF-424, SF-424A
Requirement 8: Federal Request	
The applicant must not request more than $125,000 in federal funds per year. **21 USC 1532 (b)(1)(A)(iv)**	**Evidence Required:** A budget that does not request more than $125,000/year. **Where to Document:** • Budget Narrative • SF-424A, SF-424A
Requirement 9: Zip Code Overlap	

Two DFC-funded coalitions may not serve the same zip code(s) unless both coalitions have clearly described their plan for collaboration in their application and each coalition has independently met the eligibility requirements. **21 U.S.C. 1532(b)(1)(B)(i); §1032(b)(2)(C)(ii)**	**Evidence Required:** If the applicant coalition is proposing to serve zip codes that overlap with an existing DFC coalition's zip code or with a coalition applying for a DFC grant, the applicant **must** provide a Letter(s) of Mutual Cooperation between the coalitions outlining their efforts to collaborate. There is no template for this letter. However, the letter must indicate the zip code(s) that overlap and discuss the plan for collaboration. If no overlap exists, please indicate this in Attachment 4: General Applicant Information Question 8. **Where to Document:** • **Attachment 4:** General Applicant Information, Question 8 • **Upload:** Letter of Mutual Cooperation, if overlap exists
Requirement 10: No More Than 10 Years Of DFC Funding	
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. **21 USC 1532 (b)(3)(A)**	**Evidence Required:** The coalition has not exceeded 10 years of DFC funding. **Where to Document:** • **Attachment 2:** Assurance of DFC 10-Year Funding Limit

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 in the Budget Narrative. CDC budget preparation guidelines can be found at https://www.cdc.gov/grants/documents/Budget-Preparation-Guidance.pdf. Applicants in Years 1-6 of the DFC funding are required to have 100 percent match (1:1) from non-federal sources. Beginning in Year Seven, the percentage increases. The below table indicates the percentage of match required for DFC grant recipients in each year of the grant. Cash or in-kind support may be used for the match requirement.

Percentage of Match

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

Examples of **ACCEPTABLE** in-kind support/match include the following (not limited to)

- 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.
- Other volunteer services can include youth hours worked on events.
- In-kind support can include training programs sponsored by other coalitions or partners for the community.
- Coalitions that include a representative with expertise in the field of substance use from the Bureau of Indian Affairs, the Indian Health Service, or a tribal government agency and that are serving a tribal community can use additional federal funding as match.

Examples of **UNACCEPTABLE** in-kind support/match include the following (not limited to):

- Federal funds, including those passed through a state or local government, (e.g., CARA, STOP, etc.)

All in-kind/match must follow federal cost principles (see Administrative and National Policy Requirements Section within the NOFO). In-kind/match support must align with allowable expenses under the DFC program. If an applicant has sufficient match to allow a budget request of the full required match amount, the applicant should round up the final budget figures to equal the required amount. 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.

Based on the CDC Budget Preparation Guide, the applicant must provide a budget narrative for the non-federal match **similar to the budget narrative for the federal request with the application. 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.

PLEASE NOTE: For applications due on or after April 4, 2022, applicants must have a unique entity identifier (UEI) at the time of application submission (SF-424, field 8c). In preparation for the federal government's April 4, 2022 transition to the Unique Entity Identifier (UEI) from the Data Universal Numbering System (DUNS), applicants must obtain a UEI. The UEI is generated as part of SAM.gov registration. Current SAM.gov registrants have already been assigned their UEI and can view it in SAM.gov and grants.gov. Entities registering in SAM.gov prior to April 4, 2022 must still obtain a DUNS number before registering in SAM.gov registration. Additional information is available on the GSA website, SAM.gov, and Grants.gov-Finding the UEI.

a. Data Universal Numbering System:

All applicant organizations must obtain a Data Universal Numbering System (DUNS) number to register in SAM.gov prior to April 4, 2022. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B).

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. 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 and a Unique Entity Identifier (UEI). 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 SAM.gov and the SAM.gov Knowledge Base.

c. Grants.gov:

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

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

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS) (Required until April 4, 2022)	1. Click on http://fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http://fedgov.dnb.com/webform) or call 1-866-705-5711
2	System for Award Management (SAM)	1. Retrieve organizations DUNS number (required until April 4, 2022) 2. Go to SAM.gov and designate an E-Biz POC (You will need to have an active SAM account before you can register on grants.gov). The UEI is generated as part of your registration.	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to	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

		submit applications on behalf of the organization		

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

a. Letter of Intent Deadline (must be emailed)

Number Of Days from Publication _____

b. Application Deadline

Due Date for Applications 04/11/2022

04/11/2022
11:59 pm U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Due Date for Information Conference Call
All applicants are strongly encouraged to attend the Drug-Free Communities - Applicant Workshop Webinar on February 24th, 2022, from 2:00pm – 3:30pm EST. Please register in advance using the following link:
https://ww2.eventrebels.com/er/Registration/StepRegInfo.jsp?ActivityID=39794&StepNumber=1

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.

7. Letter of Intent

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

8. Table of Contents

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

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

9. Project Abstract Summary

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

10. Project Narrative

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

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

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the period of performance outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe in the Applicant Evaluation and Performance Measurement Plan how these strategies will be evaluated over the course of the project period. See the Strategies and Activities section of the CDC Project Description.

1. Collaborations

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

2. Target Populations and Health Disparities

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

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

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 Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

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

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

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/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 an Applicant'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.
- Applicants may not use funds to provide funding to community organizations through mini-grants, including one coalition funding another coalition.
- Applicants may not use funding for stipends or for tuition expenses.
- Applicants may not use funds for 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
    - Vaping detection devices, vaping collection boxes, marijuana tests, or fentanyl test strips

- 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 is **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.

Funding Restrictions for a Legal applicant applying as a Fiscal Agent applying on behalf of a coalition:

- An organization serving as fiscal agent **may not** receive DFC funds on behalf of a coalition that has had 10 years of DFC funding.

Funding Restrictions on 501(c)(3) coalitions:

- A coalition applying as its own legal applicant [i.e., 501(c)(3)] or through one or more Fiscal Agents, may receive no more than 10 years of DFC funding.

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/additional-requirements/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. Applicants can complete the application package using Workspace, which allows forms to be filled out online or offline. All application attachments must be submitted using a PDF file format. Instructions and training for using Workspace can be found at www.grants.gov under the "Workspace Overview" option.

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

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

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

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

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@grants.gov. Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that www.grants.gov is managed by HHS.

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

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

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

If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application via email.

E. Review and Selection Process

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

a. Phase 1 Review

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

b. Phase II Review

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

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

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

Approach **Maximum Points:** 50

In this section, points are awarded based on the extent to which the applicant addresses:

- *Background*: Defines the nature and scope of the problem in the community, including the risk factors and local conditions that are driving youth substance use. Applicants should include data to demonstrate how the chosen substances have contributed to problems among youth in the community. (15 points)
- *Approach*: (20 Points)
    - *Purpose:* Summarizes how their application addresses youth substance use in their communities, including the mission of the coalition as it relates to prevention of youth substance use. (5 Points)
    - *Outcomes:* Aligns the longer-term goals with the activities and strategies outlined in the DFC Framework. (5 Points)
    - *Strategies and Activities:* Proposes a detailed 12-month action plan that provides a comprehensive approach to prevent youth substance use using the seven strategies for community level change. The action plan identifies at least 2 substances of focus and addresses the program goals of increasing community collaboration and reducing substance use among youth. The action plan includes SMART objectives that align with the strategies, activities, and timeline, and identifies the responsible party. (10 Points)

- *Collaborations:* Describes the collaboration with other organizations, leaders, and key partners who have a role in conducting the proposed activities and achieving the project goals. (5 Points)
- *Target Populations and Health Disparities:* Defines the population of focus and rationale for selection. Addresses health disparities and promotes health equity, including populations at risk and geographic areas served. (10 Points)

Evaluation and Performance Measurement **Maximum Points:** 25

In this section, points are awarded based on the extent the applicant:

- Describes how the coalition will participate in the DFC National Cross-Site Evaluation and collect data on youth alcohol, tobacco, marijuana, and/or prescription drug use for the four core measures. (10 points)
- Describes how the coalition will monitor and evaluate the success of the goals and objectives of the workplan (i.e., 12-Month Action Plan). (10 points)
- Describes how the coalition will disseminate the information to all segments of the community, including a description of the data that will be produced using these NOFO funds. (5 Points)

Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 25

In this section, points are awarded based on the extent to which the applicant:

- Demonstrates the capacity of the organization to manage the programmatic and fiscal requirements of the grant. (4 Points)
- Identifies the key personnel and their roles and responsibilities. (8 Points)
- Describes the role of the community coalition, including how the 12 sector representatives have been involved in achieving the coalition's goals. (10 Points)
- Describes how the coalition recruits and retains members, especially youth representation. (3 Points)

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 20-page limit of the Project Narrative. The Budget will be reviewed, but not scored.

c. Phase III Review

Applicants will be funded in rank order based on the average of the reviewer scores. In the case of a tie, ONDCP may take into consideration factors relating to rural, American Indian/Alaska Native, and economically disadvantaged communities. Both the successful and the unsuccessful applicants will be notified of the outcome of the merit review prior to the start of the project period.

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 Office of Grant Services prior to the start of the award on September 30, 2022.

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.

2. Administrative and National Policy Requirements

Brief descriptions of relevant provisions are available at Additional Requirements | Grants | CDC.

The HHS Grants Policy Statement is available at http://www.hhs.gov/sites/default/files/grants/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

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy).This includes taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.

- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and taking appropriate steps to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.

- HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.

• For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

3. Reporting

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

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

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

Report	**When?**	**Required?**
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before 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 period of performance	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30	Yes
Programmatic Reporting Requirements		
Report	**When?**	**Required?**
Progress Report	Semi-Annual	Yes
Core Measures	Every 2 years	Yes

Sustainability Plan	Year 3 and Year 7	Yes

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

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

Performance Measurement

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

Evaluation

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

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

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

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
    - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Recipients must describe success stories.
- **Challenges**
    - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
    - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
    - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.
- **Administrative Reporting** (No page limit)
    - SF-424A Budget Information-Non-Construction Programs.
    - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
    - Indirect Cost Rate Agreement.

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

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

d. Federal Financial Reporting (FFR) (required)
The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period through the Payment Management System (PMS). The report must include only

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

e. Final Performance and Financial Report (required)

The Final Performance Report is due 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. fsrs.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, contact the Contact Center by phone at 1-800-518-4726.

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

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

H. Other Information

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

- Project Abstract
- Project Narrative
- Budget Narrative
- 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

Risk Questionnaire and supporting documentation (please see Section D: Application and Submission Information Subsection 5 Pre-Award Assessments for more information).

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

Required Attachments		
Attachment Reference	**Attachment Name**	**Naming convention to upload as a PDF to www.grants.gov**
Attachment 1	Sector Table and 12 Coalition Involvement Agreements (CIAs)	Applicants **must** submit the Sector Table and 12 Coalition Involvement Agreements (CIA) that are signed and dated for each of the 12 individual sector representatives. See Appendix C for sample CIA. **Name the file "Attachment 1_Sector Table and 12 CIAs"**
Attachment 2	Assurance of DFC 10-Year Funding Limit	Applicants **must** sign and date the assurance certifying that the coalition has not received more than 10 years of DFC funding. **Name the file "Attachment 2_Assurance of 10-year Funding Limit"**
Attachment 3	Statement of Legal Eligibility	Applicants **must** sign and date the Statement of Legal Eligibility to certify that they are legally eligible to receive federal funds and include either proof of non-profit 501(c)(3) status or a MOU. See Appendix D for sample MOU if needed. **Name the file "Attachment 3_Statement of Legal Eligibility"**
Attachment 4	General Applicant Information	Applicants **must** provide responses to each of the questions. **Name the file "Attachment 4_General Applicant Information"**
Attachment 5	Congressional Notification	Applicants **must** follow the exact format of the template and not exceed 35 lines nor exceed more than one page. **Name the file "Attachment 5_Congressional Notification"**
Other Required Evidence		
Other Required Evidence Title		**Naming convention to upload as a PDF to www.grants.gov**
Coalition Minutes		Applicant **must** upload one set of coalition minutes dated after January 2021. **Name the file "Coalition Minutes"**
Resumes of Key Personnel or Position Description if vacant		Applicant **must** upload Key Personnel Resumes or Position Description. **Name the file "Key Personnel Resumes or Position Description"**
Letter of Mutual Cooperation		Applicant **must** upload a Letter of Mutual Cooperation if there is ZIP code overlap between both coalitions. **Name the file "Letter of Mutual Cooperation"**

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 .https://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. https://www.cdc.gov/grants/additional-requirements/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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

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

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

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

Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A "program" may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

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

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

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

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

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

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

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

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

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

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

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

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

NOFO-specific Glossary and Acronyms

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

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

Allowable cost: A cost incurred by a recipient that is:
i. Reasonable for the performance of the award;
ii. Allocable;
iii. In conformance with, or incorporated by reference, any limitations or exclusions set forth in the federal cost principles applicable to the organization incurring the cost or the Notice of Award (NOA) as to type or amount;
iv. Consistent with regulations, policies and procedures of the recipient that apply uniformly to both federally supported and other activities of the organization;
v. Determined in accordance with generally accepted accounting principles; and Not included as a cost in any other federally supported award (unless specifically authorized by statute).
Authorized Organization Representative: The AOR is the representative of the applicant/recipient organization with authority to act on the organization's behalf in matters related to the award and administration of grants. In signing a grant application, this individual agrees that the organization will assume the obligations imposed by applicable Federal statutes and regulations and other terms and conditions of the award, including any assurances, if a grant is awarded. These responsibilities include overseeing the financial aspects of the grant and the performance of the grant-supported project or activities as specified in the approved application This person must be an employee of the recipient organization.
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.
New Coalition: A new coalition must fit the following criteria:
The proposed new, unique, and distinct coalition

a. **must** be made up of different leadership and sector representatives from the community.
b. **must** have a new name and mission statement.
c. **must** have a 12-Month Action Plan based on a newly conducted community needs assessment
d. **must** serve a new population.

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 passthrough 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.