

Notice of Funding Opportunity
Application due Monday, June 8, 2026










**U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
CENTERS FOR DISEASE
CONTROL AND PREVENTION

U.S Centers for Disease Control and Prevention (CDC)
National Center for Injury Prevention and Control

Comprehensive Addiction and Recovery Act (CARA)

Opportunity number: CDC-RFA-CE-26-0110

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Before you begin

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

SAM.gov registration (this can take several weeks)

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

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

Grants.gov registration (this can take several days)

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

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

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on Monday, June 8, 2026.



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



Step 1: Review the Opportunity

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Basic information

Centers for Disease Control and Prevention (CDC)

U.S Centers for Disease Control and Prevention (CDC)

National Center for Injury Prevention and Control

Supporting community-based coalitions to prevent opioid, methamphetamine, and prescription drug misuse among youth.

Summary

Our purpose is to enhance the efforts of current or former DFC recipients to prevent substance use among youth by addressing local drug crises and emerging drug use issues. The program has 2 goals:

- Prevent or reduce use of opioids, methamphetamine, and/or prescription drug use among youth.
- Change the culture and context regarding the acceptability of youth use and misuse of these substances.

Funding details

Funding type: Grant

Expected awards: 50

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

Expected total program funding over the performance period: \$18,750,000

Expected total program funding per budget period: \$3,750,000

Expected funding per applicant per 12-month budget period: \$75,000

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

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



Have questions?

Go to [Contacts and Support](#).

Key facts

Opportunity name:

Comprehensive Addiction and Recovery Act (CARA)

Opportunity number:

CDC-RFA-CE-26-0110

Assistance listing:

93.799

Announcement type:

New

Key dates

Application deadline:

Monday, June 8, 2026

Informational call:

May 13, 2026

Expected award date:

August 30, 2026

Expected start date:

September 30, 2026

Eligibility

Eligible applicants are community-based coalitions addressing opioid, methamphetamine, and/or prescription drug use/misuse by local youth. A CARA applicant must reside within the United States and/or the U.S. Territories.

Statutory authority

The statutory authority for this program is Section 103 of the Comprehensive Addiction and Recovery Act.

Statutory eligibility requirements

To be eligible for this opportunity, the community coalition must meet all of the CARA Local Drug Crisis grant statutory eligibility requirements. The coalition must:

- Be able to receive federal funding individually or through a legal entity eligible to receive federal funds (e.g. fiscal agent).
- Be a former or current recipient of Drug-Free Communities (DFC) funding.
- Be able to demonstrate that the local rate of opioid and/or methamphetamine use is significantly higher than the national average or has rates higher than the national average sustained over a long period of time.
- Be able to report on the Core Measure Data for specified substances.

Required statutory eligibility proof

To meet the statutory eligibility requirements, include the following:

- Statement of legal eligibility that says if the coalition is a 501(c)(3) organization or is partnering with a fiscal agent.
- Memorandum of understanding (MOU) between the coalition and the fiscal agent, if applicable.
- Disclosure of Drug-Free Communities (DFC) Support Program funding.
- Statement of rates of misuse of opioids and/or methamphetamine.
- A description of how you'll collect and report the CARA program's required core measures. See [Required Performance Measures](#) and [Evaluation Performance Measurement](#) plan sections.

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

Eligible applicants

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

- State governments or their bona fide agents (includes the District of Columbia).
- Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the U.S. Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.
- County governments or their bona fide agents.
- City or township governments or their bona fide agents.
- Special district governments or their bona fide agents.
- Independent school districts.
- Public and state-controlled institutions of higher education.
- Native American tribal governments (federally-recognized)
- American Indian, or Alaska native tribally-designated organizations.
- Public housing authorities and Indian housing authorities.
- Native American tribal organizations, other than federally-recognized tribal governments.
- Nonprofits with a 501(c)(3) status, other than institutions of higher education.
- Private institutions of higher education.
- State-controlled institutions of higher education.
- For-profit organizations other than small businesses.
- Faith-based organizations.
- Small businesses.

Responsiveness criteria

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

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

Application limits

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

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

Cost sharing and matching funds

There is no match requirement.

Agency priorities

Required alignment with CDC priorities

The recipient of this award must implement any funds awarded under this NOFO to effectuate program goals or agency priorities in accordance with the [Centers for Disease Control and Prevention \(CDC\) Priorities](#) when authorized (for a full description of the CDC Priorities, please follow the provided hyperlink).

Funded activities must:

- Align with CDC's core priorities by demonstrating a commitment to gold-standard science, transparency, and evidence-based practices.
- Support CDC's mission to protect Americans from infectious and chronic diseases, strengthen public health systems, and advance innovation in health data and infrastructure.
- Contribute to rapid, science-driven responses to health threats, promote global health leadership, and adhere to principles of integrity, accountability, and compliance with applicable laws and federal priorities.

Consistent with CDC's values, in carrying out any project funded under this NOFO, the recipient must adhere to the following principles where consistent with the authority and scope of the award and its activities:

- **A commitment to gold-standard science and ensuring trust, transparency, and credibility:** To build trust and improve CDC's ability to lead during health crises, CDC will increase transparency, be more accountable, and follow strict, gold-standard scientific practices that are open, unbiased, and based on clear evidence.
- **A commitment to global leadership:** With staff in 63 countries and supporting 20 more, CDC's Global Health Center:
 - Works to prevent disease and advance emergency response.
 - Detect health threats early, sends response teams, trains health workers, and provides personal protective equipment, vaccines, and medicines.
 - Test disease samples from around the world to prepare for flu and other serious outbreaks.
 - Has strengthened systems to better protect people at home and abroad after the COVID-19 outbreak.

- **A commitment to ensuring rapid, evidence-based responses to crises:** During public health emergencies, ensuring rapid, science-driven responses is critical to minimizing harm, maintaining public trust, and restoring stability. To meet this goal, CDC must continue to strengthen its emergency response systems by:
 - Streamlining internal processes.
 - Improving risk communication strategies.
 - Ensuring that laboratory capacity is fully equipped and tested—capable of rapidly developing and deploying scalable diagnostics during crises.
 - Embedding structures for real-time learning, independent after-action reviews, and the application of lessons learned will ensure that each crisis response is smarter, faster, and more effective than the last.
- **A commitment to vaccine safety and efficacy research:** CDC will apply “gold-standard” science to all of its vaccine safety and effectiveness research. It will make vaccine data, research methods, and related datasets publicly available through simple data use agreements to improve transparency, accountability, and trust.
- **A commitment to advancing our understanding of the causes of autism spectrum disorder (ASD), neurodevelopmental disorders (NDDs), and chronic disease:** CDC conducts research and works with partners to better understand the causes of autism spectrum disorder, neurodevelopmental disorders, and chronic diseases. It will use new and existing data to study the rise in these conditions, including the increase in autism diagnoses from 1 in 150 to nearly 1 in 31 over the past 25 years.
- **A commitment to modernizing public health infrastructure and enhancing our approach to health data:** CDC will modernize public health infrastructure to create a faster, more efficient health system that can detect and respond to outbreaks in real time. This effort includes:
 - Replacing data silos with integrated systems.
 - Using advanced technology.
 - Strengthening partnerships with states to ensure shared responsibility and strong local health data systems.
 - Emphasizing collaboration across federal and state partners, resilient and adaptable systems, and accountability for funded programs to ensure they align with these priorities and federal requirements.

- **Conflicts of interest:** CDC will deprioritize funding programs with conflicts of interest and ensure its work is based on transparent, unbiased science.
- **Immigration:** CDC funds will not be used to support or encourage illegal immigration, consistent with federal law.
- **Protecting life and the family:** CDC funds will not be used to support elective abortions, consistent with the Hyde Amendment, and will promote maternal health, the dignity of life, and strong families.
- **Ending disorder on America's streets:** CDC will prioritize evidence-based programs that reduce homelessness, drug use, and public disorder. It will support comprehensive services for people with serious mental illness and substance use disorder. CDC will not support housing first strategies, harm-reduction or safe consumption sites, or related activities. To the extent allowable by federal law, CDC intends to give priority to grantees in States and municipalities that have laws and policies that support and enforce CDC's priorities.
- **Gender ideology and protecting children:** CDC will not fund medical interventions for minors seeking gender transition and will define sex based on biological criteria.
- **DEI:** CDC will deprioritize DEI initiatives based on group identity and focus on merit-based, evidence-driven approaches to improve health outcomes.
- **Parental rights:** CDC will support policies that protect parental authority, promote transparency, and give parents greater control over their children's education.

The recipient must demonstrate ongoing compliance with the full description and listing of CDC values and priorities, in all programs that are authorized to advance them, through program design, implementation, reporting, and evaluation.

Failure to meaningfully align funded activities with the applicable requirements may result in corrective action, additional reporting requirements, or other enforcement actions consistent with federal grant regulations found at 2 CFR Part 200 and the terms and conditions of this award. The full CDC Priorities Statement can be found here: [Centers for Disease Control and Prevention \(CDC\) Priorities](#).

Program description

Background

Overview

Substance use among youth remains a serious public health concern, particularly the misuse of opioids, methamphetamine, and/or prescription drugs. Despite recent declines in overall youth substance use, emerging drug threats (e.g., synthetic opioids, fentanyl) have intensified the urgency of prevention efforts.

Effects of substance abuse

When young people use substances, it can:

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

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

What can we do

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

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

We designed this funding opportunity to help community coalitions carry out comprehensive strategies to address the local drug crisis and respond to emerging drug use issues among youth. To do this, you will partner with a broad range of organizations and sectors within your community.

Purpose

The purpose of the CARA grant is to support the efforts of community coalitions that implement comprehensive, community-wide strategies to address opioid, methamphetamine, and/or prescription drug misuse among youth and to change the acceptability of youth use/misuse of these substances.

Approach

Overview

The CARA grant supports DFC-funded, multisector community coalitions in addressing youth misuse of opioids, methamphetamine, and prescription drugs. As a supplemental award, CARA builds on existing DFC infrastructure, allowing coalitions to expand or tailor their current strategies using local data and community input. Coalitions are expected to implement evidence-based, population-focused prevention strategies that prevent initiation and reduce progression to substance use disorders among at-risk youth.

CARA emphasizes environmental change efforts—such as policy development, community mobilization, and structural interventions—to reduce youth access to harmful substances and complement ongoing DFC activities. Cross-sector collaboration is essential to ensure strategies are relevant, community-driven, and sustainable. Coalitions are expected to design their approaches in direct response to the identified local drug crisis or emerging drug use issue in their communities.

Program logic model

The CARA Logic Model provides the recommended framework, outlining strategies aligned with the Seven Strategies for Community-Level Change and detailing expected short-, intermediate-, and long-term outcomes. The logic model includes the allowed strategies and activities, and program's expected outcomes. Outcomes are the results that you intend to achieve and usually show the intended direction of change, such as increase or decrease.

The activities will build upon the DFC foundation and structure to enhance and expand the coalition's ability to address opioids and methamphetamine.

The **asterisked (*)** outcomes are those we expect you to achieve during the period of performance.

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

Table 1: CARA Logic Model

Strategies and activities	Short-term outcomes 1-2 years	Intermediate outcomes 3-4 years	Long-term outcomes 5 years
<p>Strengthen organizational capabilities to better support a comprehensive prevention approach to youth opioid, methamphetamine, and/or prescription drug use.</p> <p>Enhance coordination and collaboration across local, state, or tribal entities to prevent youth opioid, methamphetamine, and/or prescription drug use.</p> <p>Expand existing efforts to increase community and provider awareness and prevent youth opioid, methamphetamine, and/or prescription drug use.</p> <p>Broaden efforts to assess and monitor local community conditions that contribute to youth opioid, methamphetamine, and/or prescription drug use.</p>	<ul style="list-style-type: none"> Improved coordination among agencies, organizations, and sectors involved in youth substance use prevention Increased youth participation in prevention-related activities and decision-making Greater awareness of policies and practices that influence youth access to substances Reduced barriers to accessing prevention services and supports Strengthened community commitment to prevention-focused environmental improvements Increased use of resources, programs, and settings, that prevent opioid, methamphetamine, and/or prescription drug use among youth 	<ul style="list-style-type: none"> Increased integration of youth-focused prevention strategies across community systems and sectors Improved alignment of community norms with youth-focused prevention-focused values and expectations Expanded implementation of policies and practices that limit youth access to substances Sustained youth involvement in prevention leadership and decision-making Strengthened community infrastructure to support long-term prevention of youth opioid, methamphetamine, and/or prescription drug use Reduced early indicators of opioid, 	<ul style="list-style-type: none"> Reduce and prevent the use of opioids, methamphetamine, and/or prescription drug use among youth. Change the culture and context regarding the acceptability of opioid, methamphetamine, and/or prescription drug use. *

Strategies and activities	Short-term outcomes 1-2 years	Intermediate outcomes 3-4 years	Long-term outcomes 5 years
<p>Strengthen approaches that reinforce healthy behaviors and discourage actions that contribute to youth opioid, methamphetamine, and prescription drug use.</p> <p>Improve availability and accessibility of prevention services by addressing systemic challenges and expanding support mechanisms.</p> <p>Advance environmental strategies that support youth substance use prevention through incentives and disincentives to community infrastructure and design.</p> <p>Expand policy education efforts to engage community partners in developing and promoting youth-centered prevention policies.</p>	<ul style="list-style-type: none"> • Decreased individual and community factors that contribute to youth accessing opioid, methamphetamine, and/or prescription drugs • Increased protective practices, environments, and policies that guard against youth opioid, methamphetamine, and/or prescription drug use. 	<p>methamphetamine, and/or prescription drug use among youth</p>	

* Indicates outcomes you are required to report on

Strategies and activities

Applicants must describe how their proposed strategies and activities respond to the identified local drug crisis or emerging drug use issues and reflect a comprehensive, multisector approach. Applicants should choose evidence- and practice-based strategies grounded in community needs assessments and aligned with the seven strategies for community-level change. Strategies must build on successful DFC work and respond directly to local prescription drug, opioid, and/or methamphetamine issues.

Activities should strengthen and expand the coalition's impact through environmental interventions that achieve population-level outcomes. Applicants must explain how their strategies reduce youth risk factors, increase protective factors, and engage coalition members and partners.

Seven strategies for community-level change

The CARA Logic Model provides a framework for coalitions to implement comprehensive, evidence-informed approaches to youth substance use prevention. While all seven strategies are essential, particular emphasis should be placed on strategies 4 through 7—those that address systemic barriers, environmental design, and policy infrastructure—as they are critical to achieving sustainable, community-wide change.

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

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

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

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

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

Change the physical design of the community to reduce the risk for and enhance protection against youth substance use. These might include rerouting foot and car traffic, adjusting park hours, and reducing the number and location of places where people can access alcohol or tobacco. **CARA federal funds cannot support landscape, lighting, or construction projects.**

Educate and inform about policies that reduce access and availability to substances among youth. These may include written procedures, by-laws, proclamations, rules, or laws, to the extent that applicable law and policies allow.

To help inform your strategies and activities, you can:

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

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

Proposed work should align with CDC's core priorities by demonstrating a commitment to gold-standard science, transparency, and evidence-based practices. Projects should support CDC's mission to protect Americans from infectious and chronic diseases, strengthen public health systems, and advance innovation in health data and infrastructure. Additionally, applicants should show, **if applicable**, how their work contributes to rapid, science-driven responses to health threats, promotes global health leadership, and adheres to principles of integrity, accountability, and compliance with

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

Outcomes

This section includes information about the outcomes we expect you to report progress on and achieve within the performance period. Applicants should describe how the achievement of proposed outcomes will contribute to addressing the local drug crisis or emerging drug abuse over the period of performance.

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

Communities served

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

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

You must also include the rationale you use for selecting your chosen community and explain how the identified local drug crisis or emerging drug use issue manifests within the selected community, including any resource gaps or unmet needs.

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

Work plan

You must provide a detailed work plan (called the 12-month action plan in this NOFO) for the current performance period of 2026 to 2027. The action plan should demonstrate a comprehensive approach to the reduction of prescription drug(s), opioid, and/or methamphetamine use to create sustainable community-level change. You should develop the work plan by using the templates below.

Make sure that your plan:

- Outlines the specific objectives, strategies, and activities that address the local drug crisis or emerging drug use issues, including who is responsible and the anticipated timeframe.
- Includes activities that address risk and protective factors, including root causes that may be driving substance use in the community.
- Includes activities that build upon the DFC foundation and structure to enhance and expand the coalition's ability to address prescription drug(s), opioid, and methamphetamine use.
- Uses existing frameworks, such as the seven strategies for community-level change.
- Includes objectives that are specific, measurable, achievable, realistic, and time-bound (SMART).

Example work plan (12-month action plan)

CARA Goal 1: Reduce and prevent the use of opioids, methamphetamine, and/or prescription drug use among youth.

Table: Work plan example for objective 1

Objective 1: [SMART objective]

Strategy 1: [Specific strategy]

Activity	Who is Responsible	By When?

Strategy 2: [Specific strategy]

Activity	Who is Responsible	By When?

CARA Goal 2: Change the culture and context regarding the acceptability of opioid, methamphetamine, and/or prescription drug use.

Table: Work plan example for objective 2

Objective 2: [SMART objective]

Strategy 1: [Specific strategy]

Activity	Who is Responsible	By When?

Strategy 2: [Specific strategy]

Activity	Who is Responsible	By When?

You must also provide a summary (up to one paragraph) of what you aim to achieve at the end of the 5 years and how the objectives and strategies outlined in the work plan will help contribute to the long-term outcomes to foster sustainable, community-level change. You will have the flexibility to modify and finalize the work plan post-award.

Table: Using SMART Objectives

Regular objective	SMART Objective
Reduce substance use rates for adolescents.	By August 30, 2027, reduce the percent of 9th graders in Specific County who have used [specific substance] from 8 percent baseline to 7 percent as indicated in our annual youth survey.
Meet with 12 high schools to inform	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

Regular objective	SMART Objective
them about drug drop-box programs.	drug drop-box programs by August 2027, as indicated in our annual school partner survey.

Data, monitoring, and evaluation

CDC strategy

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

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

Required performance measures

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

You must participate in the CARA National Cross-Site Evaluation. This includes providing data every 2 years on core measures for youth prescription drug use in at least three grades between 6th and 12th grade. We recommend that you include at least one grade at the middle school level and one grade at the high school level.

You will collect data for the following measure(s):

- **Past 30-day use:** The percentage of survey respondents who reported misusing prescription drugs at least once within the past 30 days.
- **Perception of risk:** The percentage of survey respondents who perceived that their use of a given substance has moderate or great risk.

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

Annual progress reports

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

Evaluation and performance measurement plan

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

Include the following elements.

Methods

Describe how you will:

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

Additionally, explain:

- How key program partners will participate in the evaluation and performance measurement process.

- How feasible it will be to collect appropriate evaluation and performance data.
- How you will share evaluation findings with communities and stakeholders.
- Other relevant information, such as performance measures you propose.

Evaluation and performance measurement requirements post-award

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

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

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

Paperwork Reduction Act

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

collections requiring PRA approval, CDC is responsible for working with OMB to gain the approval.

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

Organizational capacity

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

Organizational structure

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

You must have the capacity to:

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

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

The fiscal agent must:

- Be in the same geographic state as the coalition to ensure that one of the purposes of the statute is for the coalition to represent a community.

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

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

A sample MOU is provided in the Other Supporting Documents folder on Grants.gov.

Key personnel

At a minimum, we require the following key personnel:

Authorized organization representative (AOR)

- The AOR is the representative of your organization with authority to act on your organization's behalf in matters related to the award and administration of grants.
- In signing a grant application, the AOR agrees that your organization will assume the obligations of the award. These responsibilities include overseeing the financial aspects of the grant and the performance of the grant-supported project or activities as specified in the approved application.
- The AOR must be an employee of your organization and must be identified in the Personnel budget category as either federal or nonfederal.
- The AOR must not be the same person as the PD/PI.

Program director or principal investigator (PD/PI)

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

Required skills

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

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

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

Community coalition

A functioning and representative community coalition is essential to the success of the CARA program. Applicants must describe the composition and operational structure of their coalition, including:

- The sectors represented within the coalition.
- The coalition's reach within the community, including its ability to engage youth, families, schools, and other key stakeholders.
- The coalition's role in developing and implementing the work plan, including how sector representatives contribute to strategy development, implementation, and evaluation.

Applicants should demonstrate that their coalition is well-established, actively engaged, and capable of leading a comprehensive, community-wide prevention initiative that reflects the unique needs and strengths of the population served.

Collaborations

With other grant funded projects and organizations

We encourage you, where applicable and appropriate, to collaborate with local, state, federal, Tribal, and territories' grant-funded programs that are implementing evidence-based and practice-based prevention strategies that align within the [strategies and activities section](#). For example, applicants may engage with initiatives such as the Overdose Response Strategy (ORS), which operates in 21 High Intensity Drug Trafficking Areas (HIDTAs) across 50 states and can offer a useful model or partnership opportunity. These relationships help create a coordinated, sustainable response.

Memoranda of Understanding (MOUs) or Memoranda of Agreement (MOAs) with these collaborators are not required.

Examples of relevant CDC partners and programs include:

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

Funding policies and limitations

Changes in HHS Regulation

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

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

General guidance

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

All activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations and applicable judicial holdings. Accordingly, discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate; racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation; denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic; illegal immigration; or any other initiatives that compromise public safety. If an application does not align, the application will not receive funding to the extent permitted by law and applicable court orders.

- You may use funds only for reasonable program purposes consistent with the award, its terms and conditions, and federal laws and regulations that apply to the award. If you have questions about this determination, ask the grants management specialist.
- You may not use funds to purchase furniture or equipment.
- Support beyond the first budget year will depend on:
 - Appropriation of funds.

- Satisfactory progress in meeting your project's objectives.
- A decision that continued funding is in the government's best interest.

Unallowable costs

You may not use funds for:

- Research.
- Clinical care, except as allowed by law.
- Pre-award costs, unless we give you prior written approval.
- Harm reduction services, including but not limited to syringe service programs, vaping detection devices, drug testing strips, drug testing kits, or to purchase Naloxone. Please reference SAMHSA's Dear Colleague Letter on harm reduction located here: [Dear Colleague Letter: Executive Order on Ending Crime and Disorder on America's Streets](#), and the policies about supplies and services on Medication Assisted Treatment below:
 - [Updated Funding Guidance for Grantees on Supplies and Services \(PDF | 324 KB\)](#)
 - [Updated Guidance on Medication Assisted Treatment/Medication for Opioid Use Disorder \(PDF | 341 KB\)](#)
- Other than for normal and recognized executive-legislative relationships:
 - Publicity or propaganda purposes, including preparing, distributing, or using any material designed to support or defeat the enactment of legislation before any legislative body.
 - The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before any legislative body.
 - See [Anti-Lobbying Restrictions for CDC Grantees](#).

Supplanting existing funding

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

Pass-through funding to community organizations

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

Data collection and evaluation limit

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

Furniture and equipment purchases

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

Law enforcement cost

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

Educational and sports programs

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

Special considerations

- **Food** is only allowed as a small incentive (up to \$3 per person) for participating in a community-wide event of the CARA program.
- **Promotional items/incentives** are only allowed for program outreach, and specific purposes necessary to meet the requirements, goals, and objectives of the federal grant award (up to \$30 per person per activity).
- **Travel:** Follow the guidance provided by your organization. If you don't have official travel guidance, refer to [Plan a Trip](#) for detailed instructions on local GSA rates.

- **Lodging and subsistence:** Other travel expenses like lodging, meals, and incidentals, must be reasonable and not exceed the costs outlined in local GSA rates or the limits set by your organization's travel policy. For more information on travel costs, please see [2 CFR 200.475](#).
- You can use funds for program staff background checks and drug tests.

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

Indirect costs

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

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

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

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

Method 2 — *De minimis* rate. Per [2 CFR 200.414\(f\)](#), if you do not have a current-negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

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

Other indirect cost policies

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

Salary rate limitation

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

Program income

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



Step 2:

Get Ready to Apply

In this step

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Get registered

SAM.gov

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

To register:

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

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

Once you register:

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

Grants.gov

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

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

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants.gov](https://www.grants.gov) and search for opportunity number **CDC-RFA-CE-26-0110**.

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

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

Help applying

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

Join the informational call

For more information about this opportunity, join our informational call:
**Comprehensive Addiction and Recovery Act (CARA) Local Drug Crises Grant
- FY26 Webinar.**

[Registration link.](#)

- **Date:** Wednesday, May 13, 2026
- **Time:** 2 p.m. to 4 p.m. ET

We will record the webinar. If you are not able to join live, you can replay the webinar.

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

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



Step 3:

Build Your Application

In this step

Application checklist	<u>37</u>
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Application checklist

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

Narratives

Item	Grants.gov form	Page limit
<input type="checkbox"/> Project abstract	Project Abstract Summary form	1 page
<input type="checkbox"/> Project narrative	Project Narrative Attachment form	20 pages
<input type="checkbox"/> Budget narrative justification	Budget Narrative Attachment form	None

Attachments

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

Attachments (12 total)	Page Limit
<input type="checkbox"/> Table of contents	None
<input type="checkbox"/> Meeting minutes	None
<input type="checkbox"/> General applicant information	None
<input type="checkbox"/> Statement of legal eligibility	None
<input type="checkbox"/> Statement of rates of misuse of opioids and methamphetamines	None
<input type="checkbox"/> Memorandum of Understanding (MOU), if needed	None
<input type="checkbox"/> Disclosure of prior DFC funding	None
<input type="checkbox"/> Congressional notification	None
<input type="checkbox"/> Indirect cost agreement	None
<input type="checkbox"/> Proof of nonprofit status	None
<input type="checkbox"/> Resumes and job descriptions	None

Other required forms

Other forms	Grants.gov form	Page Limit
<input type="checkbox"/> Application for Federal Assistance (SF-424)	Form SF-424	None
<input type="checkbox"/> Budget Information for Non-Construction Programs (SF-424A)	Form SF-424A	None
<input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL) (if applicable)	Form SF-LLL	None

Your organization's authorized official must certify your application.

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

Required format

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

Font: Calibri

File format: PDF

Size: 12-point font

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

Spacing: Single-spaced

Margins: 1-inch

Include page numbers.

Application contents and format

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

Project summary (0 points)

Page limit: 1

File name: Project abstract summary

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

Project narrative (100 points: See table)

Page limit: 20

File name: Project narrative

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

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

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

Background (5 maximum points: See table)

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

Reviewers will evaluate the extent to which the applicant provides:	Points
A clear description of the local drug crisis. This description should include evidence of any sudden increase in youth misuse of opioids, methamphetamine, and/or prescription drugs; any sudden increase in demand for treatment; and/or any lack of resources to address these emerging issues. Applicants should use recent, reliable data to demonstrate these conditions and clearly articulate the local circumstances driving the crisis.	5 points

For the purposes of this NOFO, a “local drug crisis” is defined as documented by local data in the area being served by the coalition and may include:

- A sudden increase in the use of opioids or methamphetamine.
- The misuse of prescription medications, specifically opioids or methamphetamine, that is significantly higher than the national average.
- A sudden increase in opioid-related deaths.

Approach (20 maximum points: See table)

Strategies and activities

Proposed strategies and activities must directly respond to the local drug crisis or emerging drug abuse described in the Background section and reflect a comprehensive, multisector approach. Describe how you will carry out the proposed strategies and activities to achieve performance outcomes. Explain whether they are:

- Existing evidence-based strategies
- Other strategies. Include a reference to where you describe how you will evaluate them in your [evaluation and performance measurement plan](#).

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

Outcomes

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

Reviewers will evaluate the extent to which the applicant provides:	Points
Goals that are aligned with the CARA logic model and consistent with the period of performance outcomes in the program's logic model. Strategies and activities that are achievable and appropriate to meet the project outcomes.	10 points
How the application builds upon the DFC foundation and structure to enhance and expand the coalition's ability to address prescription drug(s), opioid, and methamphetamine use.	10 points

Communities served (5 maximum points: See table)

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

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

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

Work plan (20 maximum points: See table)

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

Reviewers will evaluate the extent to which the applicant provides:	Points
A detailed 12-month action plan that: <ul style="list-style-type: none"> Provides a comprehensive approach to address the identified local drug crisis and prevent youth prescription drug, opioid, and/or methamphetamine use using the seven strategies for community level change. Contains SMART objectives that align with the proposed strategies and activities, including a timeframe and person responsible. Addresses risk and protective factors. 	20 points

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

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

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

Organizational capacity (25 maximum points: See table)

Organizational structure

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

Community coalition

Describe the role of the community coalition in this section.

Collaborations

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

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

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

Budget narrative (0 points)

Page limit: None

File name: Budget narrative

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

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

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

Your budget narrative must follow this format:

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

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

Attachments (0 points)

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

Table of contents

File name: Table of contents

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

Meeting minutes

File name: Coalition minutes

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

Meeting minutes must include the:

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

General applicant information

File name: General applicant information

You must provide responses for all the requested information including:

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

Statement of legal eligibility

File name: Statement of legal eligibility

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

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

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

Statement of rates of misuse of opioids and methamphetamines

File name: Statement of rates of misuse of opioids and methamphetamines

You must include a statement describing the current rates of misuse of opioids and methamphetamine within the target community or population. This information should be based on the most recent and reliable data available and should clearly indicate the sources used.

Memorandum of understanding (MOU)

File name: Memorandum of understanding

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

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

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

The MOU must be dated between January 2025 and Monday, June 8, 2026.

A sample MOU is provided in the Other Supporting Document folder on Grants.gov.

Disclosure of prior DFC funding

File name: Disclosure of prior DFC funding

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

Congressional notification

File name: Congressional notification

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

Indirect cost rate agreement

File name: Indirect cost rate agreement

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

Resumes and job descriptions

File name: Resumes and job descriptions

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

Keep resumes to 2 pages each.

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

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

Report on overlap

File name: Report on overlap

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

Programmatic

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

Budgetary

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

Commitment

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

Other required forms

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

Table: Required standard forms

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

Important: Public information

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

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

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

[See instructions and examples.](#)



Step 4:

Understand Review, Selection, and Award

In this step

Application review	<u>50</u>
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Application review

Initial review

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

All CARA applications will be screened to determine whether you meet all the CARA statutory eligibility requirements.

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

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

Merit review

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

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

Risk review

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

We use the SAM.gov [Responsibility / Qualification](#) to check this history for awards. We also check Exclusions. You can comment on your organization's information in SAM.gov. We'll consider your comments before deciding about your level of risk.

We may ask for more information before award based on the results of the risk review.

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

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

Selection process

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

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

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

Our ability to make awards depends on available appropriations.

Award notices

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

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

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

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

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



Step 5: Submit Your Application

In this step

Application

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Application

Due on Monday, June 8, 2026 at 11:59 p.m. ET.

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

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

Keep in mind:

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

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

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

Email Submission

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

To submit a request for an email application you must:

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

Intergovernmental review

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



Step 6: Learn What Happens After Award

In this step

Post-award requirements and administration [57](#)

Post-award requirements and administration

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

Administrative and national policy requirements

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

- All terms and conditions in the Notice of Award (NoA), including [CDC General Terms and Conditions](#). The NoA includes the requirements of this NOFO.
- The rules listed in [2 CFR 200](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements, effective October 1, 2025. These replace those in 45 CFR 75, with some exceptions in [2 CFR 300](#).
- CDC may terminate an award in accordance with any of the conditions set forth in 2 CFR 200.340(a)(1)–(4), including when an award no longer effectuates program goals or agency priorities as provided in 2 CFR 200.340(a)(4).
- The HHS [Grants Policy Statement \(GPS\)](#). This document has policies relevant to your award. If there are any exceptions to the GPS, they'll be listed in your Notice of Award.
- All federal statutes and regulations relevant to federal financial assistance, including the cited authority in this award, the funding authority used for this award, and those highlighted in the [HHS Grants Policy Statement](#), Appendix D: HHS Administrative and National Policy Requirements.
- All anti-discrimination laws: By applying for or accepting federal funds from HHS, recipients certify compliance with all federal anti-discrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams. Recipients are responsible for ensuring subrecipients, contractors, and partners also comply.

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

- [Protecting the American People Against Invasion](#) (Jan. 20, 2025)

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

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

Reporting

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

Table: Financial and performance reports

Report	Description	When
Annual Performance Report	<p>Serves as yearly continuation application for the upcoming budget period.</p> <p>Includes performance narrative for current and upcoming budget period.</p> <p>Updates 12-month action plan (i.e., work plan).</p> <p>Includes budget for the next 12-month budget period.</p> <p>Submitted in Grants Management Module, GrantSolutions.</p>	March of each year.
Annual Progress Report	<p>Serves as yearly progress report for the current budget period.</p> <p>Outlines the community profile, sector and youth engagement, coalition capacity,</p>	August of each year.

Report	Description	When
	<p>risk, and protective factors, and successes and challenges.</p> <p>Identifies how youth substance use prevention strategies will be carried out.</p> <p>Identifies any technical help needs.</p> <p>Submitted in DFC & CARA Me and uploaded with the Annual Performance Report.</p>	
Data management plan	Shows how data are collected and used (data management plan).	August of each year.
Data on required performance measures (core measures)	Includes DFC core measures related to prescription drug misuse.	Every 2 years.
Federal Financial Report	Includes funds authorized and disbursed during the budget period. Indicates exact balance of unobligated funds and other financial information.	December of each year.
Final Performance Report	Includes information similar to the Annual Progress Report.	120 days after the end of the period of performance.
Final Financial Report	Includes information in Federal Financial Report.	120 days after the end of the period of performance.

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

CDC award monitoring

Monitoring activities include:

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

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

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

We may also include the following activities:

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

Required training

New recipient virtual training

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

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

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



Contacts and Support

In this step

Agency contacts [63](#)

Help with Systems [63](#)

Agency contacts

Program

Christi Jones

CARA_NOFO@cdc.gov

Grants management

Karen Zion

DFC_OGS@cdc.gov

Help with Systems

Grants.gov

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

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

SAM.gov

If you need help, you can:

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

Helpful websites

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