

DRUG FREE COMMUNITIES (DFC) SUPPORT PROGRAM

FY2010 Grant Application Workshops



Executive Office of the President of the United States
White House Office of National Drug Control Policy
&
Substance Abuse and Mental Health Services
Administration



What We Hope You Learn

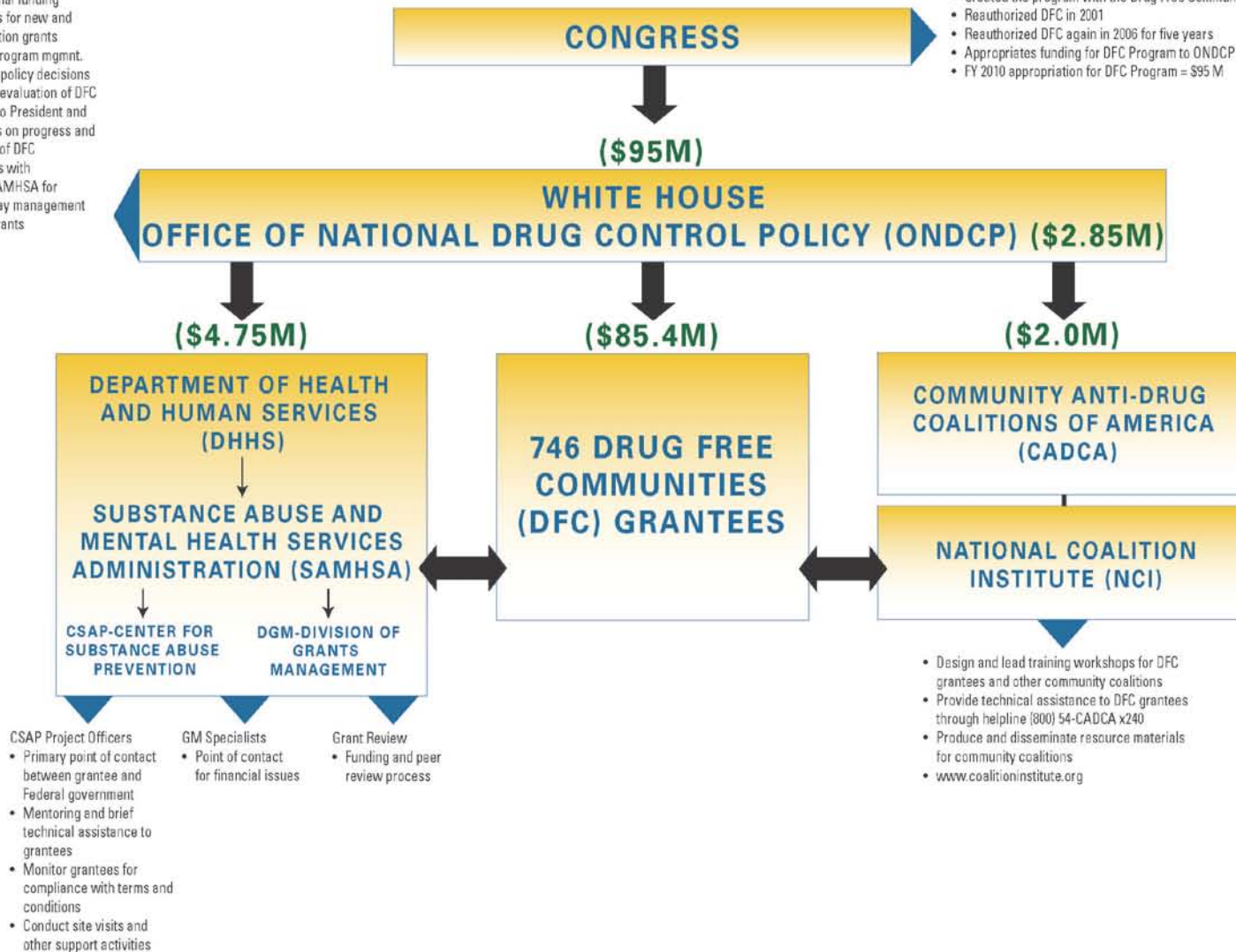


- Requirements of the DFC Support Program
- Responding to the FY10 Request for Applications
- Application and Budget Requirements

DFC FEDERAL PARTNERS

- Makes final funding decisions for new and continuation grants
- Overall program mgmnt.
- Program policy decisions
- National evaluation of DFC
- Reports to President and Congress on progress and success of DFC
- Contracts with DHHS/SAMHSA for day-to-day management of DFC grants

- Created the program with the Drug Free Communities Act of 1997
- Reauthorized DFC in 2001
- Reauthorized DFC again in 2006 for five years
- Appropriates funding for DFC Program to ONDCP each fiscal year
- FY 2010 appropriation for DFC Program = \$95 M



DFC At a Glance



- FY2010 Appropriation: **\$95M**
- **92%** of every dollar appropriated to DFC has gone **directly to local community coalitions**
- FY2009 cohort had **746 grants** in all 50 States and 4 U.S. Territories/Protectorates with more than **8,000 community volunteers**
- ONDCP manages DFC in **partnership** with the Substance Abuse and Mental Health Services Administration (SAMHSA)

FY2010 Award Information



- Approximately **\$18.75 million** is available for new DFC grants
- Approximately **150** new DFC grants will be awarded
- Awards are for up to **\$125,000 per year for 5 years,** known as a “funding cycle”

FY2010 Award Information



To apply for a DFC grant, a coalition must fall into one of the following **three categories**:

1. **Never** received a DFC grant
2. Experienced a **lapse** in funding during a 5-year cycle
3. Completing **Year 5** of the first DFC funding cycle in September, 2010

DFC is *Community* Focused



DFC-funded coalitions:

- develop and implement a plan that is **community-focused**; not focused only on individuals
- focus on **changing the entire community** by identifying and implementing strategies that will affect community **beliefs, attitudes, perceptions, and practices** around drug issues

Theory of the DFC Program



- A small amount of **Federal funding combined with a local match** of resources and volunteer support can reduce youth drug use
- By **mobilizing community leaders** to identify and respond to the drug problems unique to their community, DFC is designed to change the **entire community environment**
- Focusing on **environmental change** ultimately contributes to reductions in substance use among youth, and over time, substance abuse among adults

Goals of the DFC Program



- To **establish and strengthen collaboration** among communities, nonprofit agencies, and Federal, State, local and tribal governments to support the efforts of community coalitions to prevent and reduce substance use among youth
- To **reduce substance use among youth** and, over time, reduce substance abuse among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse

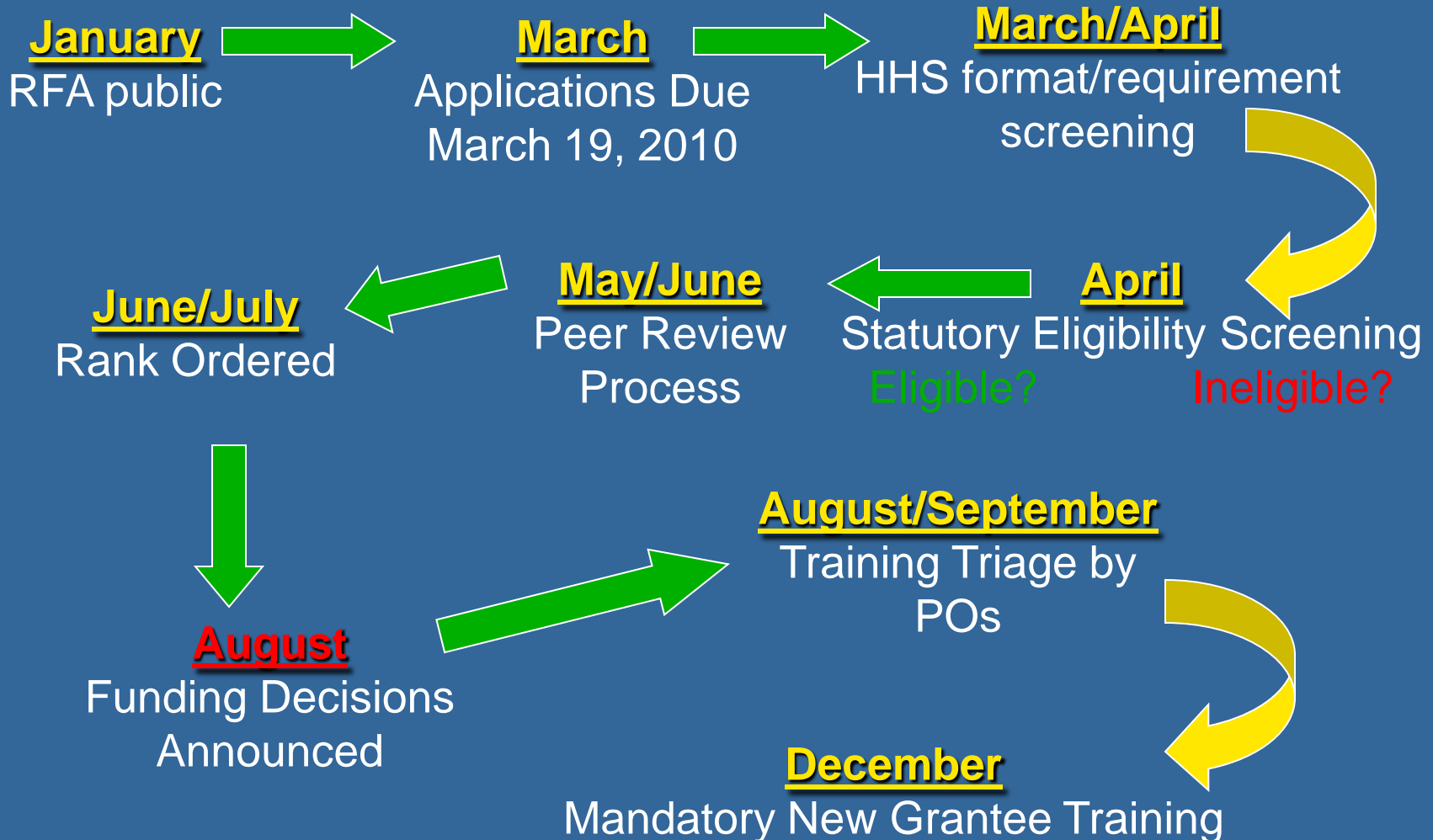
DFC's Definition of a Coalition



A formal arrangement for cooperation and collaboration between groups or sectors of a community, in which each group retains its identity, but all agree to work together toward a common goal of building a safe, healthy, and drug free community

- DFC grants are intended to support **community-based coalitions**

The Grant Cycle



Who are Peer Reviewers?



- **Primarily DFC grantees** in Years 1-4 or 6-10
- Can be **former** DFC grantees
- **Trained** by ONDCP and SAMHSA to review the requirements of the FY2010 RFA and the goals of the DFC program
- Add a **human element** to the process
 - Do not make it hard for reviewers to find information
 - Lose the “fluff”
- Want to read your **“story”**
 - Write application for one of your peers to read



ELIGIBILITY REQUIREMENTS

*RFA Pages 10-18 and
Table 1 – Eligibility Criteria*



Why is Eligibility Important?



- In creating the DFC Program, Congress instituted a number of **criteria** applicants must meet in order to compete for DFC funding
- The following slides outline those criteria, as well as specific steps you must take in order to ensure your application meets those criteria and **proceeds** to peer review
- Eligibility does not ensure funding, but failure to meet these criteria means your application **will not** proceed to peer review

Proving the Applicant Eligible



- Each required attachment has a **purpose**
 - Proof of statutory eligibility required by the Drug Free Communities Act and subsequent reauthorizations
- **LABEL** attachments so that eligibility screeners can easily find them
 - In order, as requested
 - Bold the title
 - Number (e.g., Attachment 1)
- **NUMBER** the attachment pages
 - even if you have to **hand write** the numbers
 - **Table 1** addresses eligibility requirements and you must include evidence in **Attachments 1-8**

Requirement 1: 12 Sectors (pg. 13)



Keep in mind that successful coalitions recruit sector representatives who:

- Have the authority to make or the ability to influence **policy decisions**
- **Leverage involvement** of additional community members
- Substantially contribute to coalition **decision-making** and are **actively involved** in carrying out coalition strategies

Requirement 1: 12 Sectors (pg. 13)



The Drug Free Communities Act requires you to have representation from the following 12 sectors:

1. Youth

- a person **18 years of age or younger**

2. Parent

- Mother/father/guardian/grandparent; PTA-involved adult

3. Business

- An individual actively involved in and connected to the local business community; Chamber of Commerce/business owner

4. Media

- A representative from a media outlet or other source where the community gets information

5. School

Principal/Superintendent/Board Member

Requirement 1: 12 Sectors (pg. 13)



6. Youth-Serving Organizations

- Boys and Girls Club/4-H

7. Law Enforcement

- Chief of Police/Sheriff

8. Religious/Fraternal Organizations

- Pastor/Rabbi/Imam

9. Civic/Volunteer Groups

- Sertoma Club/Kiwanis Club Officer

10. Healthcare Professionals

- Doctor/Nurse/Dentist/Mental Health Professional

11. State/Local/Tribal Government

- SSA/State Prevention or Treatment Director

12. Other Substance Abuse Organizations

- Prevention/treatment provider or recovery organization

Proving Sector Involvement



- **Sector table**
 - List **one member per sector** as shown in the RFA
 - Use **Table/Appendix E, pg. 61**
 - Include as **Attachment 1** in your application
- **Coalition Involvement Agreement**
 - **Must match** the individual and/or organization listed in your **sector table**
 - Must not be dated more than **12 months from date of application**
 - Use **Sample CIA/Appendix F, pg. 62**
 - Include as **Attachment 2** in your application

Requirement 2: Six Months Existence (pg. 14)



- Two sets of coalition minutes are required
 1. between JANUARY 1 & SEPTEMBER 30, 2009
 2. between OCTOBER 1, 2009 & MARCH 19, 2010
- Must include a list of all attendees by sector
- Include month, day, and year of the meeting
- Must demonstrate a focus on youth substance use prevention
- Must be the coalition's minutes--not those of an outside agent applying on behalf of a coalition
- Include as Attachment 3 in your application

Requirement 3: Mission Statement (pg. 14)



- Coalition **must have** as its principal mission the **reduction of substance abuse**, with a **primary focus on reducing youth substance use**
- Must be the **coalition's** mission--not that of an outside agent applying on behalf of the coalition
- Include your mission statement as **Attachment 4** in your application

Requirement 4: Multiple Drugs (pg. 15)



- “...developed a strategic plan to reduce substance use among youth, which **targets multiple drugs of abuse**”
- Multiple = **more than 1**
 - While specific targets may change over time, at least two specific drugs must be clearly identified as being addressed in the first year and each subsequent year of DFC funding
 - **Evidence:** Discuss as answer to **Narrative Question 13, pg. 33** and include in your completion of **Table 5, pg. 38**

Requirement 5: Eligible Entity (pg. 16)



- Must be an **entity eligible to receive Federal funding**
- Can be a coalition with **501(c)(3) status**
- Can be an **outside agent** acting on behalf of the coalition

- **Evidence:** MOU or statement of legal eligibility
 - Use **Sample MOU/Appendix H, pg. 67**
 - Include as **Attachment 5** in your application

Requirement 6: 1:1 Match (pg. 17)



- Must show a **dollar-for-dollar** match from non-Federal sources **equaling amount of request from the Federal Government**
 - **Cash** (e.g., shared salary/benefit expenses for paid staff)
 - **In-kind/donated** (e.g., office/meeting space, paper, copying services)
 - Applicants with representation that includes at least one Native American member may include Federal funds as match
- Do not **overpromise** match
 - Must **account for every matched dollar** to the Government
- **Evidence:** 424, 424A, Budget Narrative (see Template/Appendix A, pg.43) and **Attachment 10** (if applicable)

DFC Match Requirements



- **Funding Year & Match Requirement**

- Years 1-6 = 100%
- Years 7-8 = 125%
- Years 9-10 = 150%

Requirement 7: Funding Limit (pg. 17)



- No more than **\$125,000/year**
 - Make sure budget calculations are correct and do not exceed \$125,000 for your Federal request
- **Evidence:** 424, 424A, and Budget Narrative

Requirement 8: Community Overlap (pg. 18)



Two coalitions may not serve the same community unless both have clearly demonstrated a plan for collaboration

- Go to <http://www.ondcp.gov/dfc> to see if there is a DFC-funded coalition near you and reach out to that coalition to check for overlap
- Zip codes serve as the method for identifying potential overlaps
- In your application, state which **zip codes you propose to serve** and indicate any overlaps you have identified
- Include in your application a signed letter **explaining the overlap of zip codes**, and how the coalitions plan to collaborate

Evidence: Include **Letter(s) of Mutual Cooperation** as **Attachment 6** and list zip codes served in **Attachment 10 (Section F Table)**

Requirement 9: One Grant (pg. 18)



Grantee = Entity awarded a grant

Coalition
with 501(c)(3) status

Outside Agent

- No more than one grant per grantee at one time
- **Evidence:** Include as **Attachment 7**, the signed **Applicant Assurance**, Appendix I, pg.70

Requirement 10: End of Grant Policy (pg. 18)



- No **coalition** can receive DFC funding for more than **10 years**
- Outside **agents** cannot seek funding for the **same coalition** for more than 10 years
- **Evidence:** Include as **Attachment 8**, the signed **Applicant Assurance of Compliance**, Appendix J, pg.71

Review and Selection Process



1. Must received application on time per RFA
(March 19, 2010)
2. Screened for **format** and related HHS requirements
3. Screened for **statutory eligibility**
4. If eligible, progresses to a **Peer Review** process (3 reviewers per application)
5. Rank ordered (average of the 3 scores)
6. Funding decisions announced **(August 2010)**

Post-Funding Requirements



- If you successfully compete for DFC funding in the FY2010 cycle, there are several important requirements **you will need to meet** as a condition of your funding
- The following slides outline those **requirements**

Grant Requirement: Reports



- **Program Progress Reports**
 - Two times per year
- **Coalition Classification Tool**
 - Once a year
- **Financial Status Report**
 - Once a year
- **Financial Disbursement Report**
 - Four times per year
- **Details at:**
 - <http://ondcp.gov/dfc/reportduedates.html>

Grant Requirement: Performance Measurements



Grantees must track **four specific measures** for three substances and provide data at least **every two years**

Three Substances

- Alcohol
- Tobacco
- Marijuana

Four Core Measures

- Age of onset
- Past 30-day use
- Perception of risk or harm
- Perception of disapproval of use by parents

Grant Requirement: National Cross-Site Evaluation Participation



- Measures the progress and development of **all DFC coalitions** across the country
- Includes coalition reporting of Four Core Measures **PLUS** other **measures and coalition information as requested**
- During 2010, some adjustments to the evaluation requirements, measures, systems, and tools may occur

Grant Requirement: Grantee Meetings



- **New Grantee Meeting** (3 days)

- All Year 1 and Year 6 grantees are required to send a **minimum of two people** (including the Program Director) to the **mandatory New Grantee Meeting** in Washington, DC in December, 2010

- The Program Director is the person charged with daily oversight of the coalition

- Full details of this and any **additional training requirements** will be outlined in your Notice of Award, should you receive FY10 funding

Grant Requirement: Grantee Meetings



- **CADCA's National Coalition Academy** (15 days)
 - Only **required for first-time grantees** (Year 1)
 - Must send **2 coalition members**
 - **Residential** setting
 - Food/room provided dependent upon location
 - Coalitions **responsible for travel** to/from site

Why Applicants Fail to Get Funded?



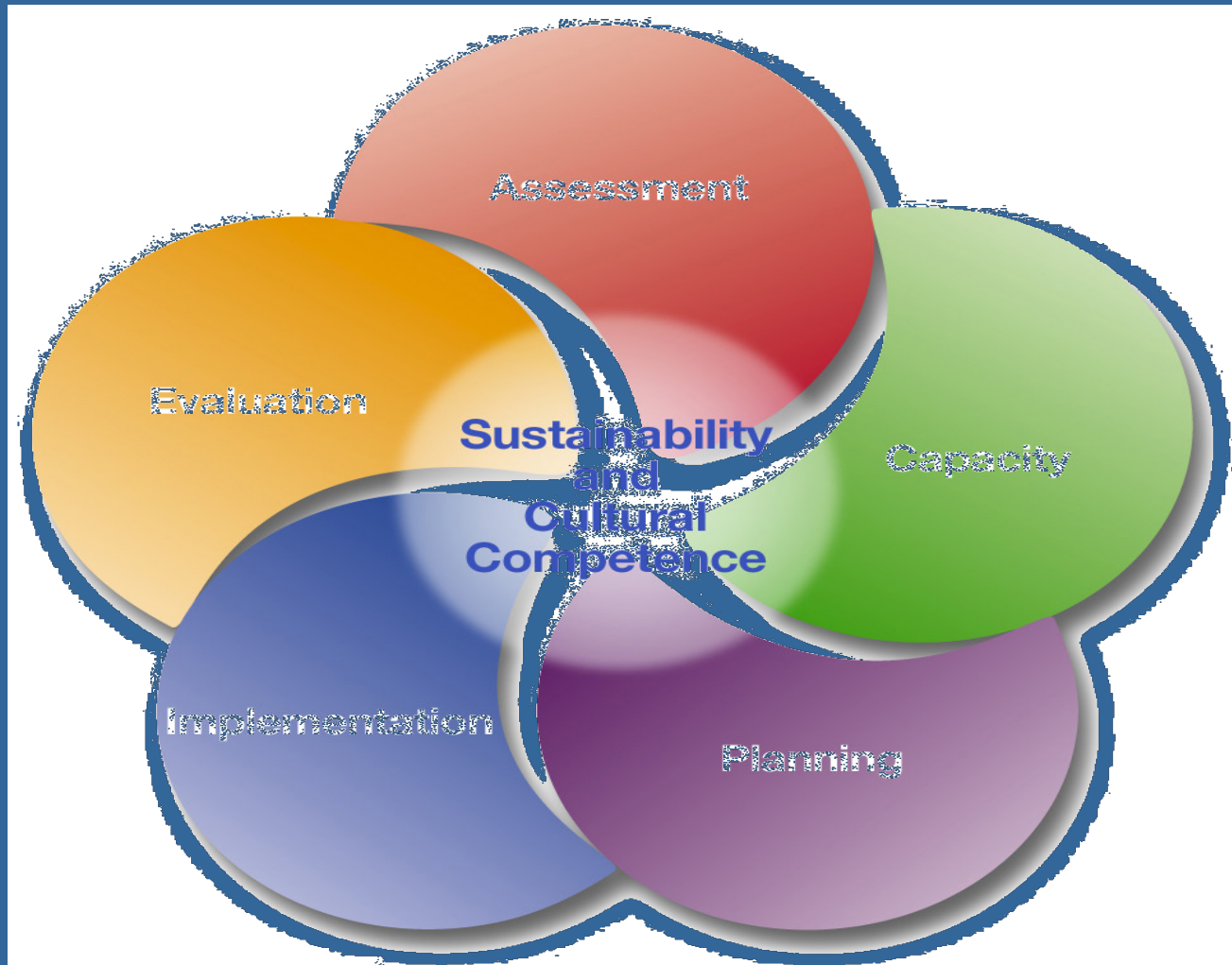
1. Miss the application **deadline**
2. Do not properly demonstrate that they meet the **statutory eligibility requirements**
3. Fail to **respond to the questions** in the RFA in a clear and concise manner
4. Do not use **data** to describe the nature and extent of the problem in their target community

Why Applicants Fail to Get Funded?



5. Application does not have a **consistent focus** from problem identification through evaluation
6. Applicant does not demonstrate a focus on **environmental strategies** and population-level change
7. Action Plan does not seem **feasible and/or realistic**

Strategic Prevention Framework (SPF)



Strategic Prevention Framework (SPF)



- The SPF is the **foundation of the DFC RFA**
 - Questions 1-18 follow the steps of the SPF
- DFC-funded coalitions **must use the SPF model**
- SPF is a 5-step evidence-based process for **community planning and decision making**
- Grounded in the **Public Health Model**

5-Steps of the SPF



- 1. Assessment:** Identify local youth substance use problems and community conditions contributing to the specific drug use issues identified
- 2. Capacity:** Mobilize/build capacity to change conditions and address youth substance use problems
- 3. Planning:** Develop a Logic Model, comprehensive 12-month Action Plan, and multi-year strategic plan with environmental strategies at the center
- 4. Implementation:** Implement the plan with multiple activities, practices, strategies, or interventions
- 5. Evaluation:** Monitor, sustain, improve, or replace prevention activities, efforts, and strategies

SPF's Overarching Concepts



- **Cultural Competence**

- Embraces principles of equal access and non-discriminatory practices
- Involves working in conjunction with natural, informal support and helping networks within culturally diverse communities
- Not limited to ethnicity, but includes age, gender, language, sexual identity, cultural norms, values, traditions, and accepted practices

SPF's Overarching Concepts



- **Sustainability**

- Speaks to the institutionalization of coalition efforts over time
- Includes the development of plans and activities which go beyond money to ensure future coalition success
- Is an on-going process, starting from day one

Resources on the SPF



Coalitions can access **CADCA's Primer Series** at:

[http://www.cadca.org/about/institute/
institute-publications](http://www.cadca.org/about/institute/institute-publications)

Or you can call **800-54-CADCA, ext. 240** and ask for up to 5 free copies of each Primer

Environmental Prevention Strategies



- DFC-funded coalitions **are expected to plan and implement efforts that are considered “environmental strategies”**
- Based on a **community systems perspective**
- **Environmental factors** contribute to substance use and abuse
 - Includes community norms, practices, regulations, policies, and accessibility of drugs

Environmental Strategies:



- **Limit access** to substances
- **Change the norms** within which decisions about substance use are made
- **Reduce the harm or negative consequences** related to substance use

Resource:

<http://wch.uhs.wisc.edu/docs/SIG/fisher-EnvironmentalPreventionStrategies.pdf>

Resources on Environmental Strategies



Coalitions can access **CADCA's Publication on environmental strategies** at:

<http://www.cadca.org/resources/detail/coalition-impact-environmental-prevention-strategies>

Or you can call **800-54-CADCA, ext. 240** and ask for up to 5 free copies of this publication



Preparing the Application



Preparing the Application



- Your application will be peer reviewed according to the published **review criteria** in the RFA
- **Project Narrative** can be **no more than 30 pages**
- No limit for budget and attachments
- **Retype all 18 bolded questions exactly as they appear** in the RFA
- Responses to questions should build upon each other

Preparing the Application



- Font **must be Times New Roman, 12 pt**
 - Charts/tables can be 10 pt font (unless electronically submitted)
- Black and White (no color)
- 1” margins on all pages
- Single spaced
- One column
- One sided
- All pages must be numbered consecutively

Narrative Evaluation Criteria



- Raw score for each question will be adjusted to reflect the weight assigned to each question (see RFA for multipliers)
- Weighted score will be the **final score** for each question

Narrative Evaluation Criteria



- Questions will be judged on a four-point scale totaling 93
- **3 points:** Answer is outstanding, complete, feasible, and realistic, with a high likelihood of successful implementation in the judgment of the reviewer
- **2 points:** Answer is sufficient and somewhat complete, feasible, and/or realistic, with a reasonable likelihood of successful implementation in the judgment of the reviewer
- **1 point:** Answer is insufficient, providing minimal feasibility and realism, and has a low probability of successful implementation in the judgment of the reviewer
- **0 points:** Answer is poor, lacks completeness and feasibility, and is not realistic



Responding to the Request for Applications Project Narrative **Section A**

RFA Pages 27-35



Community Overview



- Required, though **not scored**
- **Does not count** toward 30-page limit
- No more than 1 page in length
- Paints a picture of the community, including **demographics** and aspects of diversity such as age, race, ethnicity, gender, socioeconomic status, and culture
- **Tells the story** about what it is like to live in your community
- Provides a **historical perspective** if there have been significant shifts or events

Section A: Narrative Questions



- Maximum score: **93 points**
- **18 questions**, based on the SPF
- Bolded questions are followed by **bulleted items for clarification**
- Format responses by **typing only the bolded question, followed by complete answer**



Questions 1-3 are
related to **Assessment**

Question #1



What are the community's youth substance use-related problems?

- Using the coalition's data, describe the youth substance use-related problems
- What are the trends/emerging threats?
- Include various sources of data that indicate youth drug use or speak to consequences of youth drug use

Question #2



What factors contribute to the community's youth substance use-related problems?

- Environmental factors/conditions
- Existing policies/practices/norms
- Existing law enforcement practices
- What is lacking that increases the likelihood of youth drug use?

Question #3



What resources are available in the community to address youth substance use?

- Existing collaborations, partnerships, policies, practices, programs, and services
- Youth development opportunities
- Financial resources
- How will DFC funding help the coalition leverage these resources?



Questions 4-10 are
related to **Capacity**

Question #4



How has the coalition used data to inform and mobilize the community?

- What has the coalition already done to inform the community of existing youth drug problems?
- How has the coalition made the local substance use data available and understandable to the community?
- What mobilization has taken place thus far?

Question #5



How did the coalition organize/mobilize to respond to the identified youth substance use issues?

- Provide a brief coalition history, including how the coalition began
- How has the coalition organized and mobilized the community up to this point?
- How has the coalition adapted and changed over time to address community issues?

Question #6



What are the major duties and relevant experience of key paid staff and volunteer leadership?

- Describe the duties of coalition's key paid staff and volunteer leadership
- What makes these individuals the best choice to lead the coalition's efforts?

Question #7



How has the coalition engaged volunteers/partners, including the required 12 sector members?

- What strategies have coalition volunteers already undertaken?
- How are coalition members' roles defined for them?
- What is the coalition's history of accessing community leaders?
- How does the coalition plan to keep members engaged over time; what opportunities do they have and what do they get?

Question #8



What are the coalition's operational structures?

- Leadership roles/responsibilities
- Coalition decision-making/voting processes
- Leadership selection process



Question #9



What is the coalition's financial structure?

- Who makes the financial decisions in the coalition?
- Does the coalition have decision-making power over its financial issues?
- If using an outside agent as the grantee, what role does the coalition have in managing funding and what formal financial procedures exist that the coalition agrees with and adheres to?

Question #10



What are the coalition's communication mechanisms?

- How does the coalition provide information to members and to the community?
- How does the coalition communicate with special populations?



Questions 11-13 are
related to **Planning**

Question #11



What planning process has the coalition used to address youth substance use?

- Membership involvement in planning
- Community involvement in planning
- Use of data to prioritize efforts

Question #12



What key environmental strategies will the coalition employ to create community change?

- What specific environmental strategies will be implemented to address identified problems?
- Why has the coalition chosen these strategies?
- How will coalition members be involved in the implementation of environmental strategies?

Question #13



What is the coalition's plan in the first 12 months after the awarding of a DFC grant?

- Use Plan Table on pgs. 33-34; table must be included in Project Narrative and counts toward the 30-page limit
- Under DFC Goal 1, include objectives, strategies, and activities that will strengthen the coalition's internal capacity, as well as increase overall community collaboration
- Under DFC Goal 2, include objectives, strategies, and activities that will impact youth use of at least 2 substances



Questions 14-15 are
related to
Implementation

Question #14



How will the coalition implement the strategies and activities listed in the Action Plan?

- Roles/responsibilities of staff
- Roles/responsibilities of coalition members
- Are there predictable barriers or challenges?
- What will be the coalition's process for addressing barriers and challenges as they arise?

Question #15



What is the coalition's formal monitoring mechanism for ensuring effective implementation?

- What are or will be the coalition's internal monitoring processes for ensuring effective execution of the Action Plan (accountability)?
- Who will be involved in routine tracking and monitoring?
- How will the community be informed of progress?



Questions 16-17 are
related to **Evaluation**

Question #16



How will trends in community data be monitored over time to determine the coalition's impact on the identified problems?

- What formal and ongoing data processes will the coalition engage in?
- How will coalition members be involved in data collection to determine coalition effectiveness?

Question #17



How will the coalition collect the data for the reporting of the core measures required for the National DFC Cross-Site Evaluation?

- What survey(s) does the coalition currently have access to that provide the data necessary to meet the DFC requirement?
- If the coalition currently does not have access to data that satisfies the requirement for collecting the Four Core Measures (age of onset, past 30-day use, perception of risk/harm and perception of parental disapproval), what is the coalition's plan for gaining access to that data?



Question 18 is related to
Sustainability

Question #18



How will the coalition maintain resources needed to achieve long-term goals?

- What steps has the coalition already taken toward ensuring its efforts continue beyond the DFC grant?
- What steps will the coalition take to ensure sustainability over time?
- How will the coalition promote the institutionalization of coalition efforts within the community to ensure long-term outcomes?



Responding to the Request for Applications Budget Narrative **Section B**

RFA Page 35



Section B: Budget Narrative



- Maximum score: **7 points**
- Provide a **one-year budget narrative**. Include:
 - Budget details
 - Justifications
 - Description of matching resources
 - Additional support received by the coalition
- Provide a **budget projection** for each of the remaining grant years in the 5-year cycle
- **Use Sample Narrative Budget, pgs. 46-54**

Budget Evaluation Criteria



- Budget items (Federal request and non-Federal match) **must align with the activities outlined in the Action Plan** and the DFC Program priorities
- The score of 0-3 points will then be multiplied by 2.3. The resulting score for Section B will range from 0 to 7 points

Budget Evaluation Criteria



- **3 points:** Budget completely supports the objectives in the Action Plan; demonstrates outstanding support for environmentally-based, community-wide change; and makes effective use of both Federal grant funds and required matching funds
- **2 points:** Budget sufficiently supports the objectives in the Action Plan; demonstrates some support for environmentally-based, community-wide change; and makes adequate use of both Federal grant funds and required matching funds
- **1 point:** Budget insufficiently supports the objectives in the Action Plan; demonstrates minimal support for environmentally-based, community-wide change; and makes inadequate use of both Federal grant funds and required matching funds
- **0 points:** Budget does not support the objectives in the Action Plan and demonstrates no support for environmentally-based, community-wide change



Responding to the Request for Applications Sections C – L

RFA Pages 35-39



Supporting Documentation: Sections C – L (non-scored)



- **Section C:** Documentation for **Eligibility Requirements**
- **Section D:** Resumes and Job Descriptions
- **Section E:** Congressional Justification
- **Section F:** General Applicant Information
- **Section G:** Information and Demographics
- **Section H:** Organizational Chart
- **Section I:** Logic Model
- **Section J:** Single State Authority Letter
- **Section K:** Disclosure of DFC Coalition Information
- **Section L:** Certifications, Disclosures, and Checklists

Section C: Documentation for Eligibility Requirements



- See **Table on pgs. 13-18**
- Address each of the criterion and provide requested documentation
- Documentation will be included as **Attachments 1-8** in your application
 1. Sector Member Table
 2. 12 CIAs
 3. Meeting Minutes (2 sets)
 4. Coalition's mission statement
 5. MOU or statement of legal eligibility to receive grant
 6. Letter(s) of Mutual Cooperation for zip code overlap
 7. Applicant Assurance of No More Than One DFC Grant
 8. Assurance of Compliance with the End of Grant Policy

Section D: Resume and Job Descriptions



- **A resume, two pages or less**, for the Program Director, Project Coordinator, and other key positions
- **Job descriptions for key personnel**
 - If a person has not been hired for a key position, include a 1-page job description AND either a hiring plan or a letter of commitment and current resume for the desired candidate
- Include as **Attachment 9** in your application

Section E: Congressional Justification



- Using the template in **Appendix K, pg.73**, provide a short **narrative** as requested
 - No more than 35 lines
 - May be shared with members of Congress, media, etc.
 - Include **prior to the Table of Contents** in your application
 - Email to dfcnew2010@samhsa.hhs.gov

Section F: General Applicant Information



- Using **Table 4, pg. 36**, provide **general applicant information** as requested
- Include as **Attachment 10** in your application

Section G: Information and Demographics



- Using **Table 5, pg. 38**, provide **general coalition information and demographics** as requested
- Include as **Attachment 11** in your application

Section H: Organizational Chart



- Provide a **chart** illustrating the relationship between the coalition, its subcommittees, and the grantee/legal entity (if applicable)
- Include as **Attachment 12** in your application

Section I: Logic Model



- Provide the coalition's **current Logic Model**
 - Describes how proposed plans link goals, objectives, and local conditions with activities and expected outcomes
 - Based on assessment of the targeted community's data
 - Shows the series of “if-then” relationships between activities and outcomes
 - Include as **Attachment 13** in your application

Section J: Single State Authority



- Provide a copy of the **coalition's letter to the Single State Authority (SSA)** as documentation that it informed the SSA of its application for a DFC grant
- Include as **Attachment 14** in your application
- See the list of SSAs for substance abuse at www.samhsa.gov/grants/apply.aspx

Section K: Disclosure of DFC Coalition Information



- Complete the form in **Appendix L, pg. 74** to document any **previous years of DFC funding**
- Include as **Attachment 15** in your application

Section L: Certifications, Disclosures and Checklists



- Provide the requested documentation
- Include as **Attachment 16** in your application
 - Project Performance Site Location(s) Form
 - Assurance of Compliance with Charitable Choice (SMA 170)
 - Disclosure of Lobbying Activities

Additional Items



- Place **any additional items that you choose to submit immediately behind Attachment 16**
 - continue consecutive numbering
 - label these items as additional attachments
- **See pgs. 21-23 of the RFA for a detailed list of the order in which your application components should be submitted**
- The **last two pages of your paper submission** should be:
 - 5161-1 Checklist (next-to-last page)
 - Pre-Submission Checklist located in Appendix N of the RFA (last page)



Responding to the Request for Applications

Application and Budget Requirements



Division of Grants Management



- The **Division of Grants Management (DGM)** conducts an administrative review of the application
- DGM **conducts a cost analysis** of the applicant's budget, negotiating with applicant to make changes if necessary
- DGM **conducts a Financial Capability Review** of potential grantee organization

Documents Needed to Apply



- 2010 DFC Request for Applications (RFA)
No. SP-10-005
- Public Health Service: Grant Application
PHS-5161-1

Budget



- See RFA Appendix A - Sample Budget for 1st year of a 5-year grant cycle
- Components
 - Budget Definitions
 - Sample Budget and Narrative Justification
 - Budget Summary
 - Calculation of Future Budget Periods
- No more than \$125,000/year

(RFA pgs. 43-54)



Non-Federal Matching

- Matching is **not required** on a category by category basis
- In-kind **donations may be** used as matching
- Federal funds or Federal funds **passed through a State or local government** may **not** be used as matching
- Applicants with representation that includes at least one **Native American member** may include Federal funds as match
- Matching cannot be claimed for costs that are not allowable using Federal funds

Budget Categories & Summary



- Personnel
- Fringe Benefits
- Travel
- Equipment
- Supplies
- Contractual
- Construction – Not allowed
- Other
- Indirect Costs

Budget Categories & Summary



- **Direct Costs** - costs that can be identified specifically with a particular sponsored project
- **Indirect Costs** - costs incurred for common or joint objectives that cannot be identified specifically with a particular project or program. These costs also are known as “*facilities and administrative costs*”

Budget Categories & Summary



- **Indirect Costs** – If you:
 - Have a **negotiated rate agreement**, include the document in the application package
 - Do not have a negotiated rate agreement, you cannot claim indirect costs using a rate; however, you can charge the costs directly
 - Wish to obtain a rate, go to <http://rates.psc.gov> for assistance

Calculation of Future Budget Periods



- Budget increases and decreases must be explained and justified
- Applicants must show projected Federal request and non-Federal match

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

GRANT APPLICATION

For use by:

- State and Local Government Applicants
- Nongovernmental Applicants for Health Services Projects



FORM PHS-5161-1
(Revised 7/00)

Where Do I Get the PHS-5161-1?



- To obtain copies of the PHS-5161-1 and all other forms, go to:

www.samhsa.gov/grants/apply.aspx



Completing the Application



- The PHS-5161-1 contains information about PHS policies and procedures
- Before completing, read the *Request for Applications (RFA) # SP-10-005*
- **Read all instructions**
- If PHS-5161-1 is not submitted, the application will not be reviewed

PHS-5161-1 Sections



- SF-424 (version 2) – Application for Federal Assistance
– Complete Items 1-21
- SF-424A – Budget Information Non-Construction Programs – Complete Sections B,C,E, and F
- SF-424B – Assurance Non-Construction Programs
– Sign and Keep for Reference
- SF-424C – Budget Information Construction Programs
– Do not complete

PHS-5161-1 Sections



- SF-424D – Assurances: Construction Programs
 - Do not complete
- Certifications – Sign and Keep for Reference
- Program Narrative – Complete using RFA
- Detailed Budget Narrative Justification – Complete using RFA “Sample Budget”
- Checklist – Complete

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

*2. Type of Application:

- New
- Continuation
- Revision



*If Revision, select appropriate letter(s):

*Other (Specify)

*3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier

*5b. Federal Award Identifier:



State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION

*a. Legal Name:

*b. Employer/Taxpayer Identification Number (EIN/TIN):

*c. Organization DUNS:

d. Address

*Street1:

Street2:

*City:

County:

*State:

Province:

*Country:

*Zip/Postal Code:

Face Page - SF-424 v.2



- Item 8 - Legal Name = Grantee
- Roles & responsibilities of the Grantee
 - Legally responsible for the programmatic and fiscal requirements of the grant
 - The grantee is **or** represents a coalition
 - The coalition must have reduction of substance abuse as its principal mission



If Grantee is not the Coalition

- Grantee's EIN and DUNS number must be used
- To obtain DUNS number, call 1-866-705-5711 or go to <http://www.dnb.com/us>
- Grant funds cannot be passed through to the coalition as the grantee is legally and fiscally responsible for the grant
- It is expected that this is a long-term relationship between the grantee and the coalition

e. Organizational Unit

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:



Prefix:

*First Name:

Middle Name:

*Last Name:

Suffix:

Title:

Organizational Affiliation:



*Telephone Number:

Fax Number:

*Email:

Previous Editions Not Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 10-2005)
Prescribed by OMB Circular A-102

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify)

10. Name of Federal Agency:



11. Catalog of Federal Domestic Assistance Number



CFDA Title:

*12. Funding Opportunity Number:



Face Page - SF-424 v.2



- Catalog of Federal Domestic Assistance Number: 93.276
- CFDA Title: Drug Free Communities Support Program
- Funding Opportunity Number: SP-10-005
- Title: Drug Free Communities Support Program

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant

b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed:

17. Proposed Project:

*a. Start Date:



b. End Date:



18. Estimated Funding(\$):



*a. Federal

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL



*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

***20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation.)**

- Yes
- No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties (U.S. Code, Title 218, Section 1001)**

**** I AGREE**

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

a. Authorized Representative

| | |
|---|-----------------------------------|
| Prefix: <input type="text"/> | *First Name: <input type="text"/> |
| Middle Name: <input type="text"/> | |
| Last Name: <input type="text"/> | |
| Suffix: <input type="text"/> | |
| *Title: <input type="text"/> | |
| *Telephone Number: <input type="text"/> | Fax Number: <input type="text"/> |
| *Email: <input type="text"/> | |
| *Signature of Authorized Representative: <input type="text"/> | Date Signed: <input type="text"/> |

Face Page SF-424 v.2



Example

- Proposed project:
 - Start Date: 9/30/10
 - End Date: 9/29/15
- Subject to Executive Order 12372
 - Intergovernmental Review of Federal Programs
 - Go to http://www.whitehouse.gov/omb/grants_spoc to reference list of states affected by EO 12372
- Authorized signature: Person legally responsible for application and grant funds

SF-424A

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

| Grant Program, Function or Activity (a) | Catalog of Federal Domestic Assistance Number (b) | Estimated Unobligated Funds | | New or Revised Budget | | |
|---|---|-----------------------------|-----------------|-----------------------|-----------------|-----------|
| | | Federal (c) | Non-Federal (d) | Federal (e) | Non-Federal (f) | Total (g) |
| 1. | | \$ | \$ | \$ | \$ | \$ 0 |
| 2. | | | | | | 0.00 |
| 3. | | | | | | 0.00 |
| 4. | | | | | | 0.00 |
| 5. TOTALS | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |

SECTION B - BUDGET CATEGORIES

| 6. Object Class Categories | GRANT PROGRAM, FUNCTION OR ACTIVITY | | | | Total (5) |
|--|-------------------------------------|---------|---------|---------|-----------|
| | (1) | (2) | (3) | (4) | |
| a. Personnel | \$ | | | \$ | \$ 0.00 |
| b. Fringe Benefits | | | | | 0.00 |
| c. Travel | | | | | 0.00 |
| d. Equipment | | | | | 0.00 |
| e. Supplies | | | | | 0.00 |
| f. Contractual | | | | | 0.00 |
| g. Construction | | | | | 0.00 |
| h. Other | | | | | 0.00 |
| i. Total Direct Charges (sum of 6a - 6h) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| j. Indirect Charges | | | | | 0.00 |
| k. TOTALS (sum of 6i and 6j) | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| 7. Program Income | \$ | \$ | \$ | \$ | \$ 0.00 |

Budget Information

Non-Construction Programs (SF-424A)



- Section A: Leave blank
- Section B: Budget categories same as budget summary
 - Column 1: Federal funds request
 - Column 2: Non-Federal matching
- Program Income: Income generated from grant-funded activities

Budget Information Non-Construction Programs (SF-424A)



- Section C: Complete
 - Also enter into “Estimated Funding” on SF-424 Face Page Items 18 b through f
- Section D: Leave blank

Budget Information

Non-Construction Programs (SF-424A)



- Section E: Budget Estimates of Federal Funds Needed for Balance of the Project
 - 16(a) Grant Program = DFCSP
 - 16(b-e) additional years (taken from Calculation of Future Budget Periods) – First is year 2 or 7, etc.
- Section F: Complete
 - If Indirect Costs are requested, Indirect Cost Rate Agreement must be submitted

Assurance Non-Construction and Certifications Forms



- These are accepted when the Authorizing Official signs Item 21 of the Face Page (SF-424)
- Read, concur, and keep for your records

SF 424A

SECTION C - NON-FEDERAL RESOURCES

| (a) Grant Program | (b) Applicant | (c) State | (d) Other Sources | (e) TOTALS |
|------------------------------------|---------------|-----------|-------------------|------------|
| 8. _____ | \$ _____ | \$ _____ | \$ _____ | \$ 0.00 |
| 9. _____ | _____ | _____ | _____ | 0.00 |
| 10. _____ | _____ | _____ | _____ | 0.00 |
| 11. _____ | _____ | _____ | _____ | 0.00 |
| 12. TOTALS (sum of lines 8 and 11) | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |

SECTION D - FORECASTED CASH NEEDS

| | Total for 1st Year | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter |
|------------------------------------|--------------------|-------------|-------------|-------------|-------------|
| 13. Federal | \$ 0.00 | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 14. Non-Federal | 0.00 | _____ | _____ | _____ | _____ |
| 15. TOTAL (sum of lines 13 and 14) | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

| (a) Grant Program | FUTURE FUNDING PERIODS (Years) | | | |
|-----------------------------------|--------------------------------|------------|-----------|------------|
| | (b) First | (c) Second | (d) Third | (e) Fourth |
| 16. _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 17. _____ | _____ | _____ | _____ | _____ |
| 18. _____ | _____ | _____ | _____ | _____ |
| 19. _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 20. TOTALS (sum of lines 16 - 19) | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

SECTION F - OTHER BUDGET INFORMATION

| | |
|-------------------------------|-----------------------------|
| 21. Direct Charges: _____ | 22. Indirect Charges: _____ |
| 23. Remarks _____ _____ | |

Checklist

OMB Approval No. 0920-0428
 Expiration Date: April 30, 2000

CHECKLIST

Public Burden Statement: Public reporting burden of this collection of information is estimated to average 4 - 50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC,

Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428). Do not send the completed form to this address.

NOTE TO APPLICANT: This form must be completed and submitted with the original of your application. Be sure to complete both sides of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last page of the signed original of the application. This page is reserved for PHS staff use only.

Type of Application: NEW Noncompeting Continuation Competing Continuation Supplemental



PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.

| | Included | NOT Applicable |
|--|--------------------------|--------------------------|
| 1. Proper Signature and Date for Item 18 on SF 424 (FACE PAGE) | <input type="checkbox"/> | |
| 2. Proper Signature and Date on PHS-5161-1 'Certifications' page. | <input type="checkbox"/> | |
| 3. Proper Signature and Date on appropriate 'Assurances' page, i.e., SF-424B (Non-Construction Programs) or SF-424D (Construction Programs) | <input type="checkbox"/> | |
| 4. If your organization currently has on file with DHHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS Form 690) | | |
| <input type="checkbox"/> Civil Rights Assurance (45 CFR 80) | <input type="checkbox"/> | |
| <input type="checkbox"/> Assurance Concerning the Handicapped (45 CFR 84) | <input type="checkbox"/> | |
| <input type="checkbox"/> Assurance Concerning Sex Discrimination (45 CFR 86) | <input type="checkbox"/> | |
| <input type="checkbox"/> Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91) | <input type="checkbox"/> | |
| 5. Human Subjects Certification, when applicable (45 CFR 46) | <input type="checkbox"/> | <input type="checkbox"/> |



Checklist (cont.)



- Type of Application
 - If applying for Year 6, with **NO BREAK** in funding, check “Competing Continuation”
 - All other applicants, check “New”

Part A

- HHS Form 690 – Assurance of Compliance
 - Located at <http://samhsa.gov/Grants/ApplicationKit.aspx>
 - Sign and mail to HHS Office of Civil Rights

Checklist (cont.)

PART B: This part is provided to assure that pertinent information has been addressed and included in the application.

| | YES | NOT Applicable |
|---|--------------------------|--------------------------|
| 1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the appropriate box been checked for item # 16 on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100) | <input type="checkbox"/> | |
| 3. Has the entire proposed project period been identified in item # 13 of the FACE PAGE? | <input type="checkbox"/> | |
| 4. Have biographical sketch(es) with job description(s) been attached, when required?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included? | <input type="checkbox"/> | |
| 6. Has the 12 month detailed budget been provided? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has the budget for the entire proposed project period with sufficient detail been provided? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. For a Supplemental application, does the detailed budget address only the additional funds requested? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. For Competing Continuation and Supplemental applications, has a progress report been included? | <input type="checkbox"/> | <input type="checkbox"/> |

Checklist (cont.)



Part B

- Public Health Systems Impact Statement (RFA– Application and Submission Requirements)
 - Intergovernmental review - Executive Order (EO) 12372
 - Go to http://whitehouse.gov/omb/grants_spoc to reference list of States affected by EO 12372

Checklist (cont.)



Part C

- Name of Business Official: Authorizing Official or individual designated by the Authorizing Official
 - Include the full address
- Name of Program Director: Individual who has daily oversight of the program/project
 - Include the full address
 - This should be the same person as Item 8f of SF-424
 - Social Security No. is not required

Checklist (cont.)



Part C

- Address: Must be physical location, not a P.O. Box
- Entity Identification Number: Use 12 digit HHS EIN, if known; otherwise, include your organization's 9 digit EIN

Checklist (cont.)

PART D: A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.

- (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.
- (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with an agency of PHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated.

Previously Filed with: (Agency)

on (Date)

INVENTIONS

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported, or (3) a negative certification.

EXECUTIVE ORDER 12372

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) directed OMB to abolish OMB Circular A-95 and establish a new process for consulting with State and local elected officials on proposed Federal financial assistance. The Department of Health and Human Services implemented the Executive Order through regulations at 45 CFR Part 100 (Inter-governmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review, (2) increase the ability of State and local elected officials to influence Federal decisions and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.

The regulations at 45 CFR Part 100 were published in the *Federal Register* on June 24, 1983, along with a notice identifying the

Department's programs that are subject to the provisions of Executive Order 12372. Information regarding PHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.

States participating in this program establish State Single Points of Contact (SPOCs) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor's office for information regarding the SPOC, programs selected for review, and the consultation (review) process designed by their State.

Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order 12372 and, where appropriate, whether the State has been given an opportunity to comment.

Checklist (cont.)



Part D

- Private Non-profit Organization: Evidence of non-profit status must be provided with the application
- Check the appropriate boxes and submit required documentation with the application, including EIN verification from the IRS

Disclosure of Lobbying Activities

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0048

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

| | | | |
|--|---|--|--|
| <p>1. Type of Federal Action:</p> <p><input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance</p> | <p>2. Status of Federal Action</p> <p><input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award</p> | <p>3. Report Type:</p> <p><input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change</p> <p>For Material Change Only: Year <input type="text"/> Quarter <input type="text"/> date of last report <input type="text"/></p> | |
| <p>4. Name and Address of Reporting Entity:</p> <p><input type="checkbox"/> Prime <input type="checkbox"/> Subawardee</p> <p>Tier <input type="text"/>, if known: <input type="text"/></p> <p><input type="text"/></p> <p>Congressional District, if known: <input type="text"/></p> | | <p>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</p> <p><input type="text"/></p> <p>Congressional District, if known: <input type="text"/></p> | |
| <p>6. Federal Department/Agency:</p> <p><input type="text"/></p> | <p>7. Federal Program Name/Description:</p> <p><input type="text"/></p> <p>CFDA Number, if applicable: <input type="text"/></p> | | |
| <p>8. Federal Action Number, if known: <input type="text"/></p> | <p>9. Award Amount, if known:</p> <p>\$ <input type="text"/></p> | | |
| <p>10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI):</p> <p><input type="text"/></p> | <p>b. Individuals Performing Services (including address if different from No. 10a.) (last name, first name, MI):</p> <p><input type="text"/></p> | | |
| <p>11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p> | <p>Signature: _____</p> <p>Print Name: <input type="text"/></p> <p>Title: <input type="text"/></p> <p>Telephone No.: <input type="text"/> Date: <input type="text"/></p> | | |
| <p>Federal Use Only:</p> | | <p>Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)</p> | |

Disclosure of Lobbying Activities



- The SF-LLL must be submitted with the application
- If there are:
 - No lobbying activities, write “Not Applicable” (N/A)
 - Lobbying activities, complete SF-LLL

Required Application Components



Section L:

- Certifications
- Disclosure of Lobbying Activities – SF-LLL
- Checklist – PHS-5161-1
- Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations – SMA 170 (found at SAMHSA website)
- Project Performance Site Location(s) Form

Application Formatting Requirements



- Use the **PHS-5161-1**: Application for Federal Assistance
- Number of pages: **30-page limit for narrative and no limit for budget & attachments**
- Paper size: **8.5 X 11**
- Type size: **Times New Roman 12-point**
 - Charts/Tables can be done in **10-point font on paper submissions ONLY**
- Page layout: **1 inch margins**
Single-spaced
One column
Black ink
One-sided (RFA Appendix B)

Application Formatting Requirements



- All pages should be **numbered consecutively**
- Adhere to funding limits, including both Federal share and matching (see budget section of this presentation)
- **Send original and two copies**
- Do **not** use staples, paper clips, or fasteners

Submitting Application



- **APPLICATION DUE ON OR BEFORE MARCH 19, 2010**
- Application cannot be faxed, hand carried, or emailed
- Use a carrier listed in RFA

(RFA page 24)

Submitting Application (cont.)



- On-line submission – <http://www.grants.gov>
 - DUNS number required
 - At least two weeks prior to submitting the application, applicant must register or renew their registration at <http://www.grants.gov>
 - On-line tutorial is provided for submitting applications on grants.gov

(RFA Appendix C)

The Drug Free Communities Support Program- CSAP



Where can I get additional materials?

- SAMHSA's National Clearinghouse on Alcohol and Drug Information (NCADI), call 1-800-729-6686 or go to <http://ncadi.samhsa.gov>
- <http://www.samhsa.gov>
- <http://www.grants.gov>

For Additional SPF or Coalition Support



Contact CADCA's National Coalition Institute for technical assistance related to the Strategic Prevention Framework (SPF) or other COALITION-related issues

[Kristy Miller](#), Technical Assistance Manager

Phone: [800-54-CADCA, ext. 240](tel:800-54-CADCA)

Email: training@cadca.org

**Do not call CADCA for RFA assistance. Use the information on the next slide for specific RFA questions.

For Additional RFA Support



Program Questions:

Olivia Shockey, Project Officer
SAMHSA, Center for Substance Abuse Prevention
240-276-1270

dfcnew2010@samhsa.hhs.gov

Grants Management Questions:

Barbara Orlando, Grants Management Officer
SAMHSA, Division of Grants Management
240-276-1422

barbara.orlando@samhsa.hhs.gov

Submitting Application



- **APPLICATION DUE ON OR BEFORE MARCH 19, 2010**
- Application cannot be faxed, hand carried, or emailed
- Use a carrier listed in RFA

(RFA page 24)

For Additional RFA Support



Program Questions:

Olivia Shockey, Project Officer
SAMHSA, Center for Substance Abuse Prevention
240-276-1270

dfcnew2010@samhsa.hhs.gov

Grants Management Questions:

Barbara Orlando, Grants Management Officer
SAMHSA, Division of Grants Management
240-276-1422

barbara.orlando@samhsa.hhs.gov



Financial Capability



Financial Capability Reviews – What are they?



- Assessments of applicants' financial management systems (FMS) to determine if they are capable of adequately administering Federal awards

Financial Capability Reviews – Why are they important?



- Financial capability reviews identify weaknesses in applicants' FMS, which are required to be corrected
- Grantee organizations with adequate FMS are less likely to be the victims of fraud, waste, and abuse
- Grantees with adequate FMS are more likely to achieve their programmatic objectives

Financial Capability Reviews – How are they conducted?



The Financial Advisory Services Officers review either:

- A recent report on an audit performed in accordance with OMB Circular A-133; or
- Accounting and personnel policies and procedures (P&P) along with the most recent financial statements (F/S) or IRS Form 990, *Return of Organization Exempt from Income Tax*

Financial Capability Reviews – Using P&Ps & F/S or IRS 990



- P&Ps are compared to management controls within *Grantee Financial Management Requirements (GFMR)*, which are based on administrative requirements (45 CFR Parts 74 & 92), cost principles (OMB Circular A-87 & A122), and HHS Grants Policy Statement
- The GFMRs are available to applicants at <http://www.samhsa.gov/grants/management.aspx>
- F/S or IRS Form 990s are reviewed for indicators of financial instability