Drug-Free Communities
Local Problems Require Local Solutions

Responding to the Funding Opportunity Announcement:
Review of the Attachments

[Images of various community groups such as Parents, Law Enforcement, Youth, Civic/ Volunteer Organizations, Business, Religious/ Fraternal Organizations, Media, Healthcare Professionals, Schools, State/ Local/Tribal Government, Youth Serving Organizations, and Substance Abuse Organizations]
Attachment 1: Coalition Involvement Agreements (CIA)

• Provide **1 CIA for each of the required 12 sector members**
  • Applicants will not score higher for providing more than 12 CIAs

• **Cannot be more than 12 months old** at the time of application (March 2016 to March 15, 2017)

• **Must be a hand-written signature and hand-written date – check all dates!**
  • No electronic signatures will be accepted!
  • No stamped signatures will be accepted!

• **Neither paid staff** (current or proposed) nor the **person signing the CIA on behalf of the coalition** can serve as a sector representative
Attachment 1: Coalition Involvement Agreements (CIA)

- Template provided in FOA **may be tailored** and does **not** have to be used verbatim.

- **Option 1**: Use Table 19 on your coalition’s current Coalition Involvement Agreements (cannot be more than 12-months old).

<table>
<thead>
<tr>
<th>Sector</th>
<th>Member Name</th>
<th>Organization Name</th>
<th>Rationale for Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insert one for each of the 12 sectors.</td>
<td>Insert Individual’s Name</td>
<td>Insert Organization Name</td>
<td>Explain Briefly</td>
</tr>
<tr>
<td>“State, Local or Tribal Government Agency with Expertise in the Field of Substance Abuse”</td>
<td>Ms. Dee F. Cee</td>
<td>County Substance Abuse Prevention Council</td>
<td>Provides support, training, and guidance to prevention service providers and coalitions in the catchment area of the coalition.</td>
</tr>
</tbody>
</table>

- **Option 2**: Use the 12 DFC Coalition Involvement Agreements provided within Appendix D.
Attachment 2: Two Sets of Coalition Minutes

- **Must** be the coalition’s minutes

- Check the **date** – **must** provide month, date and year!
  - From a meeting that took place between **March 1, 2016 and the deadline** for submission of this application (March 15, 2017)

- **Must** list each coalition meeting attendee & the sector he/she represents
  - All sectors do not have to be present at both meetings

- **Must** indicate the coalition’s **work on youth substance use prevention**

- Just **two sets**—applicants **will not** score higher for providing more than two sets of minutes
Coalition Meeting Minutes Tips

• Check the **month, date & year** to ensure required timeframes

• Define coalition meeting attendees by **name, sector represented, agency/organization represented**

• If the meeting minutes do not reflect the name of the coalition, **explain any variance**
Attachment 3: Coalition Mission Statement

- Must be the coalition’s Mission Statement
- Put on a single sheet of paper by itself
- Clearly label: “Attachment 3: Coalition Mission Statement”
- Ensure that it clearly indicates that the coalition’s mission includes the prevention of youth substance use
Mission Statement Examples

• **Ineligible:**
  • The mission of the ABC Coalition is to make our community safer for all who live in it by implementing strategies addressing health and wellness.

• **Eligible:**
  • The mission of the ABC Coalition is to plan and implement *strategies to prevent and reduce youth substance use* and its associated consequences.
**Attachment 4: Assurance of Legal Eligibility or Legal Applicant Coalition MOU**

- **Scenario One:**
  - The coalition is its own 501(c) 3 and is legally eligible to apply for a DFC grant on its own
  - Using Appendix E, answer the questions, if ‘yes’ to both questions, sign the form
  - Include Appendix E as Attachment 4
Attachment 4: Assurance of Legal Eligibility or Legal Applicant Coalition MOU

- **Scenario Two:**
  - The coalition is partnering with an outside agency to serve as the legal applicant on its behalf

  - **May** use the sample in Appendix F for the Memorandum of Understanding between the legal applicant agency and the coalition

  - **Must** have two signatures: one from the legal applicant agency and one from the coalition
Tips for Legally Eligible Entity

- Coalitions with **501(c)3 status can** apply on their own, but are not required to do so

- Choose your outside legal applicant agency *wisely*!!

- Develop a **strong** MOU!

- MOU **cannot be more than 12 months old** at the time of submission of the application

- **Appendix F** is a **template** and **can be tailored** to meet the needs of the coalition and the legal applicant agency
Attachment 5: Letters of Mutual Cooperation

- If an applicant coalition is going to overlap zip codes with a current DFC grantee or an applicant applying in the same cycle, the following must be included in a Letter of Mutual Cooperation:
  - Which zip codes overlap
  - What the two (or more) coalitions will do to work together
  - Must have one signature from all overlapping coalitions on the letter
  - Go to www.whitehouse.gov/ondcp/Drug-Free-Communities-Support-Program for a list of current grantees
Community Zip Code Overlap Tips

- Go to [www.whitehouse.gov/ondcp/drug-free-communities-support-program](http://www.whitehouse.gov/ondcp/drug-free-communities-support-program) to find existing coalitions near you

- ONDCP cannot tell you about neighboring applicant coalitions for this fiscal year
  - It is the responsibility of the applicant coalition to know about any nearby coalitions that are applying for DFC funding
  - If two first-time DFC grant applicants are applying and have overlapping zip codes, each must include a letter of support from the other

- Letter(s) of Mutual Cooperation should list overlapping zip codes and provide a brief explanation of how the two coalitions will work together
  - These must be signed by both coalitions
Attachment 6: Assurance of One DFC Grant at a Time

• Use the template in Appendix G exactly as it is provided

• Have the Authorized Representative sign the document

• Indicates understanding that only one DFC grant can be awarded to a single legal applicant at any time
  – Does not apply to DFC Mentoring Grants
Attachment 7: Assurance of 10-Year Funding Limit

- Use the template in Appendix H exactly as it is provided
- Have the Authorized Representative for the legal applicant sign the document
- Indicates an understanding that a coalition cannot receive more than 10 years of DFC funding
- Providing false or misleading information is unlawful and subject to criminal penalties (18 USC1001)
Attachment 8: Key Personnel, Resumes, CVs and Position Descriptions

• As Attachment 8, include for the Program Director and Project Coordinator (Refer to Appendix I):
  – Resume (not longer than 2 pages)
  – Position description (not longer than 1 page)

• “Program Director” and “Project Coordinator” are official DFC key personnel titles
  – Can be the same person and is usually the person overseeing the coalition’s daily activities
  – If not the same person, it is determined by the coalition and may be a person within an outside partnering agency serving as a legal applicant and the person overseeing the coalition's daily activities
Attachment 9: General Applicant Information Table

- Use the table in Appendix J exactly as provided
- Respond to all information requested
- Do not leave anything blank

### Appendix J – General Applicant Information

As Attachment 9, complete this table (2 pages) with the required information.

<table>
<thead>
<tr>
<th>Information Required</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Legal Applicant/Grant Recipient Name (Item 8 on SF-424)</td>
<td></td>
</tr>
<tr>
<td>2. Applicant Coalition Name (Item 15 of SF-424, if same as Grant Applicant Name, skip to question 3)</td>
<td></td>
</tr>
<tr>
<td>3. Program Director Name, Phone Number, and Email Address (individual who provides daily oversight of the grant, including fiscal and personnel management, community relations, implementation, and evaluation)</td>
<td></td>
</tr>
<tr>
<td>4. Project Coordinator Name, Phone Number, and Email Address (individual who coordinates the work of the coalition and DFC activities, including training, coalition communication, data collection, and information dissemination)</td>
<td></td>
</tr>
<tr>
<td>5. Coalition Physical Mailing Address (No P.O. Boxes)</td>
<td></td>
</tr>
<tr>
<td>6. Provide months, date, and year coalition was established (Ex: 01/01/2020)</td>
<td></td>
</tr>
<tr>
<td>7. How long has the coalition been formally active? (i.e., 2 Years 1 month)</td>
<td></td>
</tr>
<tr>
<td>8. Legal Applicant/Grant Recipient Name, Phone Number, and Email Address (the person legally charged with the programmatic and fiscal oversight grant (e.g., Business Official or Authorized Representative)</td>
<td></td>
</tr>
<tr>
<td>9. Grant Award Recipient/Legal Applicant Physical Mailing Address (No P.O. Boxes)</td>
<td></td>
</tr>
<tr>
<td>11. Geographical boundaries served by the coalition (e.g., city, county, streets, townships, parishes, reservations, villages, etc.)</td>
<td></td>
</tr>
<tr>
<td>12. List all zip codes served by the coalition. Go to <a href="https://tools.usps.com/go/ZipLookupActionInput.action">https://tools.usps.com/go/ZipLookupActionInput.action</a></td>
<td></td>
</tr>
<tr>
<td>13. Approximate total population served by the coalition</td>
<td></td>
</tr>
</tbody>
</table>
Attachment 10: Letter to Single State Agency (SSA)

- Include a letter to the **Single State Agency (SSA)** and/or local health department responsible for the State Single Point of Contact (SPOC) stating that an application for DFC funding has been submitted.

- Does **not** apply to American Indian/Alaska Native tribes.

- See **Appendix K** for additional instructions and the website to locate your State’s SPOC.
Attachment 11: Disclosure of Prior DFC Funding

• Use Appendix L exactly as provided

• Complete the requested information for both the legal applicant and/or the applicant coalition

• All DFC grants ever received by a legal applicant must be included on this form

• Indicate your status by checking the appropriate bracket, complete all items in Table 21, add rows if needed, and sign

• Must have two hand-written signatures: one from the legal applicant and one from the applicant coalition for this application
Attachment 12: DFC National Cross-site Evaluation Requirements

- Use **Appendix M exactly as provided**
- Complete the **four questions in Table 22**

### Table 22: DFC National Cross-Site Evaluation Requirements

<table>
<thead>
<tr>
<th>Questions</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of the primary survey instrument to be used to collect data required to obtain the four core measures:</td>
<td></td>
</tr>
<tr>
<td>1. Past 30-day use</td>
<td></td>
</tr>
<tr>
<td>2. Perception of risk or harm of use</td>
<td></td>
</tr>
<tr>
<td>3. Perception of parental disapproval of use</td>
<td></td>
</tr>
<tr>
<td>4. Perception of peer disapproval of use</td>
<td></td>
</tr>
<tr>
<td>How often will the survey(s) be administered and collected?</td>
<td></td>
</tr>
<tr>
<td>What, if any, supplemental survey(s) instrument and/or data will be used to meet the DFC National Cross-Site Evaluation requirements?</td>
<td></td>
</tr>
<tr>
<td>On what date was the data collected to answer Question 2 of the Project Narrative?</td>
<td></td>
</tr>
</tbody>
</table>
Attachment 13: Congressional Notification

- Use Appendix N exactly as provided

- Include all of the information requested and in line with what is in the DFC application you are submitting

- “Project Description” cannot be more than 35 lines and must be on one page
Additional Attachments

• Only Attachments 1-13 are required

• If an applicant chooses to submit additional Attachments they must be labeled and identified with a page number

• Do not send brochures, CDs, PowerPoints, or promotional items. They will be discarded and are not sent to the Peer Reviewers

• Additional Attachments are not required, are not scored, and thus will not affect the application score
Next to Last Page of the Application

- Grant Application Package Checklist
  - Place as the next to last page of the application either immediately after Attachment 13 or after any additional Attachments the coalition chooses to submit
Last Page of the Application: Pre-Submission Verification Checklist

• Use **Appendix O exactly** as provided

• Ensure that **all documents included in the FOA are listed** in the Pre-Submission Verification Checklist (Appendix O)

• Attach the completed Pre-Submission Verification Checklist (Appendix O) as the **last page of the submitted application**