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Drug-Free Communities

Local Problems Require Local Solutions

Responding to the Funding Opportunity Announcement: Review of the Attachments



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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



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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)

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

- **Option 2:** Use the 12 DFC Coalition Involvement Agreements provided within Appendix D



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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



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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**



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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**



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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.



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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**



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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



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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



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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



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Community Zip Code Overlap Tips

- Go to 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



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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



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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)



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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



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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 21: General Applicant Information

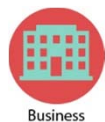
Information Required	Response
1. Legal Applicant/Grant Recipient Name (Item 8 on SF-424)	
2. Applicant Coalition Name (Item 15 of SF-424; if same as Grant Applicant Name, skip to question 3)	
3. Program Director Name, Phone Number, and Email Address (individual who provides daily oversight of the grant, including fiscal and personnel management, community relations, implementation, and evaluation)	
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)	
5. Coalition Physical Mailing Address (No P.O. Boxes)	
6. Provide month, date, and year coalition was established (xx/xx/xxxx)	
7. How long has the coalition been formally active? (i.e., 2 Years 1 month)	
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)	
9. Grant Award Recipient/Legal Applicant Physical Mailing Address (No P.O. Boxes)	
10. List Federal Congressional Districts served by coalition. Go to http://www.house.gov for more information. (Item 16 on SF-424)	
11. Geographical boundaries served by the coalition (e.g., city, county, streets, township, pueblo, reservations, villages, etc.)	
12. List all zip codes served by the coalition. Go to: https://tools.usps.com/go/ZipLookupAction!input.action	
13. Approximate total population served by the coalition	



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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



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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



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Attachment 12: DFC National Cross-site Evaluation Requirements

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

Appendix M – DFC National Cross-Site Evaluation Requirements

As Attachment 12, the legal applicant/grant recipient and/or official coalition representative **must** indicate the coalition's ability to meet the DFC National Cross-Site Evaluation requirements by completing Table 23 below.

The DFC Support Program collects four core measures to determine the effectiveness of the DFC Support Program. The four core measures are:

1. Past 30-day use
2. Perception of risk or harm of use
3. Perception of parental disapproval of use
4. Perception of peer disapproval of use

Each of the above core measures **must** be collected and reported **every two years**, in at **least three grades** between grades 6th-12th and on **four substances** (alcohol, tobacco, marijuana, and prescription drugs). It is strongly recommended that data be collected in both middle school grade(s) and in high school grade(s). Grant recipients are allowed to collect additional data as they see fit to meet their local and coalition evaluation needs.

Table 23: DFC National Cross-Site Evaluation Requirements

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



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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



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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



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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



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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**



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