

## **SUPPLEMENTARY INSTRUCTIONS FOR COMPLETING THE APPLICATION PACKAGE**

### **Application for Drug-Free Communities Support Program (DFC) Non-Competing Continuation Grant**

Complete all sections applicable to your grant.

#### **SF-424 APPLICATION FOR FEDERAL ASSISTANCE – face page**

Item 5b – Federal Award Identifier: For a continuation of an existing award, enter the previously assigned Federal award identifier number – on Page 1 “Grant Number” on the Notice of Award (NoA).

*If there is a change of the Grantee/Fiscal Agent you must include a cover letter explaining the reason, the current grantee must submit a relinquishment letter and must contact their Grants Management Specialist for instructions. This action requires prior approval by the Grants Management Specialist, SAMHSA.*

Item 8f - Name and contact information of person to be contacted on matters involving this application: enter the name and telephone number of the Program Director for the upcoming funding period.

Item 11 - Catalog of Federal Domestic Assistance Number: 93.276

Item 18 - Estimated Funding: Enter the amount of Federal funds (TOTAL COSTS: Direct and Indirect Costs) being requested from SAMHSA for this continuation grant application. This total should correspond with the figures on the SF-424A Budget Information-Non-Construction Programs. This total should also correspond with the figures **on your current Notice of Award**, Page 2 “Summary Totals for all Years” the maximum allowable amount of Federal dollars is shown here (contingent on availability of funds) for which you may apply the coming grant year.

Program Income is gross income – earned by a recipient, sub-recipient, or a contractor under a grant – directly generated by the grant-supported activity or earned as a result of the award. Program income includes, but is not limited to, income from fees for services performed; charges for the use or rental of real or property; equipment, or supplies acquired under the grant; the sale of commodities or items fabricated under an award; charges for research resources; license fees; royalties on patents and copyrights.

Item 19 - Executive Order 12372: Refer to listing of SPOC. If the State is not listed, it does not participate in the requirements (<http://www.samhsa.gov/grants/continuation-grants>).

Item 21 – Assurances and Certificates: Check “I agree” and have the Grantee/Fiscal Agent Authorizing Official sign – a copy of the certifications and assurances, for your records, is found at <http://www.samhsa.gov/grants/continuation-grants>.

Item 21a – Authorized Representative: By signing, the Authorizing Official is certifying that the SF-424B Assurances-Non-Construction Programs and Certifications are true.

## **BUDGET INFORMATION-Non-Construction Programs –SF- 424A**

### **Section B - Budget Categories**

Line 6 Column (3) Enter the Federal dollars being requested for each object class category. The total of Column (3) should equal the amount reflected in Section A Column (e) – this amount should be no more than what was approved for future funding years (See NoA - Page 2 “Summary Totals for all Years”)

Line 6 Column (4) Enter the total non-Federal funds (match) for each object class category. The total of Column (4) should equal the amount reflected in Section A Column (f). Years 7-8 must demonstrate 125% of Federal request. Years 9-10 must demonstrate 150% of Federal request.

If indirect costs are requested, enter the amount on line 6j, Column (3). To substantiate the request, a copy of the applicant organization's most current negotiated indirect cost rate agreement established must be submitted with the application. Failure to submit a copy of this established rate may result in delay of the award.

### **INSTRUCTIONS FOR COMPLETING THE DETAILED BUDGET NARRATIVE JUSTIFICATION**

In this section, applicants must provide a one-year budget and budget justification based on the structure of the sample budget from the SAMHSA website or original FOA. Please include (as part of this budget) a narrative justification for each budget category. The budget must include a description of matching resources and other support that the coalition expects to receive. There is no page limit for the budget and budget justification.

Obtain the forms from the SAMHSA website, visit <http://www.samhsa.gov> then click on “grants,” then click on “applying for a SAMHSA grant,” then click on “Continuation Grants” scroll down to Sample Budgets. Use the Sample Budget with Matching Funds (MS Word or PDF Format).

### **INSTRUCTIONS FOR COMPLETING THE ACTION PLAN**

NOTE: A complete resubmission of the material contained in the initially approved application is not required.

- A 12-month Action Plan for the next year of funding that details the objectives, strategies, and activities that will strengthen the coalition’s internal capacity and that will impact community youth substance abuse. Please identify any strategies you chose to employ that are also connected to the President’s National Drug Control Strategy (<https://www.whitehouse.gov/ondcp/grants-programs/>), with particular emphasis on reducing the misuse of prescription drugs and drugged driving.

**Action Plan for the Coming Grant Year** (September 30, 2019 through September 29, 2020)  
This section serves as the one-year plan (Up to 6 pages) that puts into action the components necessary to carry out effective community change strategies (seven strategies for community change).

In this section applicants must describe the following:

Provide the coalition’s Action Plan in table format (see below) for the next year of funding. Under DFC Goal 1, include objectives, strategies, and activities that will strengthen the coalition’s internal capacity (e.g., leadership, management, board structure, recruitment, resource attainment), as well as increase overall community collaboration. Under DFC Goal 2, include objectives, strategies, and activities that will impact community youth substance abuse (e.g., policy changes, enforcement efforts, physical design changes, media advocacy).

The Action Plan must include objectives, strategies, and activities that target at least two substances. You may include as many objectives, strategies, and activities as necessary to meet the specified goals.

Include the following for each of the two DFC Program identified goals:

- Describe the specific and measurable objectives that will achieve the outlined goal.
- Describe the specific strategies and activities the coalition will undertake to meet the objective.
- State when each activity will be completed.
- State who is responsible to carry out the activity and what other resources are needed.

**DFC Goal 1: Increase community collaboration**

Objective 1: *List your specific objective.*

Strategy 1: *List your specific strategy.*

Activity	Responsible Group/Person	Target Date (By when?)

Strategy 2: *List your specific strategy.*

Activity	Responsible Group/Person	Target Date (By when?)

**DFC Goal 2: Reduce youth substance use**

Objective 1: *List your specific objective.*

Strategy 1: *List your specific strategy.*

Activity	Responsible Group/Person	Target Date (By when?)

Strategy 2: *List your specific strategy.*

Activity	Responsible Group/Person	Target Date (By when?)

## **HHS CHECKLIST**

Type of Application: Check “Non-competing continuation”

Part A - Item 4: List the date the HHS 690 was submitted

Part B - Item 1: Public Health System Impact Statement for the program should have been completed and distributed with the first year of the award. If changes were requested and approved, then resubmit to appropriate State agency.

Part C - The "Business Official to be notified..." should be either the authorizing official identified in Item 21a on SF-424 or the designated business official of the applicant organization.

The Program/Project Director or Principle Investigator is the individual "designated to direct the proposed project or program" and **must be** the same individual identified on SF-424 (Version 02) Application for federal Assistance – (face page) – Item 8f

Part D: If non-profit status was previously filed, complete bottom portion. If this is a new non-profit designation submit at least one of the required documents with the application.

## **SF-LLL – DISCLOSURE OF LOBBYING ACTIVITIES**

If your organization engage in lobbying activities, complete all parts of the form and return with the application.

If your organization does not engage in lobbying activities indicate “Not Applicable” on the form, sign, and return with the application.

## **Drug-Free Community Support Program ELIGIBILITY CERTIFICATION CHECKLIST**

Complete the attached checklist.

## **DISCLOSURE OF DRUG-FREE COMMUNITIES SUPPORT PROGRAM COALITION INFORMATION.**

Complete the attached disclosure to verify which year(s) the grantee and coalition have been operating under this grant (the same coalition may have ten years of funding according to the law).

## Drug-Free Communities Support Program (DFC) Continuation Application Eligibility Certification Checklist

In accordance with the criteria set forth in the Drug Free Communities Act, 1997 (Public Law 105-20) and subsequent reauthorizations, coalitions funded through the DFC Program must demonstrate that the coalition continues to meet the statutory eligibility requirements annually as part of the grant renewal or continuation process.

Coalitions who do not continue to meet the statutory eligibility requirements may be placed on Restricted Status and may be required to submit supporting documentation regarding the eligibility requirements. Failure to meet eligibility requirements may result in loss of continued grant funding.

The Authorized Representative for the coalition should initial next to each numbered item below and check whether or not the coalition is still in compliance with each eligibility requirement.

Initials	Yes	No	
_____	_____	_____	1. The coalition has one or more representatives of the 12 required sectors of a community as outlined in the DFC Act.
_____	_____	_____	2. The coalition has been in existence for at least six months, with substantial involvement from volunteer leaders or members.
_____	_____	_____	3. The coalition has as its principle mission the reduction of substance abuse in a comprehensive and long-term manner, with a primary focus on youth in the community and strategies to achieve the mission.
_____	_____	_____	4. The coalition can be sustained as an ongoing concern with non-federal financial support.
_____	_____	_____	5. The coalition has established a system to collect and report the DFC Program's required measures: (1) substance use in the past 30 days; (2) perception of risk; (3) Perception of peer substance use; and (4) perception of disapproval of use by Parents. These measures are collected in three grades at the middle school and high school levels (i.e., grades 6-12) on four substances: alcohol, tobacco, marijuana and prescription drugs.

**In keeping with the FY 2019 Terms and conditions and future reporting projections, grantees who can comply with the new measures should provide those measures in their DFC-Me data entry. It is expected that all grantees will be in full compliance with the August 2019 DFC Me data entry. Should you require assistance, you may seek help from ICF at [dfc\\_evaluators@icfi.com](mailto:dfc_evaluators@icfi.com).**

If an item above is checked "NO", an explanation must be provided in the space below to document what the reason is that the coalition does not currently meet this requirement and what corrective action the coalition will undertake to become fully compliant within the next 90 days.

List below, Grant Program Key Staff and their level of effort:

Program/Project Director:	% Level of effort:
Program Coordinator:	% Level of effort:

I hereby acknowledge that the above statements are true and can be verified with supporting documentation upon request.

Grant SP # \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

**Disclosure of Drug-Free Communities Support Program Coalition Information**

**1. Identify the names of the grantee/fiscal agent and coalition on your current application:**

NAME OF GRANTEE: \_\_\_\_\_

NAME OF COALITION: \_\_\_\_\_

**TO HELP US ACCURATELY DETERMINE IF AND WHEN YOUR COALITION HAS PREVIOUSLY RECEIVED DFC FUNDING, PLEASE ANSWER THE FOLLOWING:**

**2. Indicate the status of your coalition:**

- DFC COALITION FORMERLY FUNDED
- DFC COALITION CURRENTLY FUNDED
- COALITION APPLYING FOR FIRST TIME DFC FUNDING

**3. For all prior DFC awards (First time applicants do not complete this section), identify the name of the federal agency that funded the coalition’s prior grant (i.e., SAMHSA/CSAP, DOJ/OJJDP), year(s) of funding (enter ranges where applicable), grant number, fiscal agent name as it appeared on the Notice of Award (When using acronyms please also include the full name).**

<u>FEDERAL AGENCY</u>	<u>YEAR(S) OF DFC FUNDING</u>	<u>DFC GRANT #</u>	<u>GRANTEE NAME</u>
<i>EXAMPLE</i> SAMHSA	2005 - 2010	SP012345	CONA - Coalition of North America
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**4. If your coalition had a break in funding, indicate each year you did not receive funding from the Drug-Free Communities program.**

NO DFC FUNDING: \_\_\_\_\_