

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

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

The following instructions are specifically directed at DFC Programs and are intended to supplement, clarify, or, where necessary, replace those within the application package and Project/Program Narrative.

**USEFUL INFORMATION FOR COMPLETING THE APPLICATION PACKAGE
(Complete all sections applicable to your DFC grant)**

I – APPLICATION FOR FEDERAL ASSISTANCE: SF-424 (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, and there is no guarantee that this action will be approved.

Item 8c – Organization DUNS: (Required) All Organizations must register their DUNS number with System for Award Management (SAM) annually. Information on registering with (SAM) may be obtained by visiting the Grants.gov website.

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

Item 11 - Catalog of Federal Domestic Assistance Number: 93.276

Item 12 - Funding Opportunity Number: (Required) Enter the Funding Opportunity Number and title under which assistance is required, as found in the Continuation Letter.

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 defined as income earned by a grantee and/or sub-recipient that was directly generated by the grant supported activity or earned as a result of the award. Program income must be used to further the objectives and shall only be used for allowable costs as set forth in the applicable OMB Circulars and CFR as described in the terms and conditions of the award.

Item 19 - Executive Order 12372: Refer to the Intergovernmental Review (SPOC List), which can be found at the following link: http://www.whitehouse.gov/omb/grants_spoc/. If the state is not listed, it does not participate in this requirement. Applications from federally recognized Indian tribal governments are not subject to Executive Order 12372.

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 <https://www.samhsa.gov/grants/continuation-grants/dfc-continuations>

Item 21a – Authorized Representative: By signing this application and checking the “I agree” box, the Authorized Representative certifies the statements contained in the list of certifications and the required assurances. (Grantee should retain these pages since there is no need to submit the Certifications and Assurances).

II - 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.

III - 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).

IV – 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 Director/Project Director 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.

V - INSTRUCTIONS FOR COMPLETING THE PROGRAM NARRATIVE

NOTE: A complete resubmission of the material contained in the initially approved application is not required. The program narrative for a noncompetitive DFC continuation application consists of:

- 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 misuse. Please identify any strategies you chose to employ that are also connected to the President’s National Drug Control Strategy (<http://www.whitehouse.gov/ondcp>), with particular emphasis on reducing the misuse of prescription drugs.

Action Plan for the Coming Grant Year (September 30, 2017 through September 29, 2018) 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 12-month 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 and coordination. Under **DFC Goal 2**, include objectives, strategies, and activities that will impact community youth substance misuse (e.g., policy changes, enforcement efforts, physical design changes, media advocacy).

The 12-month Action Plan must include objectives, strategies, and activities that target at least two substances. You may include as many objectives, strategies, and activities are 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 DFC Program goals.
- Describe the specific strategies and activities the coalition will undertake to meet the objectives.
- State when each activity will be completed.
- State who is responsible to carry out each activity and what other resources are needed.

DFC Goal 1: Increase community collaboration

Objective 1: *List your specific objectives.*

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 objectives.*

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?)

VI - SF-LLL – DISCLOSURE OF LOBBYING ACTIVITIES

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

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

VII - ELIGIBILITY CERTIFICATION CHECKLIST

Complete the attached checklist.

VIII – 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 10 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 a High Risk restriction 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 (for more information visit the program's website at <http://www.whitehouse.gov/ondcp/information-for-current-grantees>).

The coalition is required to complete this Eligibility Certification Checklist as part of the annual grant renewal process. The Authorized Representative for the coalition must initial next to each numbered item below and check whether or not the coalition is still in compliance with each eligibility requirement. If the Coalition is not in compliance with a given element, an explanation should be documented as to why the coalition is not currently in compliance and what the coalition plans to do to achieve the requirement within the next 90 days.

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 6 months, with substantial involvement from volunteer leaders or members.
_____	_____	_____	3. The coalition has as its principal 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 Terms and conditions and future reporting projections, grantees who can comply with the new measures please provide those measures in your DFC-ME data entry. It is expected that all grantees will be in full compliance for the DFC-ME data entry. Should you require assistance, you may seek help from ICF at dfc_evaluators@icfi.com.

If an item above is checked "NO", an explanation should 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 will the coalition undertake to become fully compliant within the next 90 days.

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

NAME OF GRANTEE: _____

NAME OF COALITION: _____

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

<u>FEDERAL AGENCY</u>	<u>YEAR(S) OF DFC FUNDING</u>	<u>DFC GRANT #</u>	<u>GRANTEE NAME</u>
<i>EXAMPLE</i> SAMHSA	2004 - 2007	SP012345	CONA - Coalition of North America
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

No DFC FUNDING: _____

Instructions: Please fill in the grant number, grant name, and indicate whether the grant is currently in year 01, 06, or returning to the DFC program after a break in funding. List the significant accomplishments and/or challenges for each applicable key activity during the timeframe of September 30, 2013- January 31, 2014. If no progress has occurred for an activity or it is not applicable to the grant, indicate that as the status in the appropriate column. It is not expected that a grantee will have significant activity in every area during the short amount of time that has lapsed since the grant award was made.

As important as progress and accomplishments are, it is equally important to indicate the challenges that have occurred. Please make sure to document the challenges encountered during the grant start-up phase that have impeded intended progress. This information will assist your Project Officer in discussing resources with you and formulating meaningful technical assistance recommendations. Equally important, please identify any immediate technical assistance needs that you have identified and list any other items you think are important to communicate. If you have any questions or would like this document sent to you electronically, please contact your Project Officer.

Grantee Number: SPO-	Grant Name:
<input type="checkbox"/> Year 1	<input type="checkbox"/> Year 6
<input type="checkbox"/> Funded after Break	

Key Activity Status 09/30/2012-01/31/2013	Accomplishments	Challenges
Hiring/Changes in Key Staff		
Relationship Between Coalition and Grantee Organization		
Community Notification of Receiving Grant		
Changes in Coalition Structure/Sector Reps		
Change(s) to Logic Model		
Change(s) to one-year Action Plan		

Immediate Technical Assistance Needs:
Other Information or Questions for the Project Officer:

IX. ELECTRONIC SUBMISSION THROUGH GRANTS.GOV

Download the application package and instructions by selecting “Apply for Grants”. You can search for the downloadable application package by the Catalogue of Federal Domestic Assistance (CFDA) number which can be found in the most recent NoA (page 2) or by the Funding Opportunity Number. The Funding Opportunity Number for the grants.gov can be found in the **“Continuation Letter to Eligible Grantees”**.