

DFC Statutory Eligibility Requirements

Statutory Eligibility Requirements

- In order to be eligible to apply to the DFC Program, applicants **must meet all** of the DFC Statutory Eligibility Requirements
- **Failure to meet any one DFC Statutory Eligibility Requirement will:**
 - deem the application ineligible; and
 - application will not proceed to peer review

STATUTORY REQUIREMENTS

- 12 Required sectors
- Six-month existence
- Mission statement
- Multiple drugs of abuse
- National cross-site evaluation

- Eligible to receive federal grants
- Match from non-federal sources
- Limited to \$125,000/year
- Zip code overlap
- No more than 10 years of DFC funding

Requirement 1: 12 sectors

1. **Youth:** An individual 18 years of age or younger (must provide age of youth)
2. **Parent:** An individual legally responsible for a child, grandchild, or foster child
3. **Business:** A representative of a business-related organization
4. **Media:** A representative of a communication outlet that provides information to the community
5. **School:** A representative of the school system with influence in school policies and procedures
6. **Youth-Serving Organizations:** A representative of an organization that provides services to youth
7. **Religious/Fraternal Organizations:** A representative of a faith-based organization or a representative from a fraternal organization that is based on a common tie or the pursuit of a common goal.



Requirement 1: 12 sectors

8. **Law Enforcement:** A representative of a law enforcement agency. They must be an active sworn law enforcement officer, not retired
9. **Civic/Volunteer Groups:** A representative of an organization that provides civic or volunteer activities that serves the community (not a coalition member). Examples include Lions Clubs, Rotary Clubs, etc.
10. **Healthcare Professionals:** An individual and/or organization licensed to provide physical, mental, or behavioral healthcare services
11. **State/Local/Tribal Government:** A representative of a government-funded agency with a focus on substance use prevention, treatment, or recovery support services
12. **Other Substance Abuse Organizations:** A representative of a community organization that addresses substance use



Requirement 1: 12 sectors

- **Coalition Involvement Agreements (CIA):**
 - You **must** have a CIA for each sector
 - Sample CIAs will be provided
 - Able to alter the samples to meet the coalition needs
 - Applicants must also provide a rationale for each sector member

Evidence: 12 CIAs and a completed sector table that includes the rationale for each sector member.

APPENDIX C: SAMPLE COALITION INVOLVEMENT AGREEMENT

Coalition Involvement Agreement between

[Coalition name]
and

[Name of sector representative], representing the [Insert one of the 12 sectors here]

[Coalition name] is responsible for:

1. Creating and following by-laws and policies.
2. Formulating coalition goals and objectives.
3. Overseeing operations of activities, programs, and paid staff.
4. Increasing new membership of the coalition.
5. Creating and following a strategic 12-Month Action Plan.
6. Creating a credible and relevant sustainability plan including volunteer membership and resources, both financial and material.
7. Respecting the rights of Coalition members to hold their own opinions and beliefs.
8. Other responsibilities as needed, etc.

[Name of sector representative], representing the [Insert one of the 12 sectors here], is responsible for:

1. Being a community leader amongst the represented sector.
2. Ensuring clear communication between the sector represented and the coalition.
3. Acting as a positive role model for youth, families, and peers.
4. Supporting the coalition's mission.
5. Attending coalition meetings which are held on a / / basis.
6. Participating on at least one subcommittee.
7. Attending coalition sponsored trainings, town hall meetings, and other community events.
8. Contributing to the strategic action planning process.
9. Participating in sustaining the coalition's capacity, involvement, and goals.
10. Preventing youth substance use through environmental strategies.
11. Using his/her activities as match, if applicable.
12. Other responsibilities as needed, etc.

By signing this Agreement, the individuals are affirming that he/she represents one of the 12 required sectors and are committing to the responsibilities described.

COALITION REPRESENTATIVE	SECTOR REPRESENTATIVE
Name and Title	Name and Sector
Signature and Date	Signature and Date

NOTE: Form must be dated after January 2021 and must be signed. Missing signatures or incomplete forms will result in the entire application being deemed as INELIGIBLE and the application will not be considered for funding. Handwritten and/or electronic signatures are acceptable.

Requirement 2: Six-month existence

- Coalition must demonstrate that members have worked together on substance use reduction initiatives for a period of not less than 6 months at the time of submission of the application
- **Meeting Minutes**
 - Must be the coalition's minutes, not those of an outside agent applying on behalf of the coalition
 - Must demonstrate a focus on youth substance use prevention
 - Must include a list of all attendees by sector and the month, day, and year of the meeting

Evidence: One set of coalition meeting minutes that took place between January 2021 and the deadline for the submission of the application & the General Applicant Information Form.

Requirement 3: Mission Statement

- Coalition **must have** as its principal mission the **reduction of substance use**, 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

Evidence: General Applicant Information Form and Project Narrative



Requirement 4: Multiple Drugs

- Multiple drugs **must** be addressed
 - Cannot be an “underage drinking” coalition that does not address other drugs
 - **Do not use the** terms “Alcohol, Tobacco, and Other Drugs (ATOD)”, “substances” or “substance abuse” to account for all substances
 - Vaping is not a substance
 - Indicate multiple drugs in **Project Narrative** and in the **Action Plan**

Evidence: General Applicant Information Form, Project Narrative, and 12-month action plan

Requirement 5: National Cross-Site Evaluation

- If awarded a grant, the coalition will have two years from the time of award to report its first complete set of DFC four core measure data:
 - Past 30-day use
 - Perception of Risk/Harm of Use
 - Perception of Parental Disapproval
 - Perception of Peer Disapproval
- On **four substances:** Alcohol, Tobacco, Marijuana and Prescription Drugs
- In at least **three grades:** 6th-12th
- Every **two years**

Requirement 5: National Cross-Site Evaluation

- Applicants need to describe an evaluation and performance measurement plan that outlines **how** the applicant will collect and report the DFC Program's required measures
- Applicants **are not required** to be in compliance with the DFC National Cross-Site Evaluation Requirements **at the time of application**

Evidence: Project Narrative and Performance Measurement Section

Requirement 6: Eligible to Receive Federal Grants

- Applicant must be an **entity legally eligible to receive Federal funding**

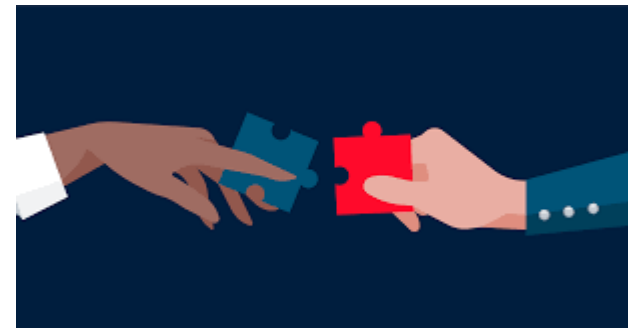
Scenario 1

A coalition with **501(c)(3) status** that is serving as the legal entity



Scenario 2

A coalition that **partners with an organization that** is serving as the legal entity (i.e. fiscal agent)



Requirement 6: Eligible to Receive Federal Grants

Evidence: All applicants must complete, sign, and submit the Statement of Legal Eligibility

- If a coalition is applying as their own legal applicant, they must also submit **the letter from the IRS indicating 501(c)(3) status**
- If a coalition is using an outside agency as the legal applicant (fiscal agent), they must complete, sign, and submit **a Memorandum of Understanding (MOU)** between the legal applicant and the coalition.
- A sample MOU is provided in the NOFO's Appendix

Requirement 7: Support from non-Federal Sources

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)
- Must **account for every matched dollar** to the Government

DFC Year 1-6: 100% Match

DFC Year 7-8: 125% Match

DFC Year 9-10: 150% Match

Evidence: SF-424, Section 18, SF-424A, Budget Narrative

Note: Applicants serving **American Indian/Alaska Native** communities with representation that includes at least one **American Indian/Alaska Native** member may include Bureau of Indian Affairs or Indian Health Service Federal funds as match

Requirement 8: Federal Request

- Applicant **must** not request more than **\$125,000** in Federal funds per year
 - Make sure **budget calculations are correct** and **do not exceed** \$125,000 for your Federal request

Evidence: SF-424, Section 18; SF-424A; and Budget Narrative

OMB Number: 4040-0004
Expiration Date: 12/31/2022

Application for Federal Assistance SF-424		
* 1. Type of Submission:		
<input type="checkbox"/> Preapplication		
<input type="checkbox"/> Application		
<input type="checkbox"/> Changed/Corrected Application		
* 2. Type of Application:		
<input type="checkbox"/> New		
<input type="checkbox"/> Continuation		
<input type="checkbox"/> 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. Organizational DUNS:
_____		_____
d. Address:		
* Street1:		

Street2:		

* City:		

County/Parish:		

* State:		

Province:		

* Country:		
_____ USA: UNITED STATES		
* Zip / Postal Code:		

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:		

Requirement 9: Zip Code Overlap

- Two coalitions may not serve the same community **unless both have clearly demonstrated a plan for collaboration** and each coalition has independently met the eligibility requirements
 - Zip codes serve as the method for identifying potential overlaps
 - Applicant must indicate the zip code(s) that overlap and discuss the plan for collaboration.
 - If no overlap exists, please indicate this in Attachment 4: General Applicant Information.

Evidence: Document whether overlap exists in the General Applicant Information form and if so, include Letter(s) of Mutual Cooperation

Requirement 10: No More Than 10 years of DFC Funding

- No **coalition** can receive DFC funding for more than **10 years**
- A DFC grant applicant cannot seek funding for more than **one coalition** at a time
- A DFC grant applicant cannot seek funding for a **coalition** that has received DFC funding for 10 years

Evidence: Signed Assurance of DFC 10-Year Funding Limit

Key Dates & Important Information

- CDC anticipates publishing the DFC NOFOs on **February 9, 2022**
- CDC will release two NOFOs:
 - Year 1 Applicants (CDC-RFA-CE22-2205): Applicants that have never received DFC funding and are applying for years 1-5
 - Year 6 Applicants (CDC-RFA-CE20-2004CC22): Applicants that have finished their first 5 years of DFC funding and are applying for years 6-10 **OR** have experienced a lapse in DFC funding
- Please check www.grants.gov

**If you have additional questions about the DFC
Statutory Eligibility Requirements, please contact:**

DFC_NOFO@cdc.gov

QUESTIONS?

