

# Supporting Materials

Drug-Free Communities (DFC) Support Program

Notice of Funding Opportunity

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## Statutory Eligibility Requirements (SER) Checklist

The SER Checklist can be used to ensure you have the required evidence to meet the DFC Statutory Eligibility Requirements.

|  |  |
| --- | --- |
| Evidence Required to meet all DFC Statutory Eligibility Requirements | Y/N |
| Requirement 1: 12 SectorsDid you include:* + Sector Table with rationale
 |  |
| Requirement 2: Six Month ExistenceDid you include:* + One set of coalition minutes dated prior to the deadline for the submission of the application
 |  |
| Requirement 3: Mission StatementDid you write:* + A coalition mission statement that addresses youth substance use prevention
 |  |
| Requirement 4: Multiple Drugs of MisuseDid you include in your 12-month action plan:* + At least two drugs of use for the coalition to address
 |  |
| Requirement 5: ZIP Code OverlapDid you include:* A letter(s) of mutual cooperation between the coalitions outlining their efforts to collaborate, if applicable
	+ - Does the letter include the ZIP code(s) that overlaps?
		- Is the letter signed by both coalitions?
 |  |
| Requirement 6: Entity Eligible to Receive Federal GrantsDid you include:* + A signed Statement of Legal Eligibility

If the applicant is a fiscal agent applying on behalf of a coalition, did you include:* + Memorandum of Understanding between the coalition and the fiscal agent
 |  |
| Requirement 7: No More Than 10 Years of DFC FundingDid you include:* + The assurance certifying that your coalition has not received more than 10 years of DFC funding
		- Did you sign and date the assurance?
 |  |
| Requirement 8: Evaluation and Performance Measurement PlanDid you include in your Project Narrative:* An evaluation and performance measurement plan that outlines how you will provide data every two years on core measures for alcohol, tobacco, marijuana, and prescription drug use in **at least** three grades between sixth and twelfth grade.
 |  |
| Requirement 9: Federal RequestDid you include:* + Budget forms and a budget narrative that does not request more than $125,000 per year
 |  |
| Requirement 10: Substantial Support from Non-Federal Sources (Matching Funds) Did you include:* + Budget forms and a budget narrative that describe 100 percent matching funds
 |  |

## NOFO-Specific Glossary and Acronyms

**Achievable:** Attainable within a given timeframe and with available project resources.

**Activities:** The actual events or actions that take place as a part of the program.

**Allowable cost:** A cost incurred by a recipient that is:

* Reasonable for the performance of the award
* Allocable
* In conformance with, or incorporated by reference, any limitations or exclusions set forth in the federal cost principles applicable to the organization incurring the cost or the Notice of Award (NOA) as to type or amount
* Consistent with regulations, policies and procedures of the recipient that apply uniformly to both federally supported and other activities of the organization
* Determined in accordance with generally accepted accounting principles; and not included as a cost in any other federally supported award (unless specifically authorized by statute).

**Authorized Organization Representative:** The AOR is the representative of the applicant/recipient organization with authority to act on the organization’s behalf in matters related to the award and administration of grants. In signing a grant application, this individual agrees that the organization will assume the obligations imposed by applicable Federal statutes and regulations and other terms and conditions of the award, including any assurances, if a grant is awarded. These responsibilities include overseeing the financial aspects of the grant and the performance of the grant-supported project or activities as specified in the approved application. This person must be an employee of the applicant/recipient organization.

**Community-level Change:** Change that occurs within the overall population of the community.

**DFC & CARA *Me*:** DFC’s Management and Evaluation system used for grant communications and progress reporting in concert with CDC’s grants management system GrantSolutions. DFC & CARA Me is also used as a learning center for award recipients.

**Fiscal Agent:** Fiscal Agents are those entities or organizations with high-quality financial and management expertise that agree to serve as the legal applicant for DFC funding when community-based coalitions are unable to apply on their own behalf. The fiscal agent serves to administer and protect the grant funds to further the nonprofit agency's mission. The fiscal agent assumes all responsibility for the grant and the grant requirements by providing timely reporting to allow CDC to monitor performance while the work is carried out and performed by the community-based coalition. The relationship with the coalition is established prior to application for funding though a Memorandum of Understanding (MOU).

**Key Personnel:** Individuals, in addition to the principal investigator/program director (PI/PD), identified by the operational division in the Notice of Award (NOA) that are considered critical to the project (i.e., their removal or absence from the project would have a significant impact on the project). The PI/PD is always considered both a “key person” and a “principal.” Other key personnel generally are not considered “principals” for purposes of suspension and debarment.

**Measurable:** Amount of expected change that is possible or a way to quantify an activity or its results. It also means that the source of and mechanism for collecting measurement data can be identified and that collection of the data is feasible for the project. A baseline measurement is required to document change (e.g., to measure the percentage of increase or decrease). If an applicant plans to use a specific measurement instrument, it is recommended that the instrument is incorporated into the outcome.

**New Coalition:** A new coalition must fit the following criteria.

The proposed new, unique, and distinct coalition:

* must be made up of different leadership and sector representatives from the community
* must have a new name and mission statement
* must have a 12-Month Action Plan based on a newly conducted community needs assessment
* must serve a new population

**Objectives:** What is to be accomplished during a specific period of time to move toward achievement of a goal. Measurable objectives must include the following elements:

* The type of change
* How much change will occur, including the specific amount of increase or decrease
* The specific population to be addressed (if population is youth, the ages of youth or grade level are identified)
* A specific date (month/year) by when change will be accomplished; and indicates how change will be measured

**Pass-through Program:** A program where the recipient’s role is to select subrecipients that are expected to provide the services that are the purpose of the grant, coordinating and overseeing their activities, and providing the administrative support needed to meet OPDIV requirements. Recipients under the DFC Support Program are not permitted to run their program as a pass-through program.

**Program Director/Principal Investigator (PD/PI):** The individual(s) designated by the recipient to direct the project or program being supported by the grant. The PD/PI is responsible and accountable to officials of the recipient organization for the proper conduct of the project, program, or activity. The PD/PI cannot be the same person as the AOR.

**Project Coordinator:** An individual who coordinates the work of the coalition and program activities, including training, coalition communication, data collection, and information dissemination. The Project Coordinator will be listed on the DFC website if the grant is awarded.

**Realistic:** Within the scope of the project and propose reasonable programmatic steps that can be implemented within a specific time frame. Recipient: Conduct the day-to-day operations of the grant program.

**Rural:** According to the Drug-Free Communities Act of 1997, rural is defined as a county with a population that does not exceed 30,000 individuals.

**Specific:** Includes the “who” and “what” of program activities. Use only one action verb to avoid issues with measuring success.

**Strategy:** An overarching strategic plan, action, initiative, or policy approach designed to achieve a key or primary aim or objective the coalition intends to achieve intended results.

**Supplement, not supplant:** A form of maintenance of effort requirement that specifies that federal funds received may not be used to replace existing state, local, or agency funds with federal funds. Federal funds may be used to supplement existing activities. Existing state, local, or agency funds for a project may not be replaced by federal funds and reallocated for other organizational expenses. The baseline for a supplement-not-supplant requirement may be the recipient’s previous fiscal year or another baseline year or period.

**Time-bound:** Provide a timeframe indicating when the outcome will be measured or a time by when the outcome will be met.

## Statistics

According to the [2023 Youth Risk Behavior Survey](https://www.cdc.gov/healthyyouth/data/yrbs/yrbs_data_summary_and_trends.htm):

* + 22 percent of high school students reported consuming alcohol
	+ 17 percent reported current marijuana use
	+ 4 percent reported current prescription opioid misuse
* Overall, female high school students were more likely than their peers to have used or misused substances
	+ Nearly 1 in 4 female students currently drank alcohol and nearly 1 in 5 currently used marijuana
	+ The percentage of Black students who currently drank alcohol increased from 2021 – 2023
	+ The percentage of Black, Hispanic, and White students who currently misused prescription opioids decreased
	+ Youth reported higher rates of persistent feelings of sadness or loneliness and seriously considering attempting suicide

According to the [CDC](https://www.cdc.gov/nchs/):

* Drug overdose deaths among 15- to 19-year-olds doubled from 2019 to 2022.
* From 2022 to 2023, the number of drug overdose deaths involving any opioid **decreased 3.0%** from 81,806 to 79,358.
* In 2023, approximately 105,000 drug overdose deaths occurred.
* In 2023, drug overdose deaths involving any opioids (79,358) accounted for 75.6% of drug overdose deaths overall.
* In 2023, drug overdose death counts and rates were highest for males (74,189 – rate=44.3) and persons 35-44 (27,005 - rate=60.8).

**Evidence-Based Resources**

This document is a collection of resources that provide information and outline evidence-based and practice-based strategies from the Centers for Disease Control and Prevention (CDC) and additional sources to address substance use among youth. This is not an exhaustive list, but rather a starting point for applicants to refer to as they consider which strategies will work best for their communities.

### Alcohol Use Prevention Resources

* [CDC information, data, and resources on underage drinking](https://www.cdc.gov/alcohol/underage-drinking/index.html).
* [Preventing Excessive Alcohol Use with Proven Strategies | Alcohol Use | CDC](https://www.cdc.gov/alcohol/prevention/proven-strategies.html?CDC_AAref_Val=https://www.cdc.gov/alcohol/fact-sheets/prevention.htm) lists strategies that can help communities create social and physical environments that discourage excessive alcohol consumption, thereby reducing alcohol-related fatalities, costs, and other harms.
* The Interagency Coordinating Committee on the Prevention of Underage Drinking [web portal](https://www.stopalcoholabuse.gov/Default.aspx) has resources for providers, practitioners, researchers, policymakers, educators and parents, including [The Report to Congress,](https://www.stopalcoholabuse.gov/media/ReportToCongress/2020/report_main/2020_Report_to_Congress.pdf) [State Performance and Best Practices Report](https://www.stopalcoholabuse.gov/media/ReportToCongress/2020/report_main/2020_State_Perf_Best_Pract_Report.pdf), and 51 [Individual State Reports](https://www.stopalcoholabuse.gov/communitiestalk/stateprofiles/fullmap.aspx).
* CDC’s [Alcohol Outlet Density Measurement Tools](https://www.cdc.gov/alcohol/php/alcohol-outlet-density-tools/?CDC_AAref_Val=https://www.cdc.gov/alcohol/fact-sheets/outlet-density-measurement.htm) includes the CDC Guide for Measuring Alcohol Outlet Density and CDC’s new Alcohol Outlet Density Surveillance Toolkit, which provides steps to use alcohol outlet density indicators for surveillance in states and local jurisdictions.
* CADCA’s Strategizer, [Reducing Alcohol-Related Harms Through Commercial Host Liability,](https://www.cadca.org/resources/strategizer-57-reducing-alcohol-related-harms-through-commercial-host-liability) introduces public health departments, community coalitions and other organizations and individuals to an intervention that can reduce the health and social problems associated with excessive alcohol use.
* CADCA’s Strategizer, [Regulating Alcohol Outlet Density: An Action Guide,](https://www.cadca.org/resources/strategizer-55-regulating-alcohol-outlet-density-action-guide) can assist communities in planning, implementing and evaluating efforts to limit alcohol outlet density.

### Tobacco Use Prevention Resources

* CDC’s [E-Cigarette Use Among Youth](https://www.cdc.gov/tobacco/e-cigarettes/youth.html?CDC_AAref_Val=https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html) provides information, data and resources on e-cigarette use in youth.
* [Boosting the Tobacco Control Vaccine: recognizing the role of the retail environment in addressing tobacco use and disparities](https://tobaccocontrol.bmj.com/content/early/2021/05/05/tobaccocontrol-2020-055722) provides an overview of the importance of incorporating strategies focused on the tobacco retailer environment as part of a comprehensive approach to tobacco prevention and control.
* CDC’s [E-cigarettes and Youth: What Parents Need to Know](https://www.cdc.gov/tobacco/basic_information/e-cigarettes/pdfs/OSH-E-Cigarettes-and-Youth-What-Parents-Need-to-Know-508.pdf) is a factsheet designed to provide information on the risks of e-cigarette use in youth.
* The American Academy of Pediatrics has resources on [Youth Tobacco Cessation](https://www.aap.org/en/patient-care/tobacco-control-and-prevention/youth-tobacco-cessation-toolkits/) for schools, clinical practices, and health settings.
* CDC’s Office of Smoking and Health’s [Media Campaign Resource Center (MCRC)](https://nccd.cdc.gov/mcrc/index.aspx) acts as a source for free and low-cost tobacco education campaign materials in [Multimedia & Tools | Smoking & Tobacco Use | CDC](https://www.cdc.gov/tobacco/php/multimedia-and-tools/?CDC_AAref_Val=https://www.cdc.gov/tobacco/multimedia/index.htm).

### Cannabis Use Prevention Resources

* [CDC information about the health effects of cannabis use](https://www.cdc.gov/cannabis/health-effects/index.html).
* The SAMSHA [Preventing Marijuana Use Among Youth Guide’s](https://library.samhsa.gov/product/preventing-marijuana-use-among-youth/pep21-06-01-001)goal is to review the literature on prevention of marijuana use among youth, distill the research into recommendations for practice, and provide examples of ways these recommendations can be implemented.

### Opioid Use and Opioid Overdose Prevention Resources (prescription and non-prescription drugs)

* [CDC information, data, and resources on overdose prevention](https://www.cdc.gov/overdose-prevention/about/index.html).
* CDC’s [*Rx Awareness*](https://www.cdc.gov/rxawareness/index.html) Campaign website provides community education on the dangers of youth opioid and/or prescription drug use/misuse.
* CDC’s [Stop Overdose Campaign](https://www.cdc.gov/stop-overdose/about/index.html) provides practical ways to prevent overdoses, educate about the risks of illegal drug use, and ways to get help.
* [Evidence-Based Strategies for Preventing Opioid Overdose](https://www.cdc.gov/overdose-resources/pdf/2018-evidence-based-strategies_508.pdf) serves as an introduction to 10 opioid overdose prevention strategies for community leaders, public heath, law enforcement, local organizations, and others striving to serve their community.
* CADCA’s [Online PreventMedAbuse Toolkit](http://www.preventmedabuse.org/) contains facts, strategies and tools to prevent and reduce teen prescription and over-the-counter (OTC) medicine abuse in communities. This resource is based on CADCA’s Seven Strategies for Effective Community Change.
* [CADCA’s Practical Theorist on Fentanyl](https://www.cadca.org/wp-content/uploads/2023/05/cadca_pt_fentanyl_v6.pdf) describes the impact of fentanyl on youth and provides ways to implement prevention strategies that align with the Seven Strategies.

### School Health Resources

* [Adolescent and School Health | Adolescent and School Health | CDC](https://www.cdc.gov/healthy-youth/index.html) CDC’s home page for resources on adolescent and school health, including data on youth behavior, mental health resources, conversation tips, and more.
* [Healthy Schools | Healthy Schools | CDC](https://www.cdc.gov/healthy-schools/about/index.html) outlines how CDC works with states, school systems, communities, and national partners to prevent students' chronic disease and promote their health and well-being and shares CDC’s Whole School, Whole Community, Whole Child (WSCC) Framework for addressing health in schools.

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### Public Health and Public Safety Resources

* CDC’s [Public Health and Public Safety Resources for Drug Overdose](https://www.cdc.gov/overdose-prevention/php/interventions/public-health-safety-resources.html?CDC_AAref_Val=https://www.cdc.gov/drugoverdose/strategies/resources.html) uses an operational framework that aims to enhance relationship-building and collaborative, data-informed decision making between public health, public safety, and other sectors to reduce overdose deaths and harms associated with drug use.
* The [Public Health Public Safety Team Toolkit](https://phast.org/) uses an operational framework that aims to enhance relationship-building and collaborative, data-informed decision making between public health, public safety, and other sectors to reduce overdose deaths and harms associated with drug use.

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### Violence & Suicide Prevention Resources

* [CDC background information and resources on youth violence prevention](https://www.cdc.gov/youth-violence/about/index.html).
* CDC’s [Community Violence Prevention Resource for Action: A Compilation of the Best Available Evidence for Youth and Young Adults](https://www.cdc.gov/violence-prevention/media/pdf/resources-for-action/cv-prevention-resource-for-action_508.pdf?CDC_AAref_Val=https://www.cdc.gov/violenceprevention/pdf/YV-Prevention-Resource_508.pdf) includes a select group of strategies based on the best available evidence to help communities and states sharpen their focus on prevention activities with the greatest potential to prevent youth violence and its consequences.
* CDC’s [Intimate Partner Violence Prevention Resource for Action: A Compilation of the Best Available Evidence](https://www.cdc.gov/violence-prevention/media/pdf/resources-for-action/IPV-Prevention-Resource_508.pdf) offers a select group of strategies based on the best available evidence to help communities and states sharpen their focus on prevention activities with the greatest potential to prevent intimate partner violence (IPV) and its consequences across the lifespan.
* CDC’s [Suicide Prevention Resource for Action: A Compilation of the Best Available Evidence](https://www.cdc.gov/suicide/pdf/preventionresource.pdf) represents a select group of strategies based on the best available evidence to help communities and states sharpen their focus on prevention activities with the greatest potential to prevent suicide.
* CDC’s [Sexual Violence Prevention Resource for Action: A Compilation of the Best Available Evidence](https://www.cdc.gov/violence-prevention/media/pdf/resources-for-action/SV-Prevention-Resource_508.pdf) represents a select group of strategies based on the best available evidence to help communities and states sharpen their focus on prevention activities with the greatest potential to reduce sexual violence (SV) and its consequences.
* CDC’s [Child Abuse and Neglect Prevention Resource for Action: A Compilation of the Best Available Evidence](https://www.cdc.gov/violence-prevention/media/pdf/resources-for-action/CAN-Prevention-Resource_508.pdf) represents a select group of strategies based on the best available evidence to help prevent child abuse and neglect.
* CDC’s [Violence Prevention in Practice | VetoViolence (cdc.gov)](https://vetoviolence.cdc.gov/apps/main/home/) helps communities select and implement the strategies presented in the technical package.

### Adverse Childhood Experiences (ACEs) Prevention Resources

* [CDC background information on ACEs, including publications, presentation graphics and data sources](https://www.cdc.gov/aces/about/index.html).
* [ACEs Prevention Resource for Action: A Compilation of the Best Available Evidence](https://www.cdc.gov/violence-prevention/media/pdf/resources-for-action/ACEs-Prevention-Resource_508.pdf) is a resource to help states and communities leverage the best available evidence to prevent ACEs from happening in the first place as well as lessen harms when ACEs do occur. It features six strategies drawn from the CDC Technical Packages to Prevent Violence.

### Search Tools for Evidence-Based Interventions

* The [Community Preventive Services Task Force (CPSTF)](https://thecommunityguide.org/) issues evidence-based recommendations and findings on public health interventions designed to improve health and safety.
* [SAMHSA’s Finding Evidence-based Programs and Practices](https://www.samhsa.gov/resource-search/ebp) provides information on evidence-based prevention programs and practices for prevention practitioners and individuals working in related behavioral health fields.
* [IES’ What Works Clearinghouse (WWC)](https://ies.ed.gov/ncee/wwc/) reviews the existing research on different programs, products, practices, and policies in education. Their goal is to provide educators with the information they need to make evidence-based decisions.
* [Blueprints](https://www.blueprintsprograms.org/) supports evidence-based decision making by providing a searchable inventory of prevention programs available for broad implementation that have been shown through rigorous research to improve the health and wellbeing of individual youth, their families, and the communities they live in. Included on the website is a description of each program and information for those interested in implementing them, such as the populations for whom they are intended, how much they cost, and the training required. You can also subscribe to their newsletter to learn more about evidence-based strategies.