

**Request for Applications
RFA No. DBH PFS060815**



**Government of the District of Columbia
Department of Behavioral Health (DBH)**

**RFA Title: Strategic Prevention Framework:
Partnership for Success High Need Communities Grant**

RFA Release Date: Monday, June 8, 2015

Application Submission Deadline: Tuesday, July 7, 2015 4:45 p.m. ET

**Pre-application Conference: Thursday, June 18, 2015 10:00 a.m. – 12:00 p.m. ET
1300 First Street, NE
Washington, DC 20002**

Specific RFA Provisions

The following terms and conditions are applicable to this and all Requests for Applications (RFA) issued by the District of Columbia Department of Behavioral Health (DBH):

1. Funding for an award is contingent on continued funding from the DBH grantor or funding source.
2. The RFA does not commit DBH to make an award.
3. DBH reserves the right to accept or deny any or all applications, if DBH determines it is in the best interest of DBH to do so. DBH shall notify the applicant if it rejects that applicant's proposal.
4. DBH may suspend or terminate any RFA pursuant to its own grantmaking rule(s) or any applicable federal regulation or requirement.
5. DBH reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA.
6. DBH shall not be liable for any costs incurred in the preparation of applications in response to the RFA. Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility.
7. DBH may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended. In addition, DBH may review the fiscal system and programmatic capabilities to ensure that the organization has adequate systems in place to implement the proposed program.
8. DBH may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant's proposal that may result from negotiations.
9. DBH shall provide the citations to the statute and implementing regulations that authorize the grant or sub grant; all applicable federal and District regulations, such as OMB Circulars A-102, A-133, 2 CFR 180, 2 CFR 225, 2 CFR 220, and 2 CFR 215; payment provisions identifying how the grantee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the granting Agency; and compliance conditions that must be met by the grantee.
10. If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.

Additional information about RFA terms may be obtained at www.opgs.dc.gov (City-Wide Grants Manual and Sourcebook).

✓	Checklist for RFA Application
	Application proposal format follows the "Proposal Format and Content" listed in Section VIII.C.1. of the RFA.
	Application is printed on 8 1/2 by 11-inch paper, double-spaced, on one side, using 12-point type with a minimum of one inch margins, with all pages numbered.
	Applicant Profile (Attachment A), contains all the information requested and is attached as the Face Sheet.
	Table of Contents follows the Applicant Profile (Attachment A)
	Narrative for Section VIII.C.: 2-Program Narrative, 3-Proposed Work Plans, 4-Fiscal and Financial Management, 5-Program Reporting, and 6-Applicant Qualifications must not exceed 20 pages. Note: Attachments and appendices do not count toward the page limit.
	Program Budget and Budget Narrative Justification (Attachment E) is complete and complies with the budget form. The line item budget narrative justification describes the categories of items proposed. Fiscal Agent costs must not exceed 15 percent of the total grant budget.
	Proposed Work Plan (Attachment G) is complete and complies with the work plan form.
	Appendix 1: Certifications and Assurances listed in Attachments B, C, and D are signed.
	Appendix 2: Articles of Incorporation, if applicable.
	Appendix 3: Bylaws, if applicable.
	Appendix 4: IRS letter of non-profit corporation status, if applicable.
	Appendix 5: List of current board of directors, if applicable. Include their mailing and e-mail addresses and phone numbers. Also, include board titles of officers.
	Appendix 6: Most recent annual audit. If audited financial statements have never been prepared due to the size or newness of the organization, applicant must submit an organizational budget, an income statement (or profit and loss statement), and a balance sheet certified by an authorized representative of the organization.
	Appendix 7: Form 990, Return of Organization Exempt from Income Tax, if applicable.
	Appendix 8: Proposed organizational chart that depicts the partnership among the applicant organization and/or community prevention network and the local DC Prevention Center Partnership for Success Coordinator.
	Appendix 9: Memoranda of Understanding signed by Community Prevention Network partners.
	Appendix 10: Resumes for staff funded through PFS.
	Appendix 11: Proposed position descriptions for staff funded through PFS.
	Appendix 12: Current District of Columbia Business License or Application (Business License must be submitted no later than Monday, August 3, 2015).
	Appendix 13: Annual report or other documentation of a history of supporting substance abuse prevention or interrelated prevention work at the community level in the selected Wards on issues affecting children and youth.
	Appendix 14: Current Certificate of Good Standing from the Office of Tax and Revenue.
	Application is submitted in a sealed envelope. Sealed envelopes must be clearly identified by the organization name, RFA number, project name, and selected geographic designation using the DBH Receipt Form (Attachment F).
	Applicant submitted the required six (6) copies of the proposal. Of the six (6) copies, one (1) copy was stamped "original."

The application must be submitted no later than 4:45 p.m., Eastern Time (ET) by the deadline date of Tuesday, July 7, 2015, to DBH, c/o Katherine Cooke Mundle, 1300 First Street, NE, 3rd Floor, Washington, DC 20002. **Applications accepted at or after 4:46 p.m. ET on July 7, 2015 may not be forwarded to the Review Panel for funding consideration.**

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- Appendix 1: Certifications and Assurances (Attachments B, C, and D)
- Appendix 2: Articles of Incorporation, if applicable
- Appendix 3: Bylaws, if applicable
- Appendix 4: IRS letter of non-profit corporation status, if applicable
- Appendix 5: List of current board of directors, if applicable. Include their mailing and e-mail addresses and phone numbers. Also include board titles of officers.
- Appendix 6: Most recent annual audit. If audited financial statements have never been prepared due to the size or newness of the organization, applicant must submit an organizational budget, an income statement (or profit and loss statement), and a balance sheet certified by an authorized representative of the organization.
- Appendix 7: Form 990, Return of Organization Exempt from Income Tax, if applicable
- Appendix 8: Proposed Organizational Chart depicting the partnership among the applicant organization, Community Prevention Network (CPN), and the local DC Prevention Center Partnership for Success (PFS) Coordinator.
- Appendix 9: Memoranda of Understanding signed by Community Prevention Network partners, and Fiscal Agent if applicable
- Appendix 10: Resumes for staff funded through PFS
- Appendix 11: Proposed position descriptions for staff funded through PFS
- Appendix 12: Current District of Columbia Business License or Application (Business License must be submitted no later than Monday, August 3, 2015)
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- Appendix 14: Current Certificate of Good Standing from the Office of Tax and Revenue

**District of Columbia Department of Behavioral Health (DBH)
Request for Applications (RFA)**

**Strategic Prevention Framework:
Partnership for Success High Need Communities Grant
RFA No. DBH PFS060815**

Section I: AUTHORITY FOR THE GRANT

The Director of the District of Columbia Department of Behavioral Health (DBH) has the authority to make grants pursuant to sections 5113, 5115, 5117 and 5118 of the “Department of Behavioral Health Establishment Act of 2013”, effective December 24, 2013, D.C. Law 20-0061, 60 DCR 12472. Grants are governed by Title 22A DCMR 44 titled “Mental Health Grants” published at 54 DC Register 011052 on November 16, 2007. Sub-grants are governed by Title 1 DCMR Chapter 50 titled “Sub Grants to Private and Public Agencies” published at 46 DC Register 4517 on May 21, 1999.

Section II: SUMMARY AND PURPOSE OF GRANT

This Request for Application (RFA) invites eligible applicants to apply for a Strategic Prevention Framework (SPF) Partnership for Success (PFS) High Need Communities Grant. Eligible applicants are identified as existing Community Prevention Networks (CPNs) currently affiliated with DC Prevention Centers (DCPCs) addressing substance use prevention. A CPN may enlist the services of a fiscal agent to apply for the grant on their behalf if they are not currently a 501(c)(3) organization.

While the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Strategic Prevention Framework (SPF) Partnerships for Success and Tribal Initiative targets youth and young adults ages 12 to 25, the goal of this PFS grant is to prevent underage drinking and marijuana use among youth ages 12 to 18 living in high need communities. Furthermore, all eight (8) Wards are defined as “high need communities” for prevention.

The PFS premise is that changes at the community level will, over time, lead to measurable changes at the District level. By working together to foster changes, the District and their funded communities of high need can more effectively begin to overcome the challenges underlying their substance use prevention priorities and achieve the goal of the SPF-PFS program.

Prevention research suggests that youth do not engage in substance abuse solely because of personal characteristics, but rather because of a complex set of risk and protective factors in their environment. These factors include the rules and regulations of the social institutions to which individuals belong (e.g., trust, social ties, relationships and exchanges among people); the norms of the communities in which they live; the

messages to which they are exposed; and the availability to minors of alcohol and other drugs.

Under this RFA, the following statements and definitions are applicable:

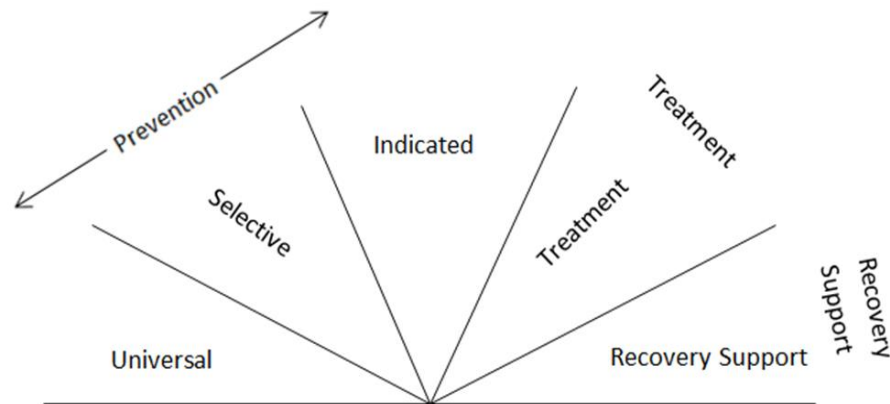
1. Youth are defined as persons aged 12 to 18.
2. Community prevention is defined in terms of locations where people live, work, and play and often results in partnerships or “prevention networks.” These partnerships and networks include, but are not limited to: (1) geographic and administrative boundaries (i.e., tracts, political, school districts, neighborhoods, housing developments, recreational catchment areas); (2) boundaries of purpose (parents/families/caregivers, faith organizations, community-based organizations, and prevention program services); and (3) boundaries created by shared languages and/or cultural values, norms and disparities. Disparities within this RFA are economic, race, gender, age, language, and LGBTQ.
3. Community Prevention Networks (CPNs) are a concept implemented through the four DC Prevention Centers (DCPCs) in order to engage more community and grassroots leaders in community problem solving for substance abuse prevention. Current CPNs: 1) focus on youth and include those adults who have a positive influence on youth; 2) work with or on behalf of youth; 3) have a goal related to alcohol and other drug prevention; 4) are interested in supporting the DC Prevention Center CPN vision; and 5) have access to ward/community and neighborhood leaders for prevention.
4. Community readiness includes but is not limited to a history of community cooperation on substance abuse prevention issues; financial and human resources dedicated to prevention; strength of community leadership dedicated to prevention; demonstrated commitment to working cooperatively in community partnerships; demonstrated leadership capacity for serving as catalysts for community change; and active prevention efforts already underway as demonstrated by community changes facilitated by multiple sectors, a variety of appropriate strategies, and data driven outcomes.
5. The Strategic Prevention Framework is a five step planning process that includes: 1) assessment; 2) capacity building; 3) data-driven strategic planning and evidence based/best practice preventive interventions; 4) implementation and 5) evaluation. Sustainability and cultural competence are key elements across all five steps. For more information on the Strategic Prevention Framework (SPF) planning process, visit the SPF page (<http://www.samhsa.gov/spf>) on the Substance Abuse Mental Health Services Administration’s (SAMHSA) website.
6. The Substance Abuse and Mental Health Services Administration defines “evidence-based” as:

- Inclusion in federal registries of evidence-based preventive interventions;
- Positive effects on the primary targeted outcome reported in peer-reviewed journals; and
- Documented effectiveness by other sources of information and the consensus judgment of informed experts as described in the following set of guidelines, all of which must be met: 1) the intervention must be based on a theory of change that is documented in a clear logic or conceptual model; 2) the intervention is similar in content and structure to interventions that appear in registries, the peer-reviewed literature or both; 3) the intervention is supported by documentation that it has been effectively implemented multiple times in the past, in a manner attentive to scientific standards of evidence, with results that show a consistent pattern of credible and positive effects; 4) the intervention is reviewed and deemed appropriate by a panel of informed prevention experts, including well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review, local prevention practitioners, and key community leaders as approved. Applicants will be provided examples of evidence-based preventive interventions that can be used in their SPF plans.

7. The Spectrum of Preventive Interventions from the Institute of Medicine (IOM) is organized on three levels:

- Universal strategies targeted to the general public or whole population that has not been identified on the basis of individual risk;
- Selective strategies targeted to individuals or a population sub-group whose risk is significantly higher than average; and
- Indicated strategies targeted to individuals who are identified as having minimal but detectable signs or symptoms foreshadowing a disorder or biological markers indicating predisposition but do not meet diagnostic criteria at this time.

Diagram A: Spectrum of Preventive Interventions from IOM



8. Risk-Focused Prevention

Diagram B: Risk Factors for Interrelated Adolescent Behaviors from the National Prevention Literature

Risk Factors	Substance Abuse	Delinquency	Teen Pregnancy	School Dropout	Violence	Depression and Anxiety
Community						
Availability of drugs	✓				✓	
Availability of firearms		✓			✓	
Community laws and norms favorable toward drug use, firearms, and crime	✓	✓			✓	
Transitions and mobility	✓	✓		✓		✓
Low neighborhood attachment and community disorganization	✓	✓			✓	
Extreme economic deprivation	✓	✓	✓	✓	✓	
Family						
Family history of the problem behavior	✓	✓	✓	✓	✓	✓
Favorable parental attitudes and involvement in the problem behavior	✓	✓			✓	
Family management problems	✓	✓	✓	✓	✓	✓
Family conflict	✓	✓	✓	✓	✓	✓
Individual/Peer						
Friends who engage in the problem behavior	✓	✓	✓	✓	✓	
Favorable attitudes toward the problem behavior	✓	✓	✓	✓		
Early initiation of the problem behavior	✓	✓	✓	✓	✓	
Early and persistent antisocial behavior	✓	✓	✓	✓	✓	✓
Rebelliousness	✓	✓		✓		
Constitutional factors	✓	✓			✓	✓
School						
Academic failure beginning in late elementary school	✓	✓	✓	✓	✓	✓
Lack of commitment to school	✓	✓	✓	✓	✓	

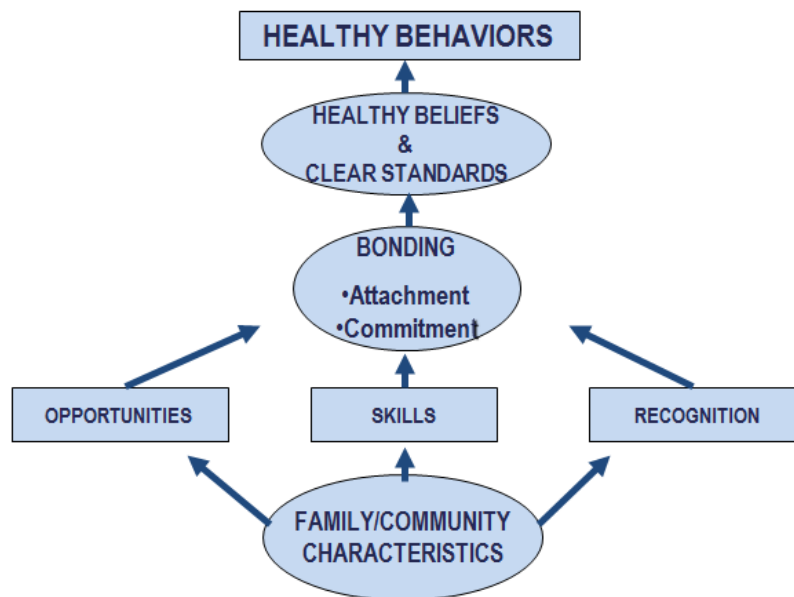
Risks exist in multiple domains of a young person’s life. Affecting a single risk factor in a single domain may not significantly reduce problem behaviors. The following are generalizations about risk-focused prevention:

- The more risk factors present, the greater the risk;
- Common risk factors predict diverse problem behaviors;
- Risk factors show much consistency in effects across different races, cultures, and classes. While levels of risk factors may vary in different racial, cultural or socioeconomic groups, they appear to operate in the same way in different groups; and
- Protective factors may buffer exposure to risks.

Selected preventive interventions should address the following risk-focused principles:

- Know which of the identified risk factors to be addressed and how the preventive intervention(s) will reduce the risks;
- A preventive intervention must be plausible and show a logical connection between the approach and the reduction of risk;
- Enhance protective factors and processes while reducing risk (Diagram C);
- Address risk factors at appropriate developmental stages;
- Intervene early before the behavior stabilizes;
- Includes those at risk: high risk individuals exposed to multiple risk factors or high risk communities;
- Address multiple risks with multiple strategies; and
- Address the racial, cultural, and economic diversity of the community.

Diagram C: Protective Factors and Processes



Section III: BACKGROUND

Prevention services are designed to strengthen communities as places where children and youth are safe, connected in positive ways to others, and supported by involved responsible adults. It also involves developing and strengthening the capacity of the District's prevention provider network to meet the challenging substance use disorders (SUD) prevention needs within the eight (8) Wards and 120 neighborhoods. DBH supports specific prevention approaches that are designed to significantly contribute to the development of a sustainable prevention infrastructure in the District of Columbia.

This infrastructure supports efforts to prevent the onset, reduce risk, interrupt the progression of use, and avoid the consequences of SUD in the District. The infrastructure includes DC Prevention Centers (DCPCs) that strengthen community capacity, address needed community and system changes, reduce risk factors, and achieve target outcomes for District youth. DCPC reach has been expanded through the development of over 50 Community Prevention Networks (CPNs) across the eight (8) Wards.

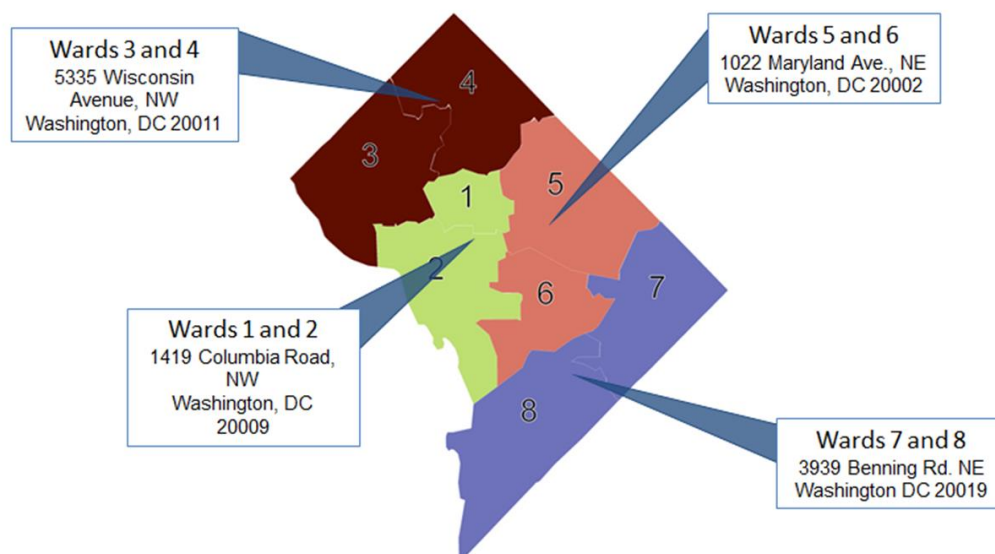
The broad definition of CPNs includes representation from the following sectors:

1. Geographic and administrative boundaries (i.e., tracts, political, neighborhoods, housing developments, and recreational catchment areas).
2. Boundaries of purpose (i.e., partners/families/caregivers, faith organizations, community-based organizations, and prevention services).
3. Boundaries created by shared languages and/or cultural values, norms, and disparities.

This RFA provides funding for eligible CPNs to develop and implement a Strategic Prevention Framework (SPF) plan to prevent underage drinking and/or marijuana use among youth between the ages of 12 to 18. The RFA is designed to determine the readiness of the CPN to fully develop and implement a data-driven strategic prevention plan and achieve measurable results. Applicants that receive a grant award are expected to develop a strategic prevention plan to prevent and reduce underage drinking, marijuana use among youth, or both in their designated Ward.

The successful applicant will receive additional training in the SPF planning process by their local DC Prevention Center (*See diagram below for respective DCPCs per Wards served*). Evaluation will be supported through the DBH PFS data and evaluation lead contractor.

Diagram D: Map of the District of Columbia Prevention Centers (DCPCs)



Section IV: ELIGIBILITY REQUIREMENTS

A. Qualified Organizations

In order to be eligible, an applicant must be able to enter into an agreement with DBH requiring compliance with all District of Columbia laws and regulations governing Substance Use Disorders and Mental Health Grants (22A DCMR Chapter 44). Qualified applicants are identified as existing Community Prevention Networks (CPNs) currently affiliated with DC Prevention Centers (DCPCs) addressing substance use prevention. A CPN may enlist the services of a fiscal agent to apply for the grant on their behalf, if they are not currently a 501(c)(3) organization.

Applicant must describe: (1) their readiness for Strategic Prevention Framework planning, (2) their understanding of local conditions that contribute to underage drinking and marijuana use among youth in their designated Ward, and (3) their ability to develop and implement a data-driven logic model and action plan with evidence-based preventive interventions.

Up to 15% of the total grant award can be used by the fiscal agent for indirect/overhead costs.

If there is no fiscal agent required, the maximum indirect/overhead is 10%.

One (1) CPN will be selected for each of the eight (8) Wards within the District. Applicants may apply for more than one (1) award; but must submit a separate application for each Ward.

The target population for this grant is youth between the ages of 12 to 18.

No mini-grants or sub-grants are permitted for any entity that is awarded funding under this RFA. Current DC Prevention Centers or their parent agencies are not eligible to apply. While schools and related institutions are an integral part of a community, this RFA is focused on the broader community system and not geared to funding school-based services.

B. Administrative Criteria

To be considered for review and funding, applications must meet **all** of the administrative criteria listed below. ***Failure to meet any one of the following criteria may result in rejection of the application.***

1. The application proposal format conforms to the "Proposal Format and Content" listed in Section VIII.C.1 of the RFA.
2. See Section VIII.C.1.f. for a list of appendices.

3. The application is printed on 8 1/2 by 11-inch paper, double-spaced, on one side, using 12-point type with a minimum of one inch margins, with all pages numbered.
4. Narrative for Section VIII.C.2: Program Narrative **must not exceed 20 pages**. Note: Attachments and appendices do not count toward the page limit.
5. The Program Budget and Budget Narrative are complete and comply with the Budget forms listed as Attachment E of the RFA. The line item budget narrative describes the categories of items proposed.
6. The Applicant Profile, Attachment A and Certifications and Assurances listed in Attachments B, C, and D are signed.
7. Application **must be** submitted in a sealed envelope. Sealed envelopes **must be** clearly identified by the organization name, RFA number, project name, and selected geographic designation using the DBH Receipt (Attachment F). **Unsealed and unidentified applications will not be accepted.**
8. The applicant submits the required six (6) copies of their proposal. Of the six (6) copies, one (1) copy must be stamped "original."
9. The application is submitted no later than 4:45 p.m., Eastern Time (ET) by the deadline date of Tuesday, July 7, 2015 to DBH c/o Katherine Cooke Mundle, 1300 First Street, NE, 3rd Floor, Washington, DC 20002.

C. Insurance

During the term of the grant, all organizations will be required to obtain and keep in force insurance coverage as follows:

1. The Organization shall carry employer's liability coverage of at least one hundred thousand dollars (\$100,000).
2. The Organization shall carry bodily injury liability insurance coverage written on the comprehensive form of policy of at least five hundred thousand dollars (\$500,000) per occurrence.
3. The Organization shall carry automobile liability insurance written on the comprehensive form of policy, if applicable. The policy shall provide for bodily injury and property damage liability covering the operation of all automobiles used in connection with performing grant activities. Policies covering automobiles shall provide coverage of at least two hundred thousand dollars (\$200,000) per person and five hundred thousand dollars (\$500,000) per occurrence for bodily injury and one hundred thousand dollars (\$100,000) per occurrence for property damage.

4. The Organization shall comply at all times with the provisions of the workers' compensation laws of the District of Columbia or another State if the grant work is performed outside the District of Columbia. The Organization shall carry workers' compensation insurance covering all of its employees on the premises and in connection with its other operations pertaining to this grant.
5. All insurance provided by the Organization shall set forth the Government of the District of Columbia as an additional insured. All insurance shall be written with responsible companies licensed by the Government of the District of Columbia (1350 Pennsylvania Avenue, NW, WDC 20004). The policies of insurance shall provide for at least thirty (30) days written notice to DBH prior to their termination or material alteration.

D. Compliance with Tax Obligations

Prior to execution of a grant agreement as a result of this RFA, a recipient must be in compliance with tax requirements as established in the District of Columbia and eligible jurisdiction and with Federal tax laws and regulations.

Section V: AMOUNT OF TOTAL FUNDING AND GRANT AWARDS

DBH announces the availability of grant funds for Fiscal Year 2015 (FY2015) to fund eight (8) Strategic Prevention Framework: Partnership for Success High Need Communities grants. This grant opportunity is supported by funding from the U.S. Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Strategic Prevention Framework Partnerships for Success Discretionary Grant. For further information, please contact:

Katherine Cooke Mundle
Program Monitor
Department of Behavioral Health (DBH)
1300 First Street, NE, 3rd Floor
Washington, DC 20002
(202) 727-7639
katherine.mundle@dc.gov

A total of \$800,000 will be available to fund eight (8) Community Prevention Networks in the amount of \$100,000. One (1) CPN will be selected for each of the eight (8) Wards within the District. The number of awards and amounts are subject to change depending upon Federal funding levels and the quality and quantity of the applications for funding. If a fiscal agent is needed, a maximum of 15% of the total award may be allocated for their fee. The remaining 85% is to be spent on developing and implementing the SPF plan that includes evidence-based and best practice preventive interventions to prevent underage drinking and/or marijuana use among youth. DBH must approve all CPN plans before they are implemented.

The grant will be for a period of one (1) year from date of award. The grant may be continued for up to one (1) additional year based on documented project success and availability of funding. Grant recipients will be expected to begin project implementation on October 1, 2015 or after the Year 1 Work Plan and Budget and Budget Narrative Justification have been approved by DBH.

Section VI: SCOPE OF WORK

Each applicant is proposing to develop and implement a SPF plan in a high need community within the designated Ward. The CPN, or fiscal agent if applicable, will ensure that all RFA administrative, fiscal and programmatic requirements are met.

A. Core Functions of the PFS RFA

Understanding the Strategic Prevention Framework (SPF) five step planning process will be vital to applicants conceptualizing the requirements of this RFA. Diagram E below displays the planning process and a more detailed explanation can be found at the following link: <http://www.samhsa.gov/spf>:

Diagram E: Strategic Prevention Framework (SPF) Five Step Planning Process



Funded applicants are expected to develop and implement a strategic prevention plan to prevent and reduce underage drinking, marijuana use among youth, or both in their designated Ward. Attachment H is the Strategic Prevention Framework (SPF) logic model template that will be used for SPF planning once an award has been made. Diagram F (below) highlights District problems and root causes (risk factors) associated with underage drinking and marijuana use among youth that should be used in the development of the logic model and plan.

Diagram F: Problems and Root Causes (Risk Factors)

Underage Drinking	
Problem	Root Causes (Risk Factors)
Underage Drinking (Ages 12-20)	Early Initiation of Alcohol Use: <ul style="list-style-type: none"> • 13.0 – Average age of first use of alcohol by District public high school students
	Perceived Risk of Drinking Alcohol: <ul style="list-style-type: none"> • 48% of District youth ages 12 to 17 perceived a great risk of binge drinking and • 32% of District young adults ages 18 to 25 perceived a great risk of binge drinking
<p>32% of District youth ages 12 to 20 drank alcohol in the past 30 days</p> <p>18% of District youth ages 12 to 20 binge drank in the past 30 days</p>	Youth Acceptability of Alcohol Use: <ul style="list-style-type: none"> • 85% of District youth ages 12 to 17 indicated somewhat or strong disapproval of someone their age drinking every day and • 83% of District youth ages 12 to 17 perceived that their friends would somewhat or strongly disapprove if they drank every day
	Parental Acceptability of Alcohol Use: <ul style="list-style-type: none"> • 53% of District youth ages 12 to 17 who in the past year talked to a parent about the risk of alcohol or drug use and • Percentage of District youth ages 12 to 17 perceived that their parents would somewhat or strongly disapprove if they drank every day (Data not available until 2016)
	Community Laws and Norms Related to Underage Drinking: <ul style="list-style-type: none"> • Very few youth under age 18 are arrested for or receive citations for alcohol-related violations in the District and • 781 adults ages 18 to 25 were arrested for alcohol-related violations in 2013
	Availability of Alcohol: <ul style="list-style-type: none"> • 14% of alcohol retailers tested in the District sold to underage youth
Marijuana Use Among Youth	
Problem	Root Causes (Risk Factors)
Marijuana Use	Early Initiation of Marijuana Use: <ul style="list-style-type: none"> • 13.1– Average age of first use of marijuana by District public high school students
	Perceived Risk of Smoking Marijuana: <ul style="list-style-type: none"> • 22% of District youth ages 12 to 17 perceived a great risk of smoking marijuana; • 12% of District young adults ages 18 to 25 perceived a great risk of smoking marijuana; and • 38% of District public high school students perceived a great risk of smoking synthetic marijuana
<p>11% of District youth ages 12 to 17 used marijuana in the past 30 days</p> <p>24% of District young adults ages 18 to 25 used marijuana in the past 30 days</p> <p>20% of District public high school students have ever tried synthetic marijuana</p>	Youth and Young Adult Acceptability of Marijuana Use: <ul style="list-style-type: none"> • 72% of District youth ages 12 to 17 indicated somewhat or strong disapproval of someone their age using marijuana at least once a month and • 72% of District youth ages 12 to 17 perceived that their friends would somewhat or strongly disapprove if they used marijuana at least once a month
	Parental Acceptability of Marijuana Use: <ul style="list-style-type: none"> • 53% of District youth ages 12 to 17 who in the past year talked to a parent about the risk of alcohol or drug use and • Percentage of District youth ages 12 to 17 perceived that their parents would somewhat or strongly disapprove if they used marijuana at least once a month (Data not available until 2016)
	Community Laws and Norms Related to Marijuana Use: <ul style="list-style-type: none"> • 122 youth ages 10 to 17 were arrested for marijuana-related violations in the District in 2013 and • 1,479 adults ages 18 to 25 were arrested for marijuana-related violations in 2013

The problem data and root causes (risk factors) will be used to identify local conditions and develop a plan with evidence-based preventive interventions. Attachment I is the list of preventive interventions that grant recipients are expected to draw from when developing their logic model and action plans. Preventive interventions in the plan should result in targeted community changes, reductions in priority risk factors, and behavioral or distal outcomes that prevent and reduce risks for underage drinking and/or marijuana use among youth.

Successful applicants will provide evidence in the Program Narrative of their readiness (e.g., strengths, knowledge, and experiences) to ensure that the deliverables outlined below in this RFA are met.

B. Deliverables

The deliverables for the Strategic Prevention Framework (SPF): Partnership for Success (PFS) High Need Communities Grant are as follows:

- Applicant shall ensure compliance with the administrative, fiscal and programmatic requirements of the RFA;
- Applicant shall prepare and submit categorical budget and work plan for review and approval by DBH, if applicant is selected for an award;
- CPN shall be comprised of a minimum of 10 representatives working together in order to develop and implement the Strategic Prevention Framework Plan to prevent underage drinking and/or marijuana use among youth between the ages of 12 to 18 in the selected high need community in the designated Ward;
- Applicant shall participate in a one day SPF training led by the designated DC Prevention Center Partnership for Success Coordinator (PFS Coordinator) and the Partnership for Success evaluator within the first month of the award being granted. The PFS Coordinator shall provide or coordinate needed technical assistance in the development and implementation of the strategic plan;
- Applicant shall finalize the logic model and strategic plan(s) that addresses the prevention of underage drinking and/or marijuana use among youth between the ages of 12 to 18 within 45 days of the grant being awarded. The preventive intervention(s) selected in the logic model and action plan should result in targeted community changes, reductions in priority risk factors, and over time behavioral outcomes. Applicant shall implement strategic action plan(s) within 15 days after the DBH Prevention Division reviews and approves;
- Applicant shall use pre-populated problem data and root cause (risk factor) information when developing their logic model and plan (Diagram F);
- Applicant shall select preventive interventions in their strategic plan that address the problem data, root cause/risk factors and local conditions (Attachment I). A combination of Universal, Selective, and Indicated preventive intervention strategies may be used in this plan;
- Applicant shall work with the PFS evaluator to make needed adaptations to the evidence-based preventive interventions in the logic model and plan in order to maintain fidelity to the intervention;

- Applicant shall work in partnership with the DBH Partnership for Success evaluator to collect needed data for evaluation and federal reporting requirements;
- Applicant shall submit online monthly program narrative and data reports through the Data Information Reporting System (DIRS) and participate in annual programmatic site visits;
- Applicant shall submit quarterly expenditure reports along with requisite supporting documentation and participate in fiscal yearly desk reviews and/or site visits;
- Applicant shall participate in or have a designee participate in monthly CPN Learning Community meetings or conference calls with the PFS Coordinators and PFS evaluation lead to discuss successes and challenges; and
- Applicants are required to use the format and follow the narrative instructions provided within this RFA.

Section VII: PAYMENTS TO GRANTEE

Upon award, DBH shall provide funding to the Grantee according to the terms outlined in the grant agreement which will include a Fund Disbursement Schedule and Terms. Payments to the grantee will be divided into four (4) payments. The first payment will be an advance to assist in program start-up costs. Subsequent advance payments will be paid on a projected quarterly schedule with the submission of an expenditure report which has been reviewed and approved by the Office of Fiscal Services. The last payment will be cost reimbursable with the submission of an expenditure report which has been reviewed and approved by the Office of Fiscal Services.

DBH reserves the right to withhold any payment if the Grantee is found in non-compliance with the DBH Notice of Grant Award (NOGA) or the Grant Agreement.

Section VIII: APPLICATION INFORMATION AND REQUIREMENTS

A. Pre-application Conference:

A pre-application conference is scheduled for:
 Thursday, June 18, 2015, 10:00 a.m. – 12:00 p.m. ET
 Department of Behavioral Health (DBH)
 1300 First Street, NE, 3rd Floor
 Washington, DC 20002

B. Application Delivery:

Applications are due Tuesday, July 7, 2015 no later than 4:45 p.m. ET by the deadline to DBH, c/o Katherine Cooke Mundle, 1300 First Street, NE, 3rd Floor, Washington, DC 20002. Applications will not be accepted by email or fax.

Applications accepted at or after Tuesday, July 7, 2015, 4:46 p.m. ET, may not be forwarded to the Review Panel for funding consideration. Any additions or deletions to an application will not be accepted after the deadline of 4:45 p.m. Applicants will not be allowed to assemble application material on the premises of DBH. Applications must be ready for receipt by DBH.

C. Application Requirements

1. Proposal Format and Content:

- a. Applicant Profile (Attachment A)
- b. Table of Contents
- c. Narrative
- d. Program Budget and Budget Narrative Justification Form (Attachment E)
- e. Proposed Work Plan (Attachment G)
- f. Appendices

Appendix 1: Certifications and Assurances (Attachments B, C, and D)

Appendix 2: Articles of Incorporation, if applicable

Appendix 3: Bylaws, if applicable

Appendix 4: IRS letter of non-profit corporation status, if applicable

Appendix 5: List of current board of directors, if applicable. Include their mailing and e-mail addresses and phone numbers. Also include board titles of officers.

Appendix 6: Most recent annual audit. If audited financial statements have never been prepared due to the size or newness of the organization, applicant must submit an organizational budget, an income statement (or profit and loss statement), and a balance sheet certified by an authorized representative of the organization.

Appendix 7: Form 990, Return of Organization Exempt from Income Tax, if applicable

Appendix 8: Proposed Organizational Chart depicting the partnership among the applicant organization and/or Community Prevention Network (CPN), and the local DC Prevention Center Partnership for Success (PFS) Coordinator.

Appendix 9: Memoranda of Understanding signed by Community Prevention Network partners, and Fiscal Agent if applicable

Appendix 10: Resumes for staff funded through PFS

Appendix 11: Proposed position descriptions for staff funded through PFS

Appendix 12: Current District of Columbia Business License or Application (Business License must be submitted no later than Monday, August 3, 2015)

Appendix 13: Annual report or other documentation of a history of supporting substance abuse prevention or interrelated prevention work at the community level in the selected Wards on issues affecting children and youth.

Appendix 14: Current Certificate of Good Standing from the Office of Tax and Revenue

2. Program Narrative

The narrative section is limited to 20 pages of responses to the RFA scope of work. The applicant must identify the selected high need community that will be served through the prevention efforts of the Community Prevention Network (CPN).

A. Identify the high need community (Ward) that the applicant organization is targeting through the Request for Application (RFA).

1. Discuss the local conditions that contribute to underage drinking and marijuana use among youth (target population between the ages of 12 to 18) in the high need community in the designated Ward.
2. Assess the readiness of the high need community in the designated Ward(s) for Strategic Prevention Framework planning. This includes developing a logic model and a plan for selecting a preventive intervention. Describe how ready your CPN is to develop a strategic prevention plan.
3. State whether the organization is targeting underage drinking, marijuana use, or both drugs through this RFA and provide the rationale for this selection.

B. Describe the Community Prevention Network (CPN) within the high need community in the designated Ward.

1. Provide a list of the CPN members, their affiliation with an agency, neighborhood or association, and why they are representative of the high need community in the designated Ward.

2. Discuss the CPN's history of supporting prevention in the high need community in the designated Ward.
3. Discuss potential challenges (e.g., readiness and capacity) in implementing the RFA scope of work in the high need community in the designated Ward.

C. Discuss the partnership to prevent underage drinking and or marijuana use in the high need community in the designated Ward.

1. Provide an organizational chart that depicts the partnership among the applicant organization and/or community prevention network and the local DC Prevention Center Partnership for Success Coordinator.
2. Discuss the experience(s) the partnership has had using the Strategic Prevention Framework planning process.
3. Discuss the experience(s) the partnership has had in data-driven planning and the use of evidence-based and best practice preventive interventions for substance use.

3. Proposed Work Plan

- A.** Provide a proposed Year 1 Work Plan (Attachment G) that includes the RFA benchmarks (e.g., SPF training, proposed SPF plan, developing and submitting program and fiscal reports, training and technical assistance from the DC Prevention Center PFS Coordinator).

4. Fiscal and Financial Management

- A.** Describe how the Community Prevention Network (CPN) will provide sound fiscal management for the development and implementation of the SPF plan in the proposed high need community. Include a summary of the fiscal and financial management systems currently in place that will support implementation of the SPF plan.
1. Describe the financial management system that is in place to support the grant.
 2. Describe the approach to funding the preventive interventions in the approved SPF plan.
 3. Discuss any experience in preparing and submitting federal or District program and financial reports.

5. Program Reporting

- A. Discuss the applicant's approach to tracking implementation of the Work Plan. Describe how the SPF plan will be selected and the process of tracking and reporting on the steps taken with regard to developing the logic model and developing and implementing the action plan.

6. Applicant Qualifications

- A. Describe the capacity of the Community Prevention Network (CPN).

Discuss in detail your organization's specific involvement and roles in prevention activities in the proposed high need community in the designated Ward, involvement with community stakeholders and other leaders, and any measurable results achieved.

- B. Discuss the mission of the CPN and why it is "best" qualified to lead the effort to establish a SPF plan in the selected high need community.

7. Program Budget and Budget Narrative Justification (Does not count toward the 20 page limit)

- A. The applicant must provide a line-item budget and budget narrative justification. The budget narrative justification should clearly state how the applicant arrived at budget figures.

- B. Attachment E is a program budget and budget narrative justification form. The following are components of a budget:

1. Salaries and Wages for staff are to be included in the personnel budget category, if applicable. Include the amount of time dedicated to the grant (e.g., 1.0 FTE or .5 FTE). Must include total salary, total hours, and rate per hour per staff person. (Combined cost of Personnel and Consultant Budget Categories may not exceed 10% of total budget.)
2. Fringe Benefits for full and part-time staff are included under this separate category. List the percentage of total salaries, life and health insurance, unemployment, Social Security, Retirement, Worker's Compensation, etc.
3. Consultants/Experts (Combined cost of Personnel and Consultant Budget Categories may not exceed 10% of total budget.)
4. Occupancy (*not applicable for this grant*)
5. Travel and Transportation (e.g., local mileage, Metrorail and bus)

6. Supplies and Minor Equipment (e.g., stationary, pens, paper, computers, desks, chairs and file cabinets)
7. Capital Equipment and Outlays (*not applicable for this grant*)
8. Client Costs (*not applicable for this grant*)
9. Communications (e.g., telephone, internet, postage, printing and copying)
10. Other Direct Costs (costs not previously identified under other categories)
11. Indirect Costs – The components of indirect costs must be itemized (e.g., .10 FTE bookkeeper @ \$20.00/hr. x 280 hrs. = \$5,600.00). Fiscal Agent Fee (not to exceed 15% or \$15,000). If there is no fiscal agent required, the maximum indirect/overhead is 10%.

Section IX: EVALUATION PROCESS

All applications that are complete and meet the eligibility and administrative criteria listed in Section IV will be reviewed and scored by an independent review panel. Scoring and the recommendations of the review panel are advisory. If the DBH Director does not follow the panel's recommendations, he/she shall provide written justification as required by District regulations. The final decision to fund a PFS application rests solely with the DBH Director. The anticipated award date is October 1, 2015.

Section X: SCORING OF APPLICATIONS

All applications for this RFA will be objectively reviewed and scored against the following key criteria:

Criterion A: Selected High Need Community in the Designated Ward (Total of 20 points)

1. The applicant demonstrates an understanding of the local conditions that contribute to underage drinking and marijuana use among youth ages 12 to 18 in the high need community in the designated Ward. (Points: 8)
2. The applicant demonstrates an understanding of the readiness of the high need community in the designated Ward and describes how to implement SPF planning to prevent underage drinking and/or marijuana use among youth ages 12 to 18. (Points: 8)
3. The applicant states the targeted substance(s) to be addressed and provides a rationale for the selection. (Points: 4)

Criterion B: Selected Community Prevention Network (CPN) in High Need Community in the designated Ward (Total 20 points)

1. The applicant provides a list of the CPN representatives and a rationale of why they are representative of the high need community in the designated Ward. (Points: 7)
2. The applicant demonstrates a history of supporting prevention initiatives in the high need community in the designated Ward. (Points: 7)
3. The applicant provides an understanding of potential challenges in developing and implementing a Strategic Prevention Framework plan in the high need community in the designated Ward. (Points: 6)

Criterion C: Partnership to Prevent Underage Drinking and Marijuana Use in the High Need Community in the designated Ward (Total of 20 Points)

1. The applicant provides an organizational chart that demonstrates an understanding of the unique roles among the applicant organization and/or community prevention network and the Partnership for Success Coordinator. (Points: 6)
2. The applicant provides evidence of experience in using the Strategic Prevention Framework planning process. (Points: 7)
3. The applicant describes experience(s) in data-driven planning and use of evidence-based and best practice preventive interventions. (Points: 7)

Criterion D: Proposed Work Plan (Total of 10 points)

1. The applicant submitted a proposed work plan that includes RFA benchmarks (e.g., SPF training, proposed SPF plan implementation and development, developing and submitting program and fiscal reports, training and technical assistance from the DC Prevention Center PFS Coordinator). (Points: 10)

Criterion E: Fiscal and Financial Management (Total of 15 points)

1. The applicant describes their current financial management system that would be used to support the RFA scope of work. (Points: 5)
2. The applicant discusses an approach to funding the approved SPF plan's preventive interventions that is consistent with the RFA scope of work. (Points: 5)
3. The applicant provides relevant experience in preparing and submitting federal or District program or financial reports. (Points: 5)

Criterion F: Reporting (Total of 5 points)

1. The applicant outlines the monthly process of tracking and reporting the steps taken towards the development of the logic model and development and implementation of the action plan based on the SPF plan. (Points: 5)

Criterion G: Applicant Qualifications (Total of 10 points)

1. The applicant describes specific involvement and roles in prevention activities in the proposed high need community in the designated Ward, involvement with community stakeholders and other leaders, and any measurable results achieved. (Points: 5)
2. The applicant discusses the CPN’s mission and why it is “best” qualified to lead the effort to establish SPF plans in the selected high need community in the designated Ward. (Points: 5)

Section XI: SELECTION PROCESS

RFAs will be scored according to the evaluation criteria listed above. The results of the evaluation for each RFA submitted will be classified into one of four categories below:

Ranking Classification	Point Range
Most Qualified	95 - 100
Very Qualified	80 - 94
Qualified	70 - 79
Minimally Qualified	69 and below

When the applications are received, a panel of reviewers identified by DBH will review the applications and rank the responses based upon the information submitted using the criteria in this RFA. The individual scores of the review panel will be averaged and assigned a classification equivalent to the point range of the averaged scores. The grantee(s) will be selected from among the providers that score in the “Most Qualified” point range category. If no applications are ranked in the “Most Qualified” category, DBH may select from the “Very Qualified” and “Qualified” categories.

Section XII: AUDITS AND DISALLOWANCES

Appropriate District and federal personnel may conduct fiscal and program audits of grantees either directly or by an independent auditor. The grantee may request informal dispute resolution of any disallowance determination in accordance with the City-Wide Grants Manual and Sourcebook. The grantee shall cooperate fully and promptly with any audit.

Section XIII: ATTACHMENTS TO THE RFA

- Attachment A Applicant Profile
- Attachment B DBH Statement of Certification
- Attachment C Federal Assurances
- Attachment D Certifications Regarding Lobbying, Debarment and Suspension, Exclusions, Other Responsibility Matters, and Requirements for a Drug Free Workplace
- Attachment E Program Budget and Budget Narrative Justification Form
- Attachment F DBH Receipt
- Attachment G Proposed Work Plan
- Attachment H DBH Logic Model Template
- Attachment I Preventive Interventions

ATTACHMENT A

**Government of the District of Columbia
Department of Behavioral Health (DBH)
RFA No. DBH PFS060815
Partnership for Success High Need Communities Grant**

Applicant Profile

*APPLICANT NAME and/or
NAME OF COMMUNITY
PREVENTION NETWORK:*

TYPE OF ORGANIZATION: _____ Non-Profit Organization _____ For-Profit Organization
_____ Other: _____

Federal Tax ID No.:

DUNS No.:

Contact Person:

Title:

Street Address:

City, State ZIP:

Telephone:

Fax:

Email:

Ward:

Organization Website:

Names of Organization

Officials: Board Chair/President:

Board Treasurer:

Chief Executive Officer/Executive Director:

Chief Financial Officer:

RFA Abstract (Limit 200 words)

Signature of Authorized Representative: _____

ATTACHMENT B

GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF BEHAVIORAL HEALTH (DBH)



Department of Behavioral Health Statement of Certification

- A. Applicant/Grantee has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Agency on behalf of the organization; (attach)
- B. Applicant/Grantee is able to maintain adequate files and records and can and will meet all reporting requirements;
- C. That all fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; that all fiscal records are accurate, complete and current at all times; and that these records will be made available for audit and inspection as required;
- D. Applicant/Grantee is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia Office of Tax and Revenue (OTR) stating that the entity has complied with the filing requirements of District of Columbia tax laws and has paid taxes due to the District of Columbia, or is in compliance with any payment agreement with OTR; (attach)
- E. Applicant/Grantee has the demonstrated administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;
- F. That, if required by the grant making Agency, the Applicant/Grantee is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by fraudulent or dishonest act committed by any employee, board member, officer, partner, shareholder, or trainee;
- G. That the Applicant/Grantee is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating Agency;
- H. That the Applicant/Grantee has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or sub-grant, or the ability to obtain them;
- I. That the Applicant/Grantee has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;
- J. That the Applicant/Grantee has a satisfactory record of performing similar activities as detailed in the award or, if the grant award is intended to encourage the development and support of organizations without significant previous experience, that the Applicant/Grantee has otherwise established that it has

the skills and resources necessary to perform the grant. In this connection, Agencies may report their experience with an Applicant/Grantee's performance to OPGS which shall collect such reports and make the same available on its intranet website;

- K. That the Applicant/Grantee has a satisfactory record of integrity and business ethics;
- L. That the Applicant/Grantee has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;
- M. That the Applicant/Grantee is in compliance with the applicable District licensing and tax laws and regulations;
- N. That the Applicant/Grantee complies with provisions of the Drug-Free Workplace Act; and
- O. That the Applicant/Grantee meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations.
- P. That the Applicant/Grantee ensures that all required staff have the criminal background checks required for working with children pursuant to D.C. Code 4-1501.01 et. seq., "Criminal Background Checks for Government Services to Children."
- Q. That the Applicant/Grantee agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this grant or sub-grant from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefore, except where such indemnification is prohibited by law.

As the duly authorized representative of the Applicant/Grantee, I hereby certify that the Applicant/Grantee will comply with the above certifications.

Applicant/Grantee Name

Street Address

City _____ State _____ Zip Code _____

Strategic Prevention Framework (SPF): Partnership for Success (PFS) High Need Communities Grant
Project Name

Applicant/Grantee IRS/Vendor Number

Signature: _____
Name and Title of Authorized Representative

Date: _____

ATTACHMENT C

GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF BEHAVIORAL HEALTH (DBH)



Federal Assurances

Applicant/Grantee hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB Circulars No. A-21, A-110, A-122, A-128, A- 87; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements -28 CFR, Part 66, Common Rule that govern the application, acceptance and use of Federal funds for this federally-assisted project.

Also, the Applicant/Grantee assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of The Grantee's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of The Grantee to act in connection with the application and to provide such additional information as may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 PL 91-646 which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et. seq.).
4. It will comply with the minimum wage and maximum hour's provisions of the Federal Fair Labor Standards Act, if applicable.
5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
6. It will give the sponsoring agency of the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
7. It will comply with all requirements imposed by the Federal-sponsoring agency concerning special requirements of Law, program requirements, and other administrative requirements.
8. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.
9. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234-, 87 Stat. 975, approved December 31, 1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal Financial Assistance" includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.
10. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 USC 470), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (16 USC 569a-1 et. seq.) By (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor

agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.

11. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18. Administrative Review Procedure; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.
12. It will comply, and all its contractors will comply with; Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1990); Title IX of the Education Amendments of 1972 and the Age Discrimination Act of 1975.
13. In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, U.S. Department of Justice.
14. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for \$500,000 or more.
15. It will comply with the provisions of the Coastal Barrier resources Act (P.L 97-348) dated October 19, 1982, (16 USC 3501 et. seq) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.
16. In addition to the above, the Grantee shall comply with all the applicable District and Federal statutes and regulations as may be amended from time to time including, but not necessarily limited to:
 - a) The Hatch Act, Chap. 314, 24 Stat. 440 (7 U.S.C. 361a et. seq.)
 - b) The Fair Labor Standards Act, Chap. 676, 52 Stat. 1060 (29 U.S.C.201 et. seq.)
 - c) The Clean Air Act (Sub-grants over \$100,000) Pub. L. 108-201, February 24, 2004, 42 USC cha. 85 et. seq.
 - d) The Occupational Safety and Health Act of 1970, Pub. L. 91-596, Dec. 29, 1970, 84 Stat. 1590 (26 U.S.C. 651 et. seq.)
 - e) The Hobbs Act (Anti-Corruption), Chap 537, 60 Stat. 420 (see 18 U.S.C. § 1951)
 - f) Equal Pay Act of 1963, Pub. L. 88-38, June 10, 1963, 77 Stat.56 (29 U.S.C. 201)
 - g) Age Discrimination in Employment Act, Pub. L. 90-202, Dec. 15, 1967, 81 Stat. 602 (29 U.S.C. 621 et. seq.)
 - h) Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986, 100 Stat. 3359, (8 U.S.C. 1101)
 - i) Executive Order 12459 (Debarment, Suspension and Exclusion)
 - j) Medical Leave Act of 1993, Pub. L. 103-3, Feb. 5, 1993, 107 Stat. 6 (5 U.S.C. 6381 et. seq.)
 - k) Lobbying Disclosure Act, Pub. L. 104-65, Dec. 19, 1995, 109 Stat. 693 (31 U.S.C. 1352)
 - l) Drug Free Workplace Act of 1988, Pub. L. 100-690, 102 Stat. 4304 (41 U.S.C. 701 et. seq.)
 - m) Assurance of Nondiscrimination and Equal Opportunity as found in 29 CFR 34.20
 - n) District of Columbia Human Rights Act of 1977, D.C. Official Code § 2-1401.01
 - o) District of Columbia Language Access Act of 2004, DC Law 15 – 414, D.C. Official Code § 2-1931 et. seq.)

As the duly authorized representative of the Applicant/Grantee, I hereby certify that the Applicant/Grantee will comply with the above certifications.

Applicant/Grantee Name

Street Address

City _____ State _____ Zip Code _____

Strategic Prevention Framework (SPF): Partnership for Success (PFS) High Need Communities Grant
Project Name

Applicant/Grantee IRS/Vendor Number

Signature: _____
Name and Title of Authorized Representative

Date: _____

ATTACHMENT D

GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF BEHAVIORAL HEALTH (DBH)



Certifications Regarding Lobbying, Debarment and Suspension, Exclusions, Other Responsibility Matters, and Requirements for a Drug-Free Workplace

Applicant/Grantee should refer to the regulations cited below to determine the certification to which they are required to attest. Grantees should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying" and 28 CFR Part 67, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact.

1. Lobbying

As required by Section 1352, Title 31 of the U.S. Code and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the Grantee certifies that:

- A. No Federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress; an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;
- B. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form -III, "Disclosure of Lobbying Activities," in accordance with its instructions;
- C. The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers including sub-grants, contracts under grants and cooperative agreements, and subcontracts and that all sub-recipients shall certify and disclose accordingly.

2. Debarment and Suspension, Exclusions, and Other Responsibility Matters (Direct Recipient)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510-**The Grantee certifies that it and its principals:**

- A. Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
- B. Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public Federal, State, or local transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

- C. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or Local) with commission of any of the offenses enumerated in paragraph (I)(b) of this certification; and
- D. Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or Local) terminated for cause or default; and
- E. Where the Grantee is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.
- F. Ensure on an on-going basis that no individual is excluded from participation in a federal health care program as found on the Department of Health and Human Services *List of Excluded Individuals/Entities* (<http://exclusions.oig.hhs.gov/>).

3. Drug-Free Workplace (Awardees Other Than Individuals)

As required by the Drug Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F. for Awardees, as defined at 28 CFR Part 67 Sections 67.615 and 67.620, the Grantee certifies that it will or will continue to provide a drug-free workplace by:

- A. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
- B. Establishing an on-going drug-free awareness program to inform employee's about:
 1. The dangers of drug abuse in the workplace;
 2. The Grantee's policy of maintaining a drug-free workplace;
 3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
 5. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a).
 6. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee would abide by the terms of the statement and notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.
 7. Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph 3 (B) (6) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title to: the **Grant Administrator** identified in the grant agreement, and the **Director – Department of Behavioral Health at 64 New York Avenue, NE, Washington DC 20002**. Notice shall include the identification number(s) of each effected grant.
 8. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:
 - (a) Taking appropriate personnel action against such an employee, up to and incising termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency.
 - (c) Making a good faith effort to continue to maintain a drug-free workplace.

9. The Grantee may insert in the space provided below the sites for the performance of work done in connection with the specific grant:
- (a) Place of Performance (Street address, city, county, state, zip code)
 - (b) Drug-Free Workplace Requirements (Awardees who are Individuals)
10. As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, subpart F, for Awardees as defined at 28 CFR Part 67; Sections 67615 and 67.620-
- A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and
 - B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to:
 - (1) The Grant Administrator identified in the Grant Agreement; and
 - (2) D.C. Department of Behavioral Health, 64 New York Avenue, NE. Washington, DC 20002
Attn: Director-Department of Behavioral Health.

As the duly authorized representative of the Applicant/Grantee, I hereby certify that the Applicant/Grantee will comply with the above certifications.

Applicant/Grantee Name

Street Address

City _____ State _____ Zip Code _____

Strategic Prevention Framework (SPF): Partnership for Success (PFS) High Need Communities Grant
Project Name

Applicant/Grantee IRS/Vendor Number

Signature: _____
Name and Title of Authorized Representative

Date: _____

ATTACHMENT E

Program Budget and Budget Narrative Justification			
Applicant/Grantee: [Name]			
Budget Period One: October 1, 2015 – September 30, 2016			
Funding Source: Strategic Prevention Framework (SPF): Partnership for Success (PFS) High Need Communities Grant			
Service Area Name: (Identify Ward)			
BUDGET CATEGORY			
PERSONNEL* Salaries and Wages (If Applicable)	POSITION	CPN SERVICES TOTAL	NARRATIVE JUSTIFICATION
[Employee Name]	[Position Title]	\$	
[Employee Name]	[Position Title]	\$	
Subtotal Salaries		\$	
Fringe Benefits		\$	
Total Personnel & Fringe Benefits		\$	
Consultants/Expert*		\$	
Occupancy		\$	NOT APPLICABLE FOR THIS GRANT
Travel and Transportation		\$	
Supplies & Minor Equipment		\$	
Capital Equipment and Outlays		\$	NOT APPLICABLE FOR THIS GRANT
Client Costs		\$	NOT APPLICABLE FOR THIS GRANT
Communications		\$	
Other Direct Cost		\$	
Subtotal Direct Costs		\$	
Indirect/Overhead (15% Maximum) Intended for Fiscal Agent		\$	
Or 10% Maximum if no Fiscal Agent			
Total		\$100,000.00	

* Combined cost of Personnel and Consultant Budget Categories may not exceed 10% of the total budget.

ATTACHMENT F

DBH RECEIPT

**RFA Title: Strategic Prevention Framework:
Partnership for Success High Need Communities Grant**

RFA No. DBH PFS060815

ATTACH TWO (2) COPIES OF THIS RECEIPT TO THE OUTSIDE OF THE ENVELOPE

The DC DEPARTMENT OF BEHAVIORAL HEALTH IS IN RECEIPT OF

(Contact Name/ Please Print Clearly)

(Organization Name)

(Address, City, State, Zip Code)

(Telephone/Facsimile/Email)

(Project Name)

(Geographic Designation: Ward ____)

**\$100,000.00
(Budget Amount)**

DBH USE ONLY:

Please Indicate Time: _____

ORIGINAL and _____ COPIES

RECEIVED ON THIS DATE _____ / _____ /2015

Received By: _____

ATTACHMENT G

PROPOSED WORK PLAN

RFA No. DBH PFS060815

District of Columbia Department of Behavioral Health (DBH)

Applicant Name: _____ Contact Person: _____ Phone: _____

Email: _____

Community Prevention Network: _____

Project Name: Strategic Prevention Framework (SPF): Partnership for Success (PFS) High Need Communities Grant

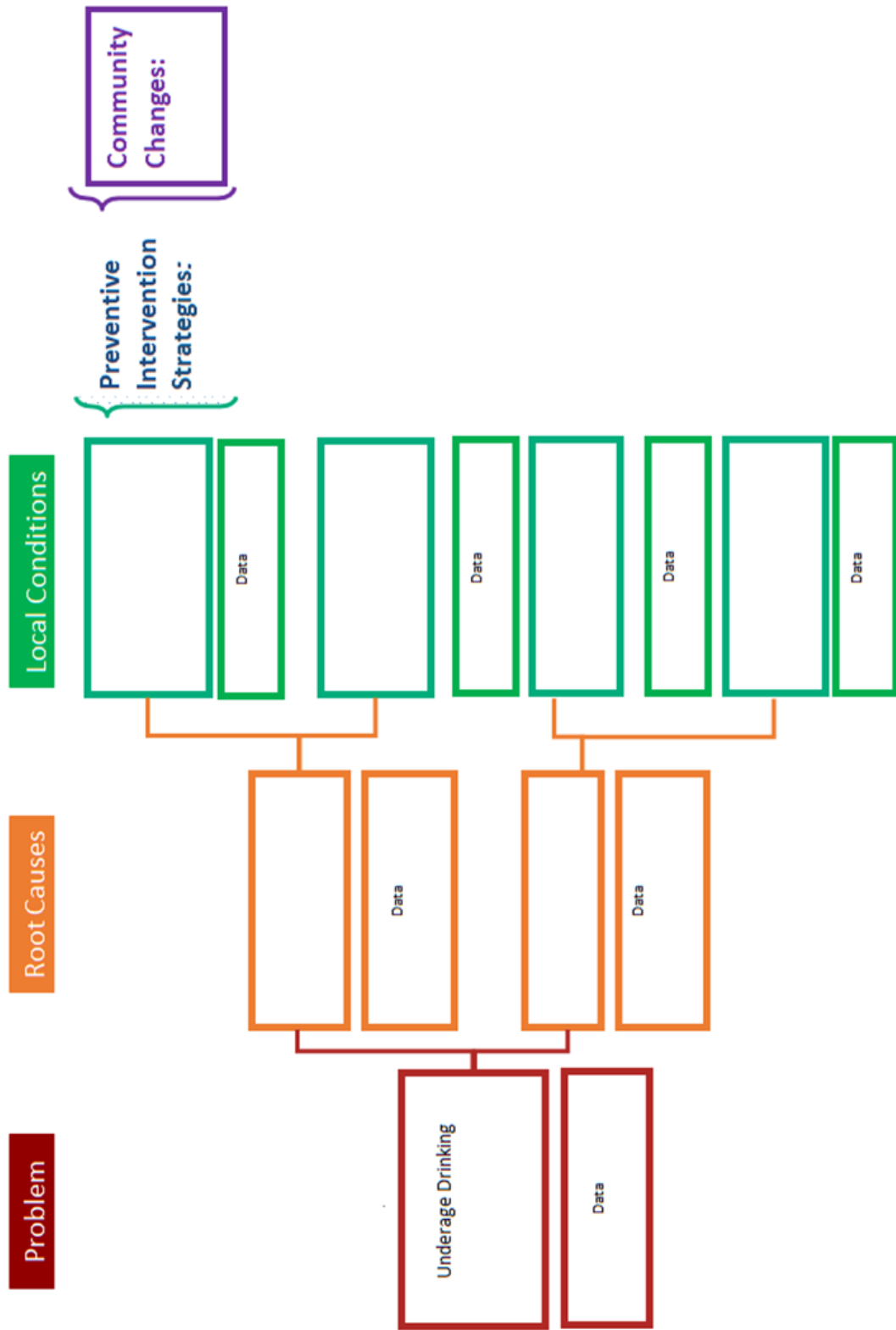
Budget Amount: \$100,000.00

Proposed Ward to Serve: ____

Measureable Goals			
Goal #1:			
<u>Key activities needed to meet this goal:</u>	<u>Start Dates:</u>	<u>Completion Dates:</u>	<u>Key Personnel (Title)</u>
• • • •	• • • •	• • • •	
Goal #2:			
<u>Key activities needed to meet this goal:</u>	<u>Start Dates:</u>	<u>Completion Dates:</u>	<u>Key Personnel (Title)</u>
• • • •	• • • •	• • • •	
Goal #3:			
<u>Key activities needed to meet this goal:</u>	<u>Start Dates:</u>	<u>Completion Dates:</u>	<u>Key Personnel (Title)</u>
• • • •	• • • •	• • • •	

Duplicate this page as needed for additional proposed goals. Ensure that heading information clearly identifies the applicant's name, CPN, and page number (e.g., page 2 of 4) of the proposed work plan.

DEPARTMENT OF BEHAVIORAL HEALTH LOGIC MODEL TEMPLATE



ATTACHMENT I

PREVENTIVE INTERVENTIONS Evidence-based Practices, Policies, and Programs (EBPPP) for Partnership for Success High Need Community Grant Strategic Plans				
Selections need to address youth ages 12 to 18, target underage drinking (Alc) and/or marijuana (MJ) use, and be adapted in a community setting as part of a comprehensive action plan.				
Name	IOM Category	Brief Description	Outcomes	
Community-Based EBPPPs for Youth and Families			Alc	MJ
All Stars	Universal - Direct	Program for middle school students, ages 11 to 14, to prevent and delay the onset of high-risk behaviors such as drug use, violence, and premature sexual activity. There is also an All Stars Senior- High School Curriculum.	Y	Y
Creating Lasting Family Connections	Universal - Direct	Family-focused program to build the resiliency of youth ages 9 to 17 years and reduce the frequency of alcohol tobacco and other drug (ATOD) use. There are six modules administered to parents/guardians and youth in 18 to 20 weekly training sessions.	Y	Y
Curriculum-Based Support Group Program	Selective	Teaches essential life skills and offers emotional support to help children and youth cope with difficult family situations, refuse ATOD; and reduce antisocial attitudes and behavior. There are 10 to 12 weekly, 1-hour support group sessions	Affects risk factors	
Stay SMART/ SMART Leaders	Universal - Direct	Stay SMART (for Skills, Mastery, And Resistance Training) is a curriculum-based program for 13- to 15-year-olds that teaches a broad spectrum of social and personal competence skills to help youths identify and resist peer and other social pressures to smoke, drink, and engage in sexual activity. SMART Leaders is a 2-year booster program that follows from Stay SMART.	Y	Y
SODAS City	Universal - Direct	Self-instructional software program for preadolescents and adolescents designed to help prevent participants' current and future use of alcohol and other substances, as well as the problems associated with this use.	Y	Y
STARS (Start Taking Alcohol Risks Seriously) for Families	Universal - Direct	Motivational interviewing health promotion program that aims to prevent or reduce alcohol use among middle school youth ages 11 to 14 years.	Y	N/A
Strengthening Families Program: For Parents and Youth 10–14	Universal - Direct	Program to reduce substance use and behavior problems during adolescence through improved skills in nurturing and child management by parents and improved interpersonal and personal competencies among youths.	Y	Y
Woodrock Youth Development Program	Universal - Direct	Combination of strategies and support systems to prevent substance abuse among at-risk and racially diverse youth.	Y – Mixed ATOD	

Name	IOM Category	Brief Description	Outcomes	
Community-Level Evidence-based Programs			Alc	MJ
Communities Mobilizing for Change on Alcohol	Universal - Indirect	Community-organizing program designed to reduce teens' (13 to 20 years of age) access to alcohol by changing community policies and practices.	Y	N/A
Communities That Care	Universal - Indirect	Program gives communities the tools to address adolescent health and behavior problems through a focus on empirically identified risk and protective factors.	Y	N
Community Trials Intervention to Reduce High-Risk Drinking	Universal - Indirect	Multicomponent, community-based program that uses environmental interventions and community mobilization.	Y	N/A
Operation Safe Streets	Universal - Indirect	Problem-oriented policing program targeted at high-crime areas and drug corners to prevent violent and drug-related crime.	Y – Drug-related crimes	
Name	IOM Category	Brief Description	Outcomes	
Community-Level or DC Specific Evidence-based Policies and Practices (Strategies are currently under trial basis)			Alc	MJ
Social norms campaigns/social marketing	Universal - Indirect	Sensation-seeking targeting (SENTAR) prevention approach.		
Talk They Hear You campaign	Universal	Federal campaign adapted to the District of Columbia that focuses on families/caregivers to reduce underage drinking. Multi-media materials provide a base for community action.		
Risk Reduction Strategy in an urban area with culturally diverse populations	Indicated and Selective	Promising approach for piloting in the District of Columbia for youth who may be using alcohol and marijuana but do not meet diagnostic criteria for treatment. Focuses on an individual approach for the Strategic Prevention Framework.		
DC Youth Prevention Leadership Corps	Universal	Training through the National Youth Leadership Model/Community Anti-Drug Coalitions of America (CADCA) for youth and adapted to the District of Columbia. Youth develop and implement Strategic Prevention Framework community action plans.		

Name	IOM Category	Brief Description	Outcomes	
EBPPPs for Youth and Families			Alc	MJ
Aban Aya Youth Project	Universal - Direct	African-American-focused multi-problem prevention.	Y – Mixed ATOD	
Hip-Hop 2 Prevent Substance Abuse and HIV	Universal - Direct or Selective	Focused on ages 12 to 16 to reduce or prevent substance use and risky sexual activity. There are four sessions in a traditional setting or six in a three day retreat setting.	Affects risk factors	
Lead & Seed	Universal - Direct	Designed for middle and high school youth to increase their knowledge and problem-solving skills for preventing and reducing ATOD use, develop strategic prevention plans and help youth implement these plans.	Y	N
Midwestern Prevention Project/Project STAR	Universal - Direct	Comprehensive, community-based, multifaceted program intended to prevent or reduce gateway substance use (alcohol, tobacco, and marijuana) during adolescence.	Y	Y
PALS: Prevention Through Alternative Learning Styles	Universal - Direct or Selective	Middle school age youth taught in 10 lessons to prevent ATOD.	Affects risk factors	
Project ALERT	Universal - Direct or Selective	This is a 14 lesson prevention program for middle or junior high school students that focuses on alcohol, tobacco, and marijuana use.	Y	Y
Project Northland	Universal - Direct	Multilevel intervention involving students, peers, parents, and community in programs designed to delay the age at which adolescents begin drinking, reduce alcohol use among those already drinking, and limit the number of alcohol-related problems among young drinkers.	Y	N
Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students)	Universal - Direct, Selective or Indicated	Designed for youth ages 12 to 18 years of age at high risk for substance use and abuse due to poor academic performance, truancy, discipline problems, negative attitudes toward school, and parental substance abuse.	Y	Y
Reconnecting Youth: A Peer Group Approach to Building Life Skills	Selective	Program for students ages 14 to 19 years that teaches skills to build resiliency against risk factors and control early signs of substance abuse and emotional distress.	Y – Mixed ATOD	
Storytelling for Empowerment	Selective	Bilingual (English and Spanish) intervention for teenagers at risk for substance abuse, HIV, and other problem behaviors due to living in impoverished communities with high availability of drugs and limited health care services.	Y	N
Guiding Good Choices	Universal	Drug use prevention program that provides parents of children in grades 4 through 8 (9 to 14 years old) with the knowledge and skills needed to guide their children through early adolescence.	Y	Y