APPENDIX 1: APPLICATION FORM AND CHECKLIST

Community-Driven Behavioral Health Initiative (CDBHI) Grant Program

APPLICATION INSTRUCTIONS

Applicants must complete all required sections of this Application Form and submit all required attachments identified in the Application Checklist. Each applicant is responsible for ensuring that its application is complete, accurate, and certified by an authorized representative. Applications will be evaluated and scored solely on the information submitted by the application deadline. Missing, unclear, incomplete, or insufficiently detailed information may result in a lower score under the applicable evaluation criteria. Evaluators are not required to infer information or seek clarification from an applicant, except as expressly permitted in this RFA. Submissions through the CDBHI Qualtrics application portal will be accepted no later than **November 6, 2026, at 5:00 p.m. Pacific Time**.

Please review and follow the instructions below carefully:

- **Review the full RFA package before beginning the application.** Applicants should review the RFA and all applicable appendices, templates, instructions, and guidance documents before preparing their submission.
- **Submit the application through the CDBHI Qualtrics application portal.** Applications must be completed and submitted through the designated portal at: **Qualtrics Application Link.** You may return to your application at any time using the same application link, and your information will be saved.
- **Follow all response requirements and word limits.** Use the response fields provided and respond fully to each applicable question, not exceeding word limits.
- **Do not substitute hyperlinks for required content.** Hyperlinks may be included as supplemental references where appropriate but may not be used in place of required narrative responses, documentation, or attachments. All hyperlinks must include the full URL (e.g., https://www.example.com) to ensure they are readable.
- **Upload all required attachments.** Attachments must comply with the file-format, file-size, and naming requirements established in the application portal and these instructions. Files cannot exceed 50 MB per attachment. Acceptable file types include PDF, Document (DOC, DOCX, TXT, ODT), and Spreadsheet (CSV, XLS, XLSX, ODS). All uploaded files must follow this naming convention: **OrganizationName_DocumentType**.
- **Complete all required fields.** If a question does not apply, indicate **"Not Applicable"** where permitted rather than leaving the field blank.
- **Submit the application by the deadline.** Applications received after the submission deadline, or applications that fail to satisfy a non-curable eligibility or submission requirement, will be removed from further

consideration. CIBHS may permit clarification or correction of an immaterial administrative omission or inconsistency only as permitted by the RFA.

- **Submit questions through the authorized process.** Initial questions regarding the RFA, application requirements, or submission process should be submitted to CDBHI@cibhs.org by **September 29, 2026, at 5:00 p.m. Pacific Time.** Questions received by this deadline, along with relevant questions raised during the **October 6, 2026 Bidder's Conference,** will be addressed in the first FAQ update, published **October 13, 2026.** A second FAQ cutoff is **October 27, 2026, at 5:00 p.m. Pacific Time**, with an updated FAQ published **November 3, 2026**. Questions may be submitted after October 27; however, CIBHS cannot guarantee a response before the application deadline.
- **For technical assistance with the application or online submission process,** please email CDBHI@cibhs.org and include a contact name and a description of the issue. Technical issues will be addressed via email.
- **Retain confirmation of submission.** Applicants should retain the Qualtrics submission confirmation and a complete copy of the application, and all attachments submitted for their records.
- **Follow all authorized communication procedures.** Applicants must use only the communication channels and procedures identified in the RFA. Applicants must not attempt to influence reviewers, CIBHS personnel, CDPH personnel, advisory members, or other participants in the review and selection process outside the procedures authorized by the RFA.

APPLICANT INFORMATION, ELIGIBILITY, DISCLOSURES & CERTIFICATION

A.1 Applicant Identity and Organization Information

Organization Legal Name	
Project Title	
DBA Name (if applicable)	
Federal Tax ID (EIN)	
Unique Entity Identifier (UEI)	
Organization Formation Date	
Fiscal Year End Month	
Eligible Applicant Type	☐ 501(c)(3) Community-Based Organization (CBO) ☐ Federally Recognized Tribe ☐ Indian Health Clinic / Indian Health Program ☐ Urban Indian Organization
IRS 501(c)(3) Status (CBO applicants)	☐ Confirmed ☐ Not Applicable
California Secretary of State Entity Number, if applicable	
California Secretary of State Status, if applicable	☐ Active ☐ Exempt/Not Applicable Verification Date: _____
California Attorney General Registry of Charitable Trusts Status, if applicable	☐ Current ☐ Exempt/Not Applicable Verification Date: _____

Tribal / Indian Health / Urban Indian Status Documentation	☐ Attached ☐ Not Applicable
Suspension / Debarment / Exclusion Status	☐ None ☐ Yes—Explain in A.8
Approximate Annual Organizational Operating Budget / Revenue (most recently completed FY)	$
Approximate Number of Employees / FTEs	
A.2 Organization Contact Information	
Street Address	
City, State, ZIP Code	
Mailing Address (if different)	
Website	
Main Phone	
General Email	
A.3 Primary Application Contact	
Name (First, Last)	
Pronouns (optional)	
Title	
Email	
Phone	
A.4 Secondary Application Contact	
Name (First, Last)	
Pronouns (optional)	
Title	
Email	
Phone	
A.5 Authorized Signatory	
Name (First, Last)	
Pronouns (optional)	
Title	
Email	

Phone	

A.6 Fiscal Sponsor or Formal Collaborative / Lead-Applicant Arrangement

Arrangement Type: Select all that apply.

☐ No fiscal sponsor or formal collaborative arrangement.
☐ Fiscal sponsor arrangement. The fiscal sponsor must be the legal applicant, independently satisfy the RFA eligibility requirements, execute the award, and accept responsibility for fiscal management, reporting, monitoring, contractual compliance, and oversight of the sponsored project.
☐ Formal collaborative / lead-applicant arrangement that does not involve fiscal sponsorship. The legal applicant remains fully responsible for the award.

Legal Applicant	
Sponsored Project / Sponsored Entity, if applicable	
Fiscal Sponsor / Lead Entity	
Participating Entities	
Decision-Making Structure	
Flow of Funds	
Programmatic Responsibilities	
Fiscal and Compliance Responsibilities	
Other CDBHI Applications Sponsored by This Fiscal Sponsor	☐ None ☐ Yes—Number: ____
Capacity to Oversee Sponsored Projects	Describe the sponsor's capacity to oversee this and any other sponsored CDBHI projects.
Arrangement Documentation	☐ Attached ☐ Not Applicable

A.7 Multiple-Application Disclosure

An organization may serve as the legal/lead applicant for only one application under this RFA and may participate as a partner, contractor, subcontractor, subrecipient, or collaborative member in other applications. Disclose all other CDBHI applications in which the applicant, fiscal sponsor, lead entity, or participating organization has a funded or material project role.

Is the legal applicant the lead applicant on any other CDBHI application?	☐ No ☐ Yes—Explain below
Does any applicant, sponsor, or participating entity have a funded or material role in another CDBHI application?	☐ No ☐ Yes—Complete the table below
Other Project Title	
Organization	
Role	

Activities / Staffing Commitment	
Budget / Funding Role	
Amount, if known	
Nonduplication Explanation	Explain how the projects are materially distinct and do not duplicate activities, personnel time, participants, deliverables, or costs.

A.8 Conflict, Audit, Investigation, Litigation, and Eligibility Disclosures
Maximum: 300 words

Disclose and explain any actual, potential, or perceived conflict of interest; material audit finding; questioned cost; corrective action; terminated award; pending investigation or litigation; suspension; debarment; exclusion; or other restriction that could affect eligibility or performance. If none, state "None."

A.9 Project Abstract Maximum: 500 words

Provide a concise abstract stating the project purpose, population and communities served, service area, principal population-based prevention activities, anticipated unduplicated reach, intended outcomes, applicable statewide behavioral health goal(s), and total funding request.

A.10 Certification and Authorized Signature

I certify that I am authorized to submit this application on behalf of the legal applicant and that the information provided is true, complete, and accurate to the best of my knowledge.

I certify that all other CDBHI applications and funded roles have been disclosed; proposed activities and costs are distinct and nonduplicative; requested CDBHI funds are limited to allowable population-based prevention activities; and CDBHI funds will not be used for Early Intervention, diagnosis, treatment, or other unallowable activities. Where the applicant or a broader program provides other services, CDBHI-funded activities, personnel effort, costs, outputs, and outcomes will be separately identified, budgeted, tracked, and reported.

I certify that other funding supporting the same or closely related activities has been disclosed, that CDBHI funds will not duplicate or impermissibly supplant other available funding, and that any proposed subrecipient receiving CDBHI funds will meet the applicable eligibility requirements of the RFA.

I certify that our organization will comply with all applicable program, fiscal, contractual, reporting, monitoring, evaluation, data, training, technical assistance, and award requirements.

I certify the CDPH BHSA CDEP Resource Guide has been reviewed in the process of developing this application.

I acknowledge that any selection is conditional upon completion of applicable pre-award, appeal, negotiation, and contracting requirements; that material misrepresentation or omission may result in rejection, withdrawal, termination, recovery of funds, or other available remedies; and that CIBHS and CDPH may verify information provided in this application. Application information may also be used for program planning, evaluation, and public reporting subject to applicable confidentiality and public-records requirements.

Authorized Signatory's Signature	

Printed Name and Title	
Date	

SECTION 1:
ALIGNMENT WITH RFA PURPOSE, BHSA POPULATION-BASED PREVENTION & CDEP/EBP APPROACH (15 POINTS)

Evaluation Objective	Evaluate whether the project clearly remains within population-based prevention; meets one or more statutory prevention requirements; appropriately integrates an eligible CDEP, EBP, or other allowable prevention approach; connects community need, activities, outcomes, and applicable statewide goals; and excludes Early Intervention, diagnosis, and treatment for individuals.

1.1 Prevention Approach Selection

Select all approaches included in the proposed project.

☐ Community-Defined Evidence Practice (CDEP)

☐ Evidence-Based Practice (EBP)

☐ Other population-based prevention approach expressly permitted by the CDPH BHSA Population-Based Prevention Program Final Plan, the CDPH Population-Based Prevention Strategy CDEP Resource Guide, and this RFA: _____

1.1a Population-Based Prevention Type

Select all that apply to the proposed project.

☐ Health Promotion

☐ Universal Prevention

☐ Selective Prevention

1.2 Prevention Approach Description and CDEP Community Relevance Maximum: 600 words

For each selected approach, provide the name and purpose; source, community basis, or evidence supporting the approach; core components; intended population and setting; why the approach is appropriate for the population and service area; and how the approach will be integrated into the proposed project activities, staffing, delivery settings, and intended outcomes. If proposing a CDEP, explain how the practice reflects local culture, strengths, priorities, experiences, and community knowledge; why the community regards it as culturally appropriate, relevant, and likely to be effective; and how the selected CDEP design elements are reflected in the project. If proposing an approach not listed in the CDEP Resource Guide, explain how it satisfies the applicable CDEP, EBP, and population-based prevention requirements.

1.3 CDEP Design Elements

Complete only if the project includes a CDEP. Select all applicable elements.

☐ Community worldview and cultural context
☐ Language and communication
☐ Historical and current experiences
☐ Traditions, values, rituals, or spirituality
☐ Family involvement
☐ Holistic approaches
☐ Culturally relevant stigma approaches
☐ Trusted and accessible settings
☐ Collective healing
☐ Community connection
☐ Ongoing dialogue
☐ Community-defined measures
1.4 Statutory Population-Based Prevention Requirement
Select all requirements addressed by the project. At least one is required.
☐ Benefit the entire population of the state, county, or particular community.
☐ Serve identified populations at elevated risk for a mental health or substance use disorder.
☐ Aim to reduce stigma associated with seeking help for mental health challenges and substance use disorders.
☐ Serve populations disproportionately impacted by systemic racism and discrimination.
☐ Prevent suicide, self-harm, or overdose.
1.5 CDBHI Strategic Framework Priorities
Strategies A and B are required for all projects. Select at least one additional strategy from C through F.
☒ A. Behavioral Health Awareness and Stigma/Discrimination Reduction — REQUIRED
☒ B. Community Outreach and Engagement — REQUIRED
☐ C. Innovative Community Engagement
☐ D. Trauma-Informed and Healing-Centered Approaches
☐ E. Culturally Responsive Prevention Pathways
☐ F. Community Capacity and Civic Engagement
1.6 Statutory and Strategic Alignment Response Maximum: 500 words

Explain how the proposed activities implement each selected CDBHI Strategic Framework strategy.

Describe how this implementation supports each applicable BHSA statutory population-based prevention requirement selected in 1.4 and the selected statewide population behavioral health goals identified in 1.7. Explain how the proposed activities remain population- or community-focused rather than individually directed Early Intervention, diagnosis, or treatment.

1.7 Statewide Population Behavioral Health Goal Alignment

Select all that apply. Applicants are not expected to address all 14 goals, and identifying a greater number of goals does not strengthen an application by itself. **Select only goals to which the project has a credible and supportable prevention pathway.**

Goals for Improvement	Goals for Reduction
☐ Care Experience	☐ Suicides
☐ Access to Care	☐ Overdoses
☐ Prevention and Treatment of Co-Occurring Physical Health Conditions	☐ Untreated Behavioral Health Conditions
☐ Quality of Life	☐ Institutionalization
☐ Social Connection	☐ Homelessness
☐ Engagement in School	☐ Justice-Involvement
☐ Engagement in Work	☐ Removal of Children from Home

1.8 Prevention Pathway and Intended Outcomes Maximum: 700 words

Describe the credible pathway connecting community strengths, needs, disparities, risks, protective factors, and social or structural conditions; the selected prevention approach and applicable strategies identified in the CDEP Resource Guide; proposed activities and anticipated population reach and outputs; short- and intermediate-term outcomes; stigma and discrimination reduction; and one or more applicable statewide population behavioral health goals. For each selected statewide goal, explain the credible prevention pathway through which the project is expected to contribute without claiming that a single project will independently change statewide rates. Address suicide, self-harm, and/or overdose only where applicable to the selected statutory requirement and project pathway.

1.9 Separation of CDBHI-Funded Activities Maximum: 200 words

State whether the applicant or broader program provides Early Intervention, screening, assessment, individualized navigation, diagnosis, treatment, counseling, or other individually directed services. If yes, explain how CDBHI-funded activities, personnel effort, budget, outputs, and outcomes will be separately identified, budgeted, tracked, and reported from those services. **If none,** state "Not Applicable."

SECTION 2:
COMMUNITY NEED, SERVICE AREA & POPULATIONS OF FOCUS (15 POINTS)

Evaluation Objective	Evaluate whether the applicant uses credible data, community knowledge, lived experience, and local context to demonstrate community strengths and need; disparities; risk and protective factors; barriers and remaining resource gaps; geography; and relevance of the selected population(s) and service area.

2.1 California Counties Supported

Select all California counties that will receive direct benefit from the proposed project.

☐ Alameda	☐ Alpine	☐ Amador
☐ Butte	☐ Calaveras	☐ Colusa
☐ Contra Costa	☐ Del Norte	☐ El Dorado
☐ Fresno	☐ Glenn	☐ Humboldt
☐ Imperial	☐ Inyo	☐ Kern
☐ Kings	☐ Lake	☐ Lassen
☐ Los Angeles	☐ Madera	☐ Marin
☐ Mariposa	☐ Mendocino	☐ Merced
☐ Modoc	☐ Mono	☐ Monterey
☐ Napa	☐ Nevada	☐ Orange
☐ Placer	☐ Plumas	☐ Riverside
☐ Sacramento	☐ San Benito	☐ San Bernardino
☐ San Diego	☐ San Francisco	☐ San Joaquin
☐ San Luis Obispo	☐ San Mateo	☐ Santa Barbara
☐ Santa Clara	☐ Santa Cruz	☐ Shasta
☐ Sierra	☐ Siskiyou	☐ Solano
☐ Sonoma	☐ Stanislaus	☐ Sutter
☐ Tehama	☐ Trinity	☐ Tulare
☐ Tuolumne	☐ Ventura	☐ Yolo
☐ Yuba		

Specific Cities	

Specific Neighborhoods	
Specific Tribal Communities	
Region(s) Served	
Statewide Project	☐ No ☐ Yes
Geographic Characteristics: **Select all that apply** based on the communities and service areas included in the proposed project. Applicants may select more than one category when appropriate.	☐ Urban ☐ Rural ☐ Frontier ☐ Tribal ☐ Other (please specify): _____

2.2 CDPH Populations of Focus for Strategic Investment

Select all populations that will be intentionally served. The CDPH populations of focus are a strategic investment framework and are not an eligibility list.

☐ Black populations	
☐ Indigenous populations	
☐ Latino populations	
☐ Asian and Pacific Islander populations	
☐ Middle Eastern populations	
☐ Children, youth, and families	
☐ Immigrant and refugee populations	
☐ LGBTQIA+ populations	
☐ Older adults	
☐ People with Intellectual and Developmental Disabilities	
☐ Tribes / Tribal communities	
☐ Veterans	
☐ Other community/population relevant to the proposed prevention approach: _____	
Primary Population of Focus	
Secondary Population(s)	
Estimated Population Size	
Anticipated Unduplicated Reach	
Age Range(s)	
Primary Languages	

Other Relevant Characteristics	Demographic, cultural, behavioral-health, substance-use, disability, geographic, and social-driver characteristics.
Intersection of Two or More CDPH Populations of Focus	☐ No ☐ Yes—Describe in 2.3
Children and Youth Served (Required): Will the proposed project directly serve or support children and youth who are 25 years of age or younger? For purposes of this question, "serve or support" includes strategies, activities, resources, or system improvements specifically intended to benefit children and youth age 25 or younger. This response supports portfolio-level analysis and is not an individual-project eligibility threshold or scoring preference.	☐ No ☐ Yes

2.3 Community Need and Community Knowledge Narrative Maximum: 750 words

Demonstrate the need for the proposed project using current, credible quantitative and qualitative evidence, community input, local knowledge, and lived or living experience perspectives. Identify data sources and dates; describe disparities, risk factors, protective factors, barriers, unmet needs, and relevant community strengths; address demographic, cultural, linguistic, mental health and substance use, disability, geographic, and social-driver characteristics; explain why the selected population(s) and geographic/service area are the appropriate focus of this investment; and describe how community knowledge helped establish the need and shape the proposed approach.

If two or more populations of focus intersect, describe that intersection without assuming that it establishes priority or additional scoring preference.

2.4 Existing Prevention Resources, Gaps, and Nonduplication Maximum: 400 words

Describe existing prevention strategies, community assets, resources, and investments in the service area. Identify remaining gaps or limitations in availability, accessibility, reach, cultural responsiveness, or capacity, and explain why existing resources do not fully address the documented need. Explain how the proposed project will complement existing resources, address the identified prevention investment gap, and avoid unnecessary duplication. Regional and local coordination should be addressed in Section 6.

SECTION 3:
PROJECT DESIGN & IMPLEMENTATION PLAN (15 POINTS)

Evaluation Objective	Evaluate whether activities are clear, feasible, culturally grounded, population-focused, measurable, and connected through a credible prevention pathway to SMARTIE objectives, staffing, timelines, milestones, deliverables, outputs, outcomes, stigma/discrimination reduction, and applicable statewide goals.

3.1 Project Design, Activities, Outreach, and Engagement Maximum: 750 words

Describe all proposed population-based prevention strategies and activities in enough detail to establish allowability. *Prevention funding may not be used for Early Intervention, diagnostic services, or treatment for individuals.* For each major activity, identify the applicable prevention type (Health Promotion, Universal Prevention, or Selective Prevention); population or subgroup and setting; responsible party; timing; anticipated reach; and deliverables. Describe the project's community outreach, recruitment, engagement, follow-up, and connection to allowable prevention information or supports. Explain how the activities respond to documented strengths, needs, culture, language, priorities, disparities, and barriers; why participation is based on population or community characteristics rather than individual signs, symptoms, diagnosis, or treatment need; and confirm that applicable activities are reflected in the budget.

3.2 Adaptation, Fidelity, and Implementation Quality Maximum: 300 words

Describe any proposed adaptation of the selected CDEP, EBP, or other prevention approach and explain how core components, fidelity where applicable, cultural responsiveness, community relevance, trauma-informed or healing-centered practice, language access, accessibility, and implementation quality will be maintained. If no adaptation is proposed, state that and explain how implementation will maintain the approach's core components and community relevance.

3.3 Project Implementation Plan Attachment

Complete and attach Appendix 3, Project Implementation Plan Template. The plan must include project purpose; goals; SMARTIE objectives; activities; milestones; deliverables; responsible parties; timelines; outputs; outcomes; measures; risks; dependencies; and applicable funding periods.

Completed Project Implementation Plan	☐ Attached

3.4 Award-Obligation Acknowledgment

☐ The applicant acknowledges that it has reviewed and agrees to comply with the applicable pre-award, implementation, programmatic, fiscal, reporting, monitoring, evaluation, data, training, technical-assistance, corrective-action, and closeout obligations stated in the RFA and any resulting award.

SECTION 4: HEALTH EQUITY, CULTURAL & LINGUISTIC RESPONSIVENESS, LIVED EXPERIENCE & COMMUNITY ENGAGEMENT (15 POINTS)

Evaluation Objective	Evaluate whether the project addresses structural barriers and disparities; reflects the culture, language, strengths, and preferences of the population; includes meaningful accessibility and participation strategies; and engages community members and people with lived/living experience in planning, implementation, decision-making, feedback, and evaluation.

4.1 Equity, Cultural Responsiveness, Representative Workforce, and Trusted Messengers Maximum: 600 words

Explain how project design, management, implementation, staffing, adaptation, monitoring, evaluation, and continuous quality improvement reflect the culture, language, history, worldview, values, traditions, strengths, priorities, and relevant structural barriers of the population served. Describe the roles of bilingual or bicultural staff, peers, community health workers, people with lived experience, faith or community leaders, culturally specific organizations, or other trusted messengers. **Explain how project staff and messengers reflect the diversity and lived experiences of the communities served and how they will be prepared to deliver the proposed activities.**

4.2 Lived or Living Experience, Community Voice, and Ongoing Engagement Maximum: 500 words

Explain how people with lived or living experience and other community members participated or will participate in planning, governance and decision-making, implementation, evaluation, and continuous improvement. Describe mechanisms for ongoing participant and community dialogue, community-defined priorities, feedback, and documented response to feedback.

4.3 Language Access, Accessibility, and Participation Barriers Maximum: 400 words

Describe translation and interpretation; accessible formats; disability and communication accommodations; delivery in trusted, familiar, and accessible settings; and other strategies to reduce barriers to participation relevant to the community, such as transportation, cost, scheduling, geography, technology access, caregiving responsibilities, trust, immigration concerns, or other identified barriers.

SECTION 5:
ORGANIZATIONAL EXPERIENCE & CAPACITY (10 POINTS)

Evaluation Objective	Evaluate whether the applicant demonstrates community trust, relevant and comparable experience, implementation readiness, adequate and appropriately assigned staffing, leadership and governance, fiscal systems and internal controls, experience managing public funds and third parties, and capacity to responsibly manage the proposed award.

5.1 Organization Overview and Implementation Readiness Maximum: 500 words

Provide an overview of the legal applicant and explain its readiness to implement the proposed project. Address mission, history, purpose, principal programs and services, populations and geographic areas served, governance and executive or board oversight, where the project will be housed, and the operational and administrative infrastructure already in place. Identify what is already in place; what remains to be finalized; anticipated start-up activities; staffing vacancies and expected fill dates; pending partnerships or agreements; infrastructure or systems still needed; key dependencies, assumptions, and implementation risks; mitigation and contingency plans; and why remaining needs will not materially delay implementation during the award period.

5.2 Experience with the Population and Community Maximum: 400 words

Describe the organization's years, depth, type, volume, and duration of experience with the population and service area; evidence of trust and engagement; relevant subject-matter expertise; and at least one measurable example of successful service delivery or prevention implementation.

5.3 Comparable Project Experience — Up to Two Projects

Provide up to two examples comparable to the proposed project. For each example, summarize the population and community served, scope and prevention approach, applicant role, measurable results, budget and funding source, and relevance to the proposed project.

Example #1:	
Project Name	
Population, Community, and Geographic Area Served	
Scope, Prevention Approach, and Major Activities	
Applicant Role and Key Partners	
Measurable Results, Outputs, and Outcomes	
Budget and Funding Source	
Relevance to the Proposed Project	

Example #2:	
Project Name	
Population, Community, and Geographic Area Served	
Scope, Prevention Approach, and Major Activities	
Applicant Role and Key Partners	
Measurable Results, Outputs, and Outcomes	
Budget and Funding Source	
Relevance to the Proposed Project	

5.4 Staffing and Qualifications Maximum: 500 words

Describe the staffing structure and personnel capacity that will support implementation. Identify key staff, roles, reporting relationships, level of effort, qualifications, licenses/certifications, and relevant experience; staff responsible for program oversight, fiscal management, compliance, data/evaluation, reporting, quality improvement, and third-party oversight; staff already in place; vacancies and recruitment status; anticipated hire dates; minimum qualifications; interim coverage; retention/turnover contingencies; and use of consultants, contractors, subrecipients, fiscal sponsor staff, or partner personnel. Explain why any remaining vacancies will not materially delay implementation and why the proposed staffing levels and allocation of staff time are sufficient for the proposed scope, population reach, activities, partnership responsibilities, data/evaluation requirements, reporting, and grant administration.

5.5 Financial and Administrative Capacity Maximum: 600 words

Describe the organization's financial condition and administrative capacity to manage an award of the requested size and complexity. Address accounting and financial-management systems; internal controls; segregation of duties; approval authority; reconciliation; governing-body oversight; cash-flow capacity; experience managing public funds; cost allocation and prevention of duplicate billing; systems for programmatic, performance, and fiscal data; compliance with reporting, documentation, monitoring, and fiscal-accountability requirements; and ability to participate in required training, technical assistance, evaluation, monitoring, and continuous quality improvement. Include one brief example of managing public funding of comparable size or complexity, including the funding source, award amount and period, comparable scope, applicant role, and any material findings or corrective action and resolution. Also summarize relevant experience managing contractors, consultants, partners, subrecipients, or other third parties, where applicable.

SECTION 6: MANAGEMENT, REGIONAL/LOCAL COORDINATION, PARTNERSHIPS & OVERSIGHT (10 POINTS)

Evaluation Objective	Evaluate whether management and oversight are feasible; material partners and funded third parties are clearly defined and appropriately managed; roles, accountability, and underperformance procedures are clear; and the project coordinates with relevant local/regional prevention efforts to reduce duplication and strengthen complementary investment.

6.1 Management and Governance Approach Maximum: 500 words

Describe the project-level governance and management structure, decision-making authority, reporting lines, communication cadence, coordination, issue escalation, accountability, and project oversight. Do not repeat the applicant's general organizational governance described in Section 5.

6.2 Partner / Third-Party Inventory

Complete one repeatable Qualtrics record for each material partner, contractor, consultant, vendor, subcontractor, subrecipient, fiscal sponsor, or participating organization. Clearly distinguish subrecipients from contractors and vendors. Any entity receiving CDBHI funds as a subrecipient must independently qualify as an eligible 501(c)(3) CBO or eligible Tribal entity under the RFA.

Third-Party Record 1

Entity Name	
Entity Type	☐ Unfunded Partner ☐ Contractor ☐ Consultant ☐ Vendor ☐ Subcontractor ☐ Subrecipient ☐ Fiscal Sponsor ☐ Other: _____

Eligible Entity Type if Subrecipient	☐ 501(c)(3) CBO ☐ Eligible Tribal Entity ☐ N/A: _____
Qualifications and Unique Contribution	
Role, Responsibilities, Activities, and Deliverables	
Anticipated Funding / Budget Allocation	
Relationship / Agreement Type and Status	
Applicant Oversight Approach	
Related-Party Relationship	☐ No ☐ Yes—Explain: _____

6.3 Third-Party Oversight, Compliance, and Issue Management Maximum: 650 words

Explain communication and coordination processes; performance monitoring; invoice and deliverable review; issue escalation; corrective action; and oversight of programmatic and fiscal compliance, reporting, monitoring, and proper use of award funds by all third parties. Describe policies, training, staffing, internal controls, and oversight supporting financial accountability, data integrity, confidentiality, privacy, security, and regulatory compliance. Explain how the applicant will identify, report, escalate, investigate, correct, and document underperformance, missed deliverables, fiscal concerns, conflicts of interest, fraud, waste, abuse, noncompliance, or other issues, including quality assurance, continuous quality improvement, corrective action, and resolution.

6.4 Procurement and Subaward Compliance Maximum: 400 words — Complete only if funded third parties are proposed

Explain how contractors, consultants, vendors, subcontractors, subrecipients, and other funded third parties will be selected, documented, classified, and managed in accordance with applicable procurement or subaward requirements. Explain how the applicant will verify that any proposed subrecipient independently meets the RFA eligible-entity requirements.

6.5 Fiscal Sponsor or Collaborative Management Maximum: 500 words — Complete only if applicable

Complete if applicable. Describe legal responsibility, decision-making authority, flow of funds, programmatic and fiscal oversight, capacity across multiple sponsored projects, reporting, monitoring, corrective action, and compliance responsibilities. For a fiscal sponsorship arrangement, confirm that the fiscal sponsor is the legal applicant and will execute and remain accountable for the CIBHS award.

6.6 Regional and Local Coordination Maximum: 400 words

Where relevant, describe coordination with Local Health Jurisdictions, county behavioral health departments, Tribal entities, community coalitions, schools/educational partners, healthcare partners, CBOs, other prevention networks, Community Health Assessment/Community Health Improvement Plan activities, Medi-Cal Managed Care population-health planning, and related local/regional initiatives.

Explain how coordination will reduce duplication, identify gaps, and strengthen complementary prevention investment. Where known, describe how the applicant anticipates coordinating with and participating in applicable LHJ(s) serving the funded project area.

SECTION 7:
DATA, EVALUATION, COMMUNITY-DEFINED MEASURES, QUALITY IMPROVEMENT & REPORTING (10 POINTS)

Evaluation Objective	Evaluate whether the applicant demonstrates feasible data collection, management, quality assurance, confidentiality, reporting, evaluation, and continuous quality improvement capacity; recognizes community-defined evidence and measures; and can participate in required statewide evaluation and reporting.

7.1 Performance Measurement Approach Maximum: 500 words

Identify applicant-proposed outputs and outcomes; definitions; baseline values where available; grant-period targets; annual or quarterly targets; and how measures connect to the prevention pathway and selected statewide population behavioral health goals. Identify culturally or community-defined outcomes and measures of success, where applicable, and explain how they will be used alongside required program measures. Final statewide measures may be incorporated into the award after CDPH approval.

7.2 Data Management, Quality Assurance, and Reporting Capacity Maximum: 650 words

Describe data sources, collection methods, frequency, systems or platforms, demographic and geographic information, reach, outputs and outcomes, and responsible personnel. Explain validation, review, correction,

documentation, and procedures for missing, incomplete, inconsistent, or late data. Describe the organization's ability to submit complete, accurate, and timely programmatic, fiscal, demographic, geographic, reach, performance, and evaluation information through designated reporting platforms and comply with final approved statewide data requirements.

7.3 Privacy, Confidentiality, and Security Maximum: 300 words

Describe access controls, confidentiality, privacy, security, retention, data-sharing practices, and protection of participant or community information.

7.4 Statewide Evaluation and Continuous Quality Improvement Participation Maximum: 400 words

Describe capacity to participate in statewide evaluation planning and implementation, approved tools, surveys and interviews, monitoring, training and technical assistance, learning activities, and continuous quality improvement. Explain how performance data and community feedback will be reviewed; how community members will be consulted; who will interpret findings and decide on adaptations or corrective actions; how changes will be documented; and how the organization will assess whether changes improved implementation or outcomes. Acknowledge that additional statewide evaluation requirements may be incorporated into the final award.

SECTION 8: BUDGET REASONABLENESS, ALLOWABILITY, INVESTMENT GAP & SUSTAINABILITY (10 POINTS)

Evaluation Objective	Evaluate whether the budget is complete, internally consistent, reasonable, necessary, allowable, cost effective, adequately justified, aligned with staffing and project activities, nonduplicative, responsive to a clearly identified investment gap, scalable where needed, and supported by a realistic sustainability approach.

8.1 Funding Request

Anticipated Performance Period	February 1, 2027 – April 30, 2029
Total Amount Requested	$
Project Period 1: February 1, 2027-January 31, 2028	$
Project Period 2: February 1, 2028-January 31, 2029	$
Final Partial Period: February 1, 2029-April 30, 2029	$

Indirect Cost Rate	_____ %
Indirect Cost Basis	☐ Current Federally Negotiated Rate ☐ 15% De Minimis Rate on Modified Total Direct Costs ☐ No Indirect Costs
Administrative Fee in Addition to Indirect Costs	☐ No ☐ Yes ☐ Not Applicable

8.2 Advance Payment Need

Does the applicant anticipate requesting consideration for an advance payment if selected?	☐ No ☐ Yes

The total request must fall within the approximately $400,000 to $1,000,000 award range identified in the RFA, subject to final CDPH approval. Funding period amounts must match Appendix 4. Applicants should request only the amount reasonably necessary for the proposed project.

CIBHS does not establish a minimum or maximum amount for any individual project period. Applicants should allocate the total requested amount across the 27-month performance period based on the reasonable timing and cost of the work proposed. Period amounts must reconcile to the total amount requested and Appendix 4.

8.3 Allowability and Reasonableness Maximum: 250 words

Explain the overall reasonableness and principal assumptions underlying the requested budget, including significant personnel and major cost categories. Confirm that costs are allowable, necessary, allocable, proportionate, cost effective, internally consistent with the application and implementation plan, and compliant with RFA Section E. Provide detailed calculations and line-item justification in Appendix 4; do not repeat them here.

8.4 Other Funding, Investment Gap, Nonduplication, and No supplantation Maximum: 500 words

Cross-reference the disclosures in A.7 for other CDBHI applications. Identify all other federal, State, local, county, Tribal, private, philanthropic, or other funding supporting the same or closely related activities. For each relevant source, identify the amount and period, activities or costs supported, and whether the funding is continuing, ending, or insufficient. Explain the specific prevention investment gap that CDBHI funding will fill; how costs, personnel time, participants, activities, and deliverables will be allocated; how duplicate billing will be prevented; and how CDBHI funds will avoid impermissible supplantation. Identify braided or leveraged resources and related controls.

8.5 Scalable Budget Maximum: 200 words

Identify the minimum resources necessary to preserve the project's core activities if the final award is lower than the amount requested or available funding changes. Identify the core activities that must be preserved, minimum

viable funding, activities or costs that could be reduced or deferred, staffing implications, and anticipated effects on reach or outcomes.

8.6 Sustainability Maximum: 400 words

Describe a realistic sustainability approach addressing continuation of meaningful benefits, community capacity, partnerships, prevention practices, staff and community knowledge, data/evaluation tools, organizational systems, infrastructure, future funding, integration into ongoing programs, ownership/maintenance of grant-funded materials or equipment, and key sustainability risks and mitigation.

APPLICATION CHECKLIST				
Application Component	**Applicability**	**Requirement Classification**	**Included**	**N/A**
Completed an Electronically Certified Online Application	All applicants	Required Administrative	☐	☐
Completed Project Implementation Plan (Appendix 3)	All applicants	Required Administrative	☐	☐
Completed Detailed Budget Template (Appendix 4)	All applicants	Required Administrative	☐	☐
Completed Budget Narrative / Justification	All applicants	Required Administrative	☐	☐
Signed Leadership Commitment Letter (Appendix 7)	All applicants	Required Administrative	☐	☐
Current Organizational / Governance Chart Showing Project Positions	All applicants	Required Administrative	☐	☐
Resumes/CVs or Equivalent Qualification Summaries for Identified Key Personnel	All applicants	Required Administrative	☐	☐
Job Descriptions for Vacant Key Positions Material to Implementation	If applicable	Conditional / If Applicable	☐	☐
Most Recent Audited Financial Statements or Approved Alternative	All applicants	Required Administrative	☐	☐

IRS 501(c)(3) Determination Letter	501(c)(3) CBO applicants	Mandatory for Eligibility	☐	☐
California Secretary of State Status Documentation	501(c)(3) CBO applicants, where applicable	Mandatory for Eligibility	☐	☐
California Attorney General Registry of Charitable Trusts Status Documentation	501(c)(3) CBO applicants, where applicable	Mandatory for Eligibility	☐	☐
Tribal / Federal Recognition or Eligible Tribal Entity Documentation	Tribal applicants, as applicable	Mandatory for Eligibility	☐	☐
Tribal Resolution / Governing Body Authorization	Tribal applicants, where applicable	Mandatory for Eligibility	☐	☐
Required License / Certification Documentation	As applicable	Conditional / If Applicable	☐	☐
Fiscal Sponsorship Agreement or Equivalent Documentation (if applicable)	Fiscal sponsor applications	Mandatory for Eligibility	☐	☐
Fiscal Sponsor Eligibility Documentation (if applicable)	Fiscal sponsor applications	Mandatory for Eligibility	☐	☐
Formal Collaborative / Lead-Applicant Arrangement Documentation	As applicable	Mandatory for Eligibility	☐	☐
Partner Commitment Letter(s) (Appendix 8)	As required/appropriate under final CIBHS instructions	Conditional / If Applicable	☐	☐
Existing MOU / LOA / Contract / Subaward Documentation	If available / as applicable	Conditional / If Applicable	☐	☐
Current Federal Negotiated Indirect Cost Rate Agreement	If using a federally negotiated rate	Required Administrative	☐	☐
County Letter of Support	If available / as applicable	Conditional / If Applicable	☐	☐