Appendix 5 – Frequently Asked Questions (FAQs)

Community-Driven Behavioral Health Initiative (CDBHI) Grant Program

Application Process

1. How long is the application period?
The application period is approximately eight weeks, running from September 10, 2026, through November 6, 2026. Applications must be successfully submitted by November 6, 2026, at 5:00 p.m. Pacific Time.

2. Do I have to submit a Letter of Intent (LOI)?
No. A Letter of Intent (LOI) is not required for this funding opportunity. Please do not submit an LOI.

3. Do I need a county letter of support to apply?
No. A county letter of support is not required at the time of application. Appendix 1 allows applicants to indicate that a county letter of support is attached or not applicable.

4. Do I need an executed Memorandum of Understanding (MOU) with partners before applying?
No. An executed Memorandum of Understanding (MOU) is not generally required at the time of application. Applicants must identify material partners and describe their roles, activities, funding arrangements, relationship type, and oversight. Existing MOU, Letter of Agreement, contract, or subaward documentation should be attached if available and applicable.

5. How will applications be submitted?
Applications must be completed and submitted electronically through the Qualtrics Application Link. Applications submitted by mail, hand delivery, fax, or email will not be accepted unless CIBHS issues written alternative instructions as a reasonable accommodation or through a documented system-wide contingency procedure.

6. Will I receive confirmation that my application was submitted?
Yes. Applicants will receive a confirmation email within 24 hours after successful submission. The portal submission confirmation serves as evidence of timely submission. Applicants who do not receive confirmation should promptly verify the application's status in the portal and contact CDBHI@cibhs.org.

7. Can I submit questions while the application period is open?

Yes. Applicants may submit questions regarding the RFA, the application process, or the Qualtrics application portal throughout the application period by email to CDBHI@cibhs.org. The following schedule will apply to questions and published responses:

- September 29, 2026, at 5:00 p.m. Pacific Time: Initial questions deadline. Questions received by this deadline, together with relevant questions raised during the Bidder's Conference on October 6, 2026, will be addressed in the first scheduled FAQ update.
- October 13, 2026: First scheduled updated FAQ published.
- October 27, 2026, at 5:00 p.m. Pacific Time: Second scheduled FAQ cutoff. Applicants are strongly encouraged to submit any remaining questions by this date.
- November 3, 2026: Second scheduled updated FAQ published.

Questions may be submitted after October 27 and through the remainder of the application period; however, CIBHS cannot guarantee that questions received after **October 27, 2026, at 5:00 p.m. Pacific Time** will be answered before the application deadline.

8. Will there be technical assistance or office hours?
Yes. During the application period, CIBHS will provide general applicant technical assistance through the RFA information session, written FAQs, public office hours, and/or other publicly available activities. Scheduling and registration information will be posted on the CIBHS CDBHI website or provided through an official notice.

Eligibility and Partnerships

9. Can an organization apply using a fiscal sponsor?
Yes. A project may use a fiscal sponsor only if the fiscal sponsor independently satisfies the applicable eligibility requirements. The fiscal sponsor must serve as the legal applicant, execute the award, and accept responsibility for fiscal management, reporting, monitoring, contractual compliance, and oversight. A fiscal sponsor may submit separate applications for multiple sponsored projects when each project independently satisfies the RFA requirements and the sponsor demonstrates adequate capacity.

10. Can organizations apply collaboratively?
Yes. Organizations may apply through a formal collaborative or lead-applicant arrangement. The legal applicant must be an eligible entity and remains fully responsible for the award. There is no separate scoring track or automatic scoring preference for an individual or collaborative structure.

11. Does a larger organization have to partner with a smaller organization?
No. Partnerships are permitted but are not mandatory, and the RFA does not require a larger organization to partner with a smaller organization.

12. Can organizations use subawards?
Yes. Subawards are permitted when necessary to carry out the approved scope. Applicants must identify and appropriately classify funded third parties and describe their roles, activities, funding arrangements, and oversight. Any entity receiving CDBHI funds as a subrecipient must independently qualify as an eligible 501(c)(3) community-based organization or eligible Tribal entity under the RFA.

Funding

13. How much funding is available?
Up to $30,000,000 is available for CDBHI subawards, subject to continued availability of funds, final CDPH approval, and the terms of the CDPH-CIBHS prime agreement. CIBHS anticipates making approximately 30 to 40 awards; the final number may vary based on requested amounts, application quality, portfolio objectives, available funding, and final CDPH approval.

14. How much can an applicant request?
Applicants may request a total award of approximately $400,000 to $1,000,000 for the anticipated 27-month performance period of February 1, 2027, through April 30, 2029, subject to final CDPH approval. Applicants should request only the amount reasonably necessary for the proposed project. CIBHS and CDPH may fund an application at an amount lower than requested.

15. Will funding be provided at the beginning of the grant?
Subject to State fiscal requirements and final CDPH approval, CIBHS anticipates deliverables-based awards that include an initial payment for approved start-up and implementation-readiness activities, followed by quarterly payments tied to accepted invoices, progress reports, and approved deliverables. Final payment terms and conditions will be stated in the executed subaward agreement.

16. Can applicants use an indirect cost rate?
Yes. Applicants with a current federally negotiated indirect cost rate may propose that rate, subject to CDPH and CIBHS approval. Applicants without a federally negotiated rate may charge the 15 percent federal de minimis rate on modified total direct costs. Applicants may not charge both an administrative fee and indirect costs for the same costs.

17. Can funding be used to expand an existing program, or does it need to fund new activities?
Funding may be used to implement, strengthen, expand, or appropriately adapt an eligible prevention approach. The proposed activities and costs must be clearly described, limited to the approved population-based prevention scope, and must not duplicate or impermissibly supplant other available funding. When an existing program includes other services or funding, the CDBHI-funded personnel effort, costs, activities, outputs, and outcomes must be appropriately segregated.

18. Will previously funded organizations receive priority?

No. Prior State funding does not provide an automatic scoring preference or guarantee selection. Applicants may, however, use relevant prior experience and demonstrated community-defined results as evidence of organizational capacity, implementation readiness, and the effectiveness or promise of the proposed approach.

Qualifying Practices and CDEP

19. What qualifies as a Community-Defined Evidence Practice (CDEP)?
A broad term that covers a range of programs, projects, services, and supports that share three characteristics: a) culturally grounded practices, b) community-driven development, and c) effectiveness demonstrated through real-world experience.

20. Does a practice have to be formally evaluated or statistically significant to qualify?
No. The RFA recognizes community-defined evidence and does not require applicants to demonstrate effectiveness solely through formal evaluation, experimental research, or statistical significance.

21. Does a practice have to appear on the published CDEP practice list?
No. The CDEP practice list in the CDPH Population-Based Prevention Strategy Resource Guide is illustrative and non-exhaustive. A practice does not become ineligible solely because it is not listed. Applicants proposing an unlisted practice must demonstrate that it satisfies the applicable CDEP and population-based prevention requirements. Applicants should review the CDPH Population-Based Prevention Strategy Resource Guide together with the RFA for the governing requirements and additional guidance on eligible practices, population-based prevention, and related definitions.

22. Can applicants propose a practice that has been adapted from another evidence-based practice?
Yes. An evidence-based practice may be implemented or adapted when it fits within population-based prevention and incorporates appropriate community input and attention to cultural, linguistic, geographic, and population context. Applicants must explain the proposed approach and demonstrate that it satisfies the applicable RFA and Resource Guide requirements.

Prevention Scope

23. What does population-based prevention mean?
Population-based prevention operates at the population or community level before signs or onset of a mental health or substance use disorder appear. It includes health promotion, universal prevention, and selective prevention and is intended to reduce risk factors, strengthen protective factors, address social drivers of health, increase awareness, reduce stigma and discrimination, and create conditions that support behavioral health and well-being. It does not include Early Intervention, diagnosis, or treatment for individuals.

24. Can a program include both prevention and early intervention?

The CDBHI-funded scope must be limited to allowable population-based prevention activities. Applicants must clearly segregate the CDBHI-funded scope, personnel effort, budget, activities, outputs, and outcomes from any Early Intervention, diagnostic, treatment, or other non-CDBHI activities and funding. Activities involving individual clinical assessment, diagnosis, treatment, or services provided in response to identified signs or symptoms of a behavioral health condition are outside the funded scope. Applicants should review the Behavioral Health Services Act Population-Based Prevention vs. Early Intervention Factsheet together with the RFA and the CDPH Population-Based Prevention Strategy Resource Guide.

Evidence and Community Engagement

25. How can an organization demonstrate that its practice works if it has never been formally evaluated?
Applicants may demonstrate effectiveness through community-defined evidence, including cultural knowledge, lived and living experience, sustained community use, community consensus, practice-based evidence, local evaluation, and community-defined measures of success.

26. Can community trust and community engagement be used as evidence?
Yes. Community trust, as demonstrated through established relationships and meaningful community engagement, may help validate that an approach is culturally grounded, relevant, and supported by the community, as well as that the applicant has the capacity to implement it. Applicants are also expected to meaningfully engage community members, particularly those historically underrepresented or marginalized, in project planning, implementation, feedback, and evaluation.

27. Can we use community-defined measures of success?
Yes. The RFA recognizes community-defined measures of success. Awardees will help inform evaluation methods and community-defined measures while also complying with required statewide measures, data collection, evaluation, and reporting requirements incorporated into the award.

28. Will applicants be required to use State evaluation tools?
Project evaluation and submission of required data are conditions of funding. Awardees must participate in statewide evaluation planning and implementation and comply with final approved statewide requirements incorporated into the award.

Evaluation will recognize community-defined evidence and measures of success while meeting required statewide reporting needs. Where permitted by CDPH, evaluation will be proportionate to project scope and award size. All awardees remain responsible for required statewide measures and reporting.

Application Requirements and Applicant Support

29. Is there an application checklist?

Yes. Appendix 1, Application Form and Checklist, provides an advance preview of required questions, response limits, selections, certifications, and attachments.

30. Will applicants be able to see the scoring criteria before applying?
Yes. Appendix 2, Evaluation and Scoring Rubric, provides the published evaluation criteria, including technical and budget scoring.

31. Will a glossary or definitions be available?
Yes. Appendix 6 contains the Definitions and Glossary. Applicants should use the definitions in Appendix 6 together with the RFA and governing CDPH guidance.

32. Are accommodations and language assistance available?
Yes. Reasonable accommodations, alternative formats, language assistance, and auxiliary aids and services are available upon request. Applicants should submit requests as early as possible to CDBHI@cibhs.org and describe the accommodation or assistance needed. Requesting accommodation will not affect eligibility or application evaluation.