

FREQUENTLY ASKED QUESTIONS (FAQ)

Community-Driven Behavioral Health Initiative (CDBHI) Grant Program

Funding Agency:

California Department of Public Health (CDPH)

Third Party Administrator / Technical Assistance Provider:

California Institute for Behavioral Health Solutions (CIBHS)

About the CDBHI FAQs

This October 13, 2026, Frequently Asked Questions (FAQs) update is the first scheduled FAQ publication for the Community-Driven Behavioral Health Initiative (CDBHI) funding opportunity. It incorporates material questions received from prospective applicants through the initial questions deadline of September 29, 2026, at 5:00 p.m. PT, as well as relevant questions raised during the CDBHI Information Session held on October 6, 2026.

These FAQs consolidate and organize those questions by topic to provide consistent, broadly applicable guidance across applicant types and proposed project models.

Applicants are responsible for reviewing the complete Request for Applications (RFA), appendices, FAQs, and other application materials and for demonstrating how their organization and proposed project meet all applicable requirements.

Important Notice

These FAQs are provided to clarify the CDBHI RFA and application process. The RFA and any formal RFA addenda remain the official governing documents. If there is any inconsistency between these FAQs and the RFA or an addendum, the RFA or addendum will govern.

CIBHS cannot pre-screen or pre-approve a specific applicant, partnership arrangement, program model, activity, budget item, or proposed application response through the question-and-answer process. Material clarifications that apply broadly to prospective applicants will be published through the official FAQ process or, when appropriate, through a formal RFA addendum.

Questions regarding the RFA, application process, application portal, reasonable accommodations, or language assistance may be submitted to CDBHI@cibhs.org.

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1. Program Overview & Key Definitions

Q1. What is the Community-Driven Behavioral Health Initiative (CDBHI) Grant Program?

CDBHI is a competitive grant program administered by CIBHS on behalf of the California Department of Public Health (CDPH). It supports culturally responsive, community-driven population-based behavioral health prevention across California. Funded projects must focus on prevention before signs or onset of a mental health or substance use disorder appear and may implement, strengthen, expand, or appropriately adapt eligible Community-Defined Evidence Practices (CDEPs), Evidence-Based Practices (EBPs), or other approaches expressly permitted by the RFA and CDPH guidance.

References: RFA Executive Summary, pp. 5-6; RFA §B.1, p. 6; CDPH BHSA Population-Based Prevention Final Plan.

Q2. What does “behavioral health” mean for purposes of this RFA?

For purposes of the CDBHI RFA, behavioral health encompasses mental health and substance use disorders. CDBHI-funded activities must remain within the BHSA population-based prevention framework and may not fund Early Intervention, diagnosis, or treatment for individuals.

References: RFA §B.2, p. 7; RFA Executive Summary, p. 5; CDPH/DHCS Population-Based Prevention vs. Early Intervention Factsheet.

Q3. What is a Community-Based Organization (CBO) for purposes of this RFA?

For purposes of CDBHI eligibility, an eligible CBO must be a community-based nonprofit organization recognized as tax exempt under Internal Revenue Code Section 501(c)(3). Applicants applying as a 501(c)(3) CBO must also provide the legal-status and good-standing documentation required by the RFA. Tax-exempt status alone does not automatically establish that an organization satisfies all requirements applicable to an eligible CBO.

For BHSA population-based prevention funding, CBOs are defined as: Non-profit entities (typically 501(c)(3) or fiscally sponsored by one) with strong local ties, providing essential health, social, or support services to underserved communities, to address social determinants of health (SDoH) beyond traditional clinical settings. They act as trusted partners connecting people to resources, filling gaps in care, and helping meet people where they are.

CIBHS will make eligibility determinations through the formal application-review process. For this RFA, a fiscally sponsored project must apply through an eligible fiscal sponsor serving as the legal applicant, as described in Section B.6.3.

References: RFA §B.6.1-6.2, pp. 10-11; CDPH BHSA Population-Based Prevention Final Plan, footnote 37; RFA §B.6.3, p. 11

Q4. What is a Community-Defined Evidence Practice (CDEP)?

CDEPs are culturally grounded, community-driven practices that reflect community values, histories, lived and living experience, and local context. Their effectiveness may be demonstrated through real-world experience, sustained community use, cultural knowledge, community consensus, practice-based evidence, local evaluation, and community-defined measures of success. CDPH describes CDEPs as sharing three characteristics: culturally grounded practices, community-driven development, and effectiveness demonstrated through real-world experience.

References: RFA §B.2 and §C.2, pp. 7, 13-14; CDPH Population-Based Prevention Strategy Resource Guide.

Q5. What is the source of funding for CDBHI?

CDBHI is funded through California’s Behavioral Health Services Act (BHSA) population-based prevention funding administered by CDPH. Up to \$30 million is available for CDBHI subawards over the anticipated 27-month award period, subject to continued availability of funds, final CDPH approval, and the terms of the CDPH-CIBHS prime agreement.

References: RFA §B.2 and §B.5.1, pp. 7, 9; CDPH BHSA Population-Based Prevention Final Plan.

2. Eligibility & Legal Applicant Requirements

Q6. What types of organizations are eligible to apply as the legal applicant?

Only two entity categories may serve as the legal applicant: (1) eligible 501(c)(3) Community-Based Organizations (CBOs) and (2) eligible Tribal entities. For purposes of the RFA, eligible CBOs are defined as: Non-profit entities (typically 501(c)(3) or fiscally sponsored by one) with strong local ties, providing essential health, social, or support services to underserved communities, to address social determinants of health (SDoH) beyond traditional clinical settings. They act as trusted partners connecting people to resources, filling gaps in care, and helping meet people where they are.

Tribal entities include federally recognized Tribes, Indian Health Clinics/Indian Health Programs, and Urban Indian Organizations. Any entity receiving CDBHI funds as a subrecipient must also independently qualify as an eligible 501(c)(3) CBO or eligible Tribal entity.

References: RFA §B.6.1, pp. 10-11; CDPH BHSA Population-Based Prevention Final Plan, footnote 37

Q7. Can CIBHS determine in advance whether a particular organization, partnership, program model, or proposed activity is eligible?

No. CIBHS cannot pre-screen or pre-approve a prospective applicant, partnership arrangement, program model, or proposed activity through the question-and-answer process. Applicants are responsible for reviewing the published eligibility and program requirements and demonstrating in the application how the legal applicant and proposed project satisfy those requirements. CIBHS will determine eligibility and evaluate eligible applications through the published review process.

References: RFA §F.4-5, pp. 29-30.

Q8. What legal-status and good-standing documentation must applicants provide?

Applicants must meet the applicable eligible-entity and legal-status requirements by the application deadline. Applicants awaiting agency processing of an otherwise timely California registration filing or renewal may submit evidence of that filing, together with available documentation of their current legal status, only for the registration categories approved by CDPH. A pending filing does not substitute for required 501(c)(3) recognition or eligible Tribal status and does not establish eligibility for an organization that is suspended, revoked, delinquent, or otherwise legally ineligible. Any accepted pending registration must be resolved and verified before an award is finalized or an agreement authorizing work is executed.

References: RFA §B.6.2, p. 11.

Q9. Is there a minimum number of years an organization must have been operating to apply?

The RFA does not state a separate minimum operating-history threshold. However, every applicant must satisfy the applicable legal-status and good-standing requirements and demonstrate sufficient programmatic experience, implementation readiness, workforce and operational capacity, and administrative and performance capacity to begin implementation promptly and achieve measurable results within the award period.

References: RFA §B.6.2-6.5, pp. 11-12; RFA §C.9, pp. 18-19.

3. Ineligible Entities & Permitted Roles

Q10. Which entities are not eligible to serve as the legal applicant?

The following entities are not eligible to serve as the legal applicant unless they independently qualify as one of the eligible entity types identified in the RFA: for-profit entities; individuals and sole proprietors; public

entities, including counties, county departments, public school districts, public colleges and universities, and other governmental agencies; organizations that do not satisfy the required 501(c)(3) CBO or Tribal-entity status; and entities that are suspended, debarred, excluded, legally ineligible to receive public funds, or unable to satisfy mandatory award requirements. Clinics, educational institutions, faith-based organizations, and other organizations do not become eligible lead applicants solely because of their organizational type; they must independently meet one of the two eligible entity categories.

References: RFA §B.6.4, p. 12.

Q11. Can an organization that is not eligible to serve as the legal applicant still participate in a CDBHI-funded project?

Yes, depending on the organization's role. An entity that does not meet the CDBHI applicant eligibility requirements may still participate as a contractor, consultant, vendor, or other permitted project partner, subject to applicable legal, procurement, contracting, and award requirements.

However, an entity receiving CDBHI funds as a subrecipient must independently qualify as an eligible 501(c)(3) Community-Based Organization (CBO) or eligible Tribal entity.

References: RFA §B.6.1, pp. 10-11; RFA §C.11, p. 20.

Q12. How is a subrecipient different from a contractor, consultant, vendor, or other project partner?

A subrecipient is an entity that receives CDBHI funds as a subaward and must independently qualify as an eligible 501(c)(3) Community-Based Organization (CBO) or eligible Tribal entity under the RFA.

Contractors, consultants, and vendors are not subject to the CDBHI applicant eligibility criteria unless otherwise required by CDPH, but they must comply with applicable legal, procurement, contracting, and award requirements. The substance of the relationship determines its classification—not the agreement's title, payment method, or the entity's tax status. Calling an entity a contractor does not exempt it from subrecipient eligibility requirements if its actual role is that of a subrecipient. These descriptions serve to guide classification:

- A subrecipient carries out a substantive portion of the funded prevention program and assumes responsibility for program implementation, programmatic decisions, and results.
- A contractor, consultant, or vendor provides purchased goods or services supporting the project under a defined scope of work.

A project partner is a broader term that may include an unfunded partner or another participating organization. If a project partner will receive CDBHI funds as a subrecipient, it must meet the applicable CDBHI eligibility requirements.

Applicants must clearly identify and classify each material third party in the application and describe the entity's role, responsibilities, activities and deliverables, anticipated funding or budget allocation, relationship or agreement type, and the applicant's oversight approach. Appendix 1 specifically requires applicants to distinguish subrecipients from contractors and vendors.

References: RFA §B.6.1, pp. 10–11; RFA §C.11, p. 20; Appendix 1, §6.2–6.4, pp. 17–18.

4. Fiscal Sponsorship & Collaborative Applications

Q13. What is a fiscal sponsor?

For purposes of the CDBHI funding opportunity, a fiscal sponsor is an eligible organization that serves as the legal applicant on behalf of a sponsored project or entity. The fiscal sponsor executes the award with

CIBHS and assumes responsibility for fiscal management, reporting, monitoring, contractual compliance, and oversight of the sponsored project. The fiscal sponsor must independently meet the applicable CDBHI eligibility requirements.

References: RFA §B.6.3, p. 11; Appendix 1, §A.6, p. 4.

Q14. How does fiscal sponsorship work under the CDBHI funding opportunity?

Fiscal sponsorship is permitted when the fiscal sponsor independently satisfies the applicable CDBHI eligible-entity requirements. The fiscal sponsor must serve as the legal applicant, execute the award with CIBHS, and accept responsibility for fiscal management, reporting, monitoring, contractual compliance, and oversight of the sponsored project.

Applicants using a fiscal sponsor must complete the applicable fiscal sponsorship information in Appendix 1: Application Form and Checklist, including the legal applicant and sponsored entity, participating entities, decision-making structure, flow of funds, programmatic and fiscal/compliance responsibilities, and the sponsor's capacity to oversee the project. Any CDBHI-funded costs associated with the arrangement must also be appropriately reflected and justified in the project budget and budget narrative.

References: RFA §B.6.3, p. 11; Appendix 1, §A.6, pp. 4–5; Appendix 1 Application Checklist

Q15. For a fiscally sponsored project, should responses describe the sponsor or the project?

Legal status, organizational identifiers, fiscal sponsorship information, and financial documentation should identify the fiscal sponsor serving as the legal applicant. Program responses should describe the proposed project, including its community relationships, activities, staffing, implementation capacity, and intended outcomes. Where the project relies on the sponsor's personnel, systems, or experience, explain that relationship and the responsibilities of each party.

References: RFA §B.6.3, p. 11; Appendix 1, §A.6, pp. 4–5.

Q16. May a fiscal sponsor submit applications for more than one sponsored project?

Yes. A fiscal sponsor may submit separate applications on behalf of multiple sponsored projects when each project independently satisfies all RFA requirements and the sponsor demonstrates adequate capacity to oversee all sponsored projects. Each application must also comply with the RFA's disclosure, capacity, and nonduplication requirements.

References: RFA §B.6.6, p. 12; RFA §C.9, pp. 18–19; RFA §E.6, pp. 26–27; Appendix 1 §A.7, p. 4; Appendix 1 §8.4, p. 21

Q17. Can multiple organizations apply together as a collaborative?

Applicants may propose a collaborative or partnership structure, but the application must identify one eligible legal applicant that will be responsible for the award. Material partners and funded third parties should be clearly identified, including their roles, activities, anticipated funding, relationship type, and the applicant's oversight approach. A collaborative structure does not change the legal-applicant eligibility requirements.

References: RFA §B.6.1 and §B.6.3, pp. 10–11; RFA §C.11, p. 20.

5. Partners, Subrecipients, Contractors & Consultants

Q18. May an organization participate in more than one CDBHI application?

An eligible organization could serve as the lead applicant for one CDBHI project and participate as a contractor, consultant, partner, or eligible subrecipient in another application, provided the projects are materially different and the organization does not charge the same staff time, activities, participants, deliverables, or costs to both projects. For example, a staff member could work on both projects, but the same hours worked could not be billed to both CDBHI awards.

Q19. Are applicants required to have project partners?

The RFA permits and encourages relevant local and regional coordination where appropriate, but it does not establish a blanket requirement that every applicant have a partner. Applicants should identify the status of each material partnership they do propose and explain how coordination supports the proposed project.

References: RFA §C.11, p. 20; Appendix 1, as applicable.

Q20. Are Partner Letters of Commitment, county letters of support, or MOUs required?

Applicants must identify proposed partners and explain their roles and contributions. Partner Letters of Commitment must be submitted when required by Appendix 1 and Appendix 8. General letters of support, county letters, and existing MOUs are not required unless the RFA expressly makes them applicable to the proposed arrangement. A county letter of support or fully executed partnership agreement is not otherwise required at the time of application.

References: RFA §C.11, p. 20; Appendix 1; Appendix 8.

Q21. Are partner commitment letters or signed agreements required at submission?

Partnerships are optional unless needed to carry out the proposed project. Applicants must identify proposed partners and describe their roles, responsibilities, and anticipated funding. Provide commitment letters or other partner documentation where required by the application instructions.

References: RFA §C.11, p. 20; Appendix 1; Appendix 8.

Q22. What information should be provided for material funded third parties?

For each material funded third party, applicants must identify the entity and classify its role (for example, contractor, consultant, vendor, subcontractor, subrecipient, fiscal sponsor, or other participating organization). Applicants must also provide the entity's qualifications and unique contribution; roles, responsibilities, activities, and deliverables; anticipated funding or budget allocation; relationship or agreement type and status; and the applicant's oversight approach. If the entity is a subrecipient, the applicant must identify and verify the subrecipient's eligible entity type.

The legal applicant remains fully responsible for project performance, fiscal and programmatic compliance, oversight, monitoring, corrective action, reporting, and proper use of award funds by third parties. Appendix 1 also requires applicants to describe how funded third parties will be selected, documented, classified, and managed.

References: RFA §C.11, p. 20; Appendix 1 §6.2–6.4, pp. 17–18.

Q23. What procurement policies must nonprofit applicants follow?

Nonprofit applicants should have written procurement policies and procedures in place and comply with their own requirements when selecting and managing contractors, consultants, vendors, and purchased services. They must also comply with applicable law and award requirements. Applicants should maintain the records required by their policies and award conditions, including documentation of selection, approvals, conflicts of interest, and the basis for determining that costs are reasonable.

References: RFA §B.6.1, p. 11; RFA §C.9, pp. 18–19; RFA §C.11, p. 20; RFA §D.4, p. 22.

6. CDEPs, EBPs & Eligible Prevention Approaches

Q24. Does a CDEP have to be listed in the CDPH CDEP Resource Guide to be eligible?

No. The CDEP practice list is non-exhaustive, and 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.

Q25. What documentation or evidence can be used to support an unlisted CDEP?

Applicants may demonstrate effectiveness through real-world experience, sustained community use, cultural knowledge, community consensus, practice-based evidence, local evaluation, participant/community feedback, and community-defined measures of success. The Resource Guide emphasizes that CDEPs should be developed locally with significant community input and should be implemented with robust data collection, implementation monitoring, and evaluation.

References: RFA §C.2, pp. 13-14; ; CDPH Population-Based Prevention Strategy Resource Guide.

Q26. How can a community develop or adapt a CDEP?

The CDPH CDEP Resource Guide identifies several pathways: adapting an EBP to meet the community's needs, adapting another CDEP to meet the community's needs, or implementing a long-standing community-accepted practice. Regardless of origin, CDEPs must be developed locally with significant community input and should reflect the community's culture, values, context, and definitions of success.

References; CDPH Population-Based Prevention Strategy Resource Guide.

Q27. May an applicant use an existing CDEP or EBP rather than developing a new practice?

Yes. Applicants may propose an eligible CDEP or EBP that satisfies the RFA requirements. Existing approaches may be implemented, strengthened, expanded, or appropriately adapted. Inclusion of a model in a resource guide or illustrative list does not constitute automatic approval; applicants must explain how the proposed approach meets the RFA requirements, reflects or responds to the community, supports an eligible population-based prevention pathway, and connects to measurable outcomes.

References: RFA Executive Summary, p. 5; RFA §C.2 and §C.9, pp. 13-14, 18-19; ; CDPH Population-Based Prevention Strategy Resource Guide; CDPH BHSA Population-Based Prevention Final Plan.

Q28. Can applicants propose an established evidence-based practice rather than a community-defined evidence practice?

Applicants may propose practices permitted under the RFA, including established evidence-based practices. They should explain the practice's fit with the proposed community, the evidence supporting its use, and any cultural or community adaptations. A practice or program model describes the approach being implemented. The required prevention strategies describe the categories of work the project must address. Applicants must explain how their proposed approach fulfills the required strategies.

References: RFA §C.2–3, pp. 13–15; ; CDPH Population-Based Prevention Strategy Resource Guide.

Q29. What CDEP strategy components must a funded project include?

CDEPs funded through CDBHI must include both required strategies: (A) Behavioral Health Awareness and Stigma/Discrimination Reduction and (B) Community Outreach and Engagement. Projects must also include at least one additional strategy from C-F: Innovative Community Engagement; Trauma-Informed and Healing-Centered Approaches; Culturally Responsive Prevention Pathways; or Community Capacity and Civic Engagement.

References: RFA §C.3, pp. 14-15; CDPH Population-Based Prevention Strategy Resource Guide.

Q30. Must every project address all of the program goals and outcomes described in the RFA?

No. Applicants are not required to address every program goal listed in RFA Section B.4. Each project must describe a credible prevention pathway connecting community strengths and needs, the selected prevention approach and strategy components, proposed activities and expected reach, expected short- and intermediate-term outcomes, and one or more applicable statewide behavioral health goals. Applicants

should select only the statewide goals to which their project has a credible and supportable prevention pathway, and are not expected to claim that a single project will independently change statewide rates.

However, every project must contribute to reducing stigma and discrimination related to mental health and substance use disorders, and its expected outcomes must include how the project will aim to do so.

References: RFA §B.4, pp. 8–9; RFA §C.5, p. 15; RFA §C.7, p. 16; Appendix 1, §1.7.

Q31. Is there a pre-approved list of programs or EBPs that guarantees eligibility?

No. CIBHS is not maintaining a pre-approved list of projects for this competitive RFA unless expressly stated in the published materials. Examples in technical assistance or the Resource Guide are illustrative and do not guarantee eligibility, a particular score, or funding. An EBP may be proposed when it fits within population-based prevention and is implemented or adapted with appropriate community input and attention to cultural, linguistic, geographic, and population context.

References: RFA §C.2, pp. 13-14; CDPH Population-Based Prevention Strategy Resource Guide, Appendix A; CDPH BHSA Population-Based Prevention Final Plan.

7. Population-Based Prevention vs. Early Intervention & Allowable Activities

Q32. What is the difference between Population-Based Prevention and Early Intervention?

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. Early Intervention is directed to specific individuals because of identified risk, signs, symptoms, screening results, diagnosis, or need for individualized intervention and may include indicated prevention, case identification, screening, assessment, brief intervention, referral, navigation, and linkage to care. Early Intervention is outside the CDBHI funding scope.

References: RFA §B.2, §B.5.6, and §C.8, pp. 7, 10, 16-18; CDPH BHSA Population-Based Prevention Final Plan; CDPH/DHCS Population-Based Prevention vs. Early Intervention Factsheet.

Q33. Can an organization that also provides clinical, treatment, or Early Intervention services apply?

Yes. An organization is not automatically excluded because it also provides individualized or clinical services. However, the CDBHI-funded scope must be limited to allowable population-based prevention. The application must clearly segregate CDBHI-funded personnel effort, budget, activities, outputs, and outcomes from Early Intervention, diagnostic, treatment, or other non-CDBHI activities.

References: RFA §B.2 and §B.5.6, pp. 7, 10; CDPH/DHCS Population-Based Prevention vs. Early Intervention Factsheet.

Q34. How can applicants determine whether a proposed activity is population-based prevention rather than Early Intervention?

The key distinction is whether the activity is directed to a population or subgroup for prevention purposes, or is directed to a specific individual because that individual has been identified as experiencing signs, symptoms, a diagnosis, screening result, or a need for individualized intervention. Population characteristics or elevated risk alone do not make an activity Early Intervention.

References: RFA §C.8, pp. 16-18; CDPH/DHCS Population-Based Prevention vs. Early Intervention Factsheet; CDPH BHSA Population-Based Prevention Final Plan.

Q35. May CDBHI-funded activities provide information about behavioral health resources and how to seek help?

Yes. General information about behavioral health resources, prevention strategies, and how to seek help may be provided as part of population-level education, outreach, or prevention activities. CDBHI funds may not support individualized navigation, clinical assessment, treatment, or other individually directed services based on identified signs, symptoms, diagnosis, or treatment need.

References: RFA §C.8, pp. 17-18; CDPH/DHCS Population-Based Prevention vs. Early Intervention Factsheet.

Q36. Can group-based, peer-led, educator-facing, or trusted-messenger activities qualify as population-based prevention?

They may, when the funded activity remains population-based and is designed to strengthen protective factors, increase awareness, reduce stigma, build community capacity, or otherwise advance an allowable prevention pathway. The RFA expressly includes community/group-based activities, population-level training, culturally responsive education, trusted-messenger strategies, community leadership/capacity building, and trauma-informed/healing-centered approaches among potentially allowable activities. Eligibility remains dependent on the full proposed scope and whether the activity avoids individualized Early Intervention, diagnosis, or treatment.

References: RFA §C.3 and §C.8, pp. 14-18; ; CDPH Population-Based Prevention Strategy Resource Guide; CDPH/DHCS Population-Based Prevention vs. Early Intervention Factsheet.

Q37. Are direct behavioral health services, individualized screening, assessment, counseling, or treatment allowable?

No, when directed to specific individuals based on signs, symptoms, diagnosis, screening results, or identified treatment need. The RFA identifies individual screening or case identification, individualized assessment, individualized counseling or behavioral intervention, diagnosis, treatment, indicated prevention, individualized navigation or care coordination, and Early Intervention as outside the CDBHI funding scope.

References: RFA §C.8, pp. 17-18; CDPH BHSA Population-Based Prevention Final Plan; CDPH/DHCS Population-Based Prevention vs. Early Intervention Factsheet.

8. Populations of Focus, Age & Geographic Scope

Q38. Does every CDBHI project have to serve children, youth, or families?

No. BHSA requires that at least 51% of the funds allotted to CDPH for population-based prevention be used for populations age 25 or younger. CDPH will apply this requirement at the overall CDBHI portfolio level, not to each individual project. It is not an eligibility requirement, minimum budget percentage, or scoring preference for an individual application.

References: RFA §C.1, p. 13; CDPH BHSA Population-Based Prevention Final Plan.

Q39. Can a project work with parents, caregivers, or other adults to benefit children and youth?

A project may support children and youth through activities involving parents, caregivers, or other adults when those activities meet the RFA's prevention requirements. Applicants should clearly explain how the activities benefit the intended population and how that benefit will be assessed. The requirement to direct at least 51% of funding toward children and youth age 25 and younger applies across the funding portfolio, not to individual applications.

References: RFA §C.1, p. 13; RFA §C.8, pp. 16–18; CDPH BHSA Population-Based Prevention Final Plan.

Q40. What populations of focus are identified for strategic investment?

The RFA identifies populations at elevated risk for a mental health, substance misuse, or substance use disorder and populations disproportionately impacted by systemic racism and discrimination. CDPH's populations of focus include Black, Indigenous, Latino, Asian and Pacific Islander, and Middle Eastern populations; children, youth, and families; immigrant and refugee populations; LGBTQIA+ populations; older adults; people with intellectual and developmental disabilities; Tribes; and veterans. This list is a strategic framework, not an eligibility list.

References: RFA §C.6, pp. 15-16; ; CDPH Population-Based Prevention Strategy Resource Guide; CDPH BHSA Population-Based Prevention Final Plan.

Q41. May an applicant identify more than one population of focus or serve communities at the intersection of multiple populations?

Yes. Applicants may identify more than one population, including communities at the intersection of multiple populations. Applicants should describe the specific population(s) and communities they propose to reach, the relevant strengths, risks, disparities, barriers, or protective factors, and how the proposed project was designed with or informed by those communities.

References: RFA §C.6, pp. 15-16; ; CDPH Population-Based Prevention Strategy Resource Guide; CDPH BHSA Population-Based Prevention Final Plan.

Q42. Can a project focus on a population that is not specifically named in the RFA's list of populations of focus?

Potentially. The RFA states that the CDPH list is not an eligibility list. Applicants must still demonstrate how the proposed population and project meet the statutory population-based prevention requirements, including, as applicable, serving a population at elevated risk or a population disproportionately impacted by systemic racism and discrimination, and must explain the relevant community need and prevention pathway. CIBHS will not pre-approve a specific population through the FAQ process.

References: RFA §C.1 and §C.6, pp. 13, 15-16; CDPH BHSA Population-Based Prevention Final Plan.

Q43. Can projects serve multiple counties or operate regionally or statewide?

Yes. Funded organizations will be required to participate in applicable meetings or convenings conducted by the Local Health Jurisdiction (LHJ) serving the funded project area. These convenings are intended to support coordination with local and regional prevention efforts, reduce duplication, identify gaps, and strengthen complementary investment. The specific format, frequency, and participation expectations will be determined by the applicable LHJ and incorporated into the subaward agreement.

Applicants should also describe, where known, how they anticipate coordinating with and participating in the applicable LHJ(s) serving their proposed project area.

References: RFA §C.11, p. 20; RFA §D.2, p. 21; CDPH BHSA Population-Based Prevention Final Plan.

Q44. Is there a required number of people each project must serve?

No. The RFA does not establish one required number of people that every project must serve. Applicants should describe expected population reach or outputs, and the requested budget must be reasonable and proportionate to the proposed activities, reach, staffing, partnerships, and organizational capacity.

References: RFA §C.7, p. 16; RFA §E.7, p. 27.

9. Implementation Readiness, Organizational Capacity & Sustainability

Q45. What must an applicant demonstrate regarding implementation readiness and organizational capacity?

Applicants must demonstrate relevant programmatic experience and community trust; a clearly developed and feasible approach, work plan, timeline, and implementation strategy; qualified workforce and operational capacity; financial-management systems and internal controls; data and reporting capacity; and the ability to meet grant, monitoring, evaluation, training, and technical-assistance requirements. The proposed project should be sufficiently developed to begin implementation promptly and should not require substantial foundational organizational capacity building before core activities can begin.

References: RFA §C.9, pp. 18-19.

Q46. Can small, rural, Tribal, or historically under-resourced organizations compete?

Yes. Applicants will not be disadvantaged solely because they are smaller organizations or serve rural, frontier, Tribal, or other historically under-resourced communities. Where permitted, requirements will be implemented proportionately to the size, scope, and complexity of the proposed project. All applicants must still satisfy the same eligibility, programmatic, fiscal-accountability, and performance requirements.

References: RFA §C.10, p. 19.

Q47. Must applicants submit a sustainability plan?

Yes. Applicants must provide a sustainability statement describing how the benefits of the proposed project can continue beyond the award period. The statement may address community capacity, partnerships, prevention practices, staff or community knowledge, data and evaluation tools, organizational systems, infrastructure, future funding, and integration of effective activities into ongoing programs.

References: RFA §C.12, p. 20.

10. Funding, Award Amounts & Payment Structure

Q48. When will CDBHI award decisions be announced?

CIBHS anticipates issuing award notices in late January 2027, following application review and final CDPH approval. Applicants selected for funding will receive a Notice of Intent to Award, while applicants not selected will receive a Notice of Non-Selection.

A Notice of Intent to Award is conditional and does not constitute a final executed subaward or authorization to incur costs unless expressly stated in writing. Applicants receiving a Notice of Non-Selection may submit an appeal in accordance with the appeal process described in the RFA.

References: RFA §F.1, p. 28; RFA §H.7, p. 37.

Q49. Can an applicant appeal a Notice of Non-Selection?

Yes. An applicant that receives a Notice of Non-Selection may submit an appeal within five (5) business days after the notice is issued. The RFA anticipates an appeal determination within ten (10) business days after receipt of a complete appeal.

References: RFA §F.1, p. 28; RFA §H.8, p. 37.

Q50. How much funding is available and how many awards are anticipated?

Up to \$30 million is available for CDBHI subawards over the anticipated 27-month award period. CIBHS anticipates approximately 30 to 40 awards, subject to available funding and final CDPH approval.

References: RFA §B.5.1-5.2, p. 9.

Q51. What award amount may an applicant request?

CIBHS anticipates total awards ranging from approximately \$400,000 to \$1,000,000 for the full award period, subject to final CDPH approval. Applicants may request any amount within the anticipated range that is reasonably necessary and proportionate to the proposed project. CDBHI does not establish separate applicant-facing small- and large-award funding tracks.

References: RFA §B.5.4, p.9.

Q52. Can CIBHS/CDPH fund an application at an amount lower than requested?

Yes. The RFA states that CIBHS and CDPH may fund an application at an amount lower than requested and may require revisions to the budget, scope, activities, deliverables, performance measures, or staffing as a condition of award. Applicants should identify the minimum resources necessary to preserve core project activities if the final award is lower than requested or available funding changes.

References: RFA §B.5.4, p.9; RFA §E.7, p. 27.

Q53. What is the anticipated grant period?

The anticipated performance period is February 1, 2027 through April 30, 2029. Applicants should budget for the full 27-month anticipated performance period and should not plan project implementation activities or costs beyond April 30, 2029 unless expressly authorized through an approved written extension.

References: RFA §B.5.3, p. 9; RFA §F.1, p. 28.

Q54. Will awardees receive an initial or advance payment?

Subject to State fiscal requirements and final CDPH approval, CIBHS anticipates a deliverables-based payment structure with an initial payment to support approved start-up and implementation-readiness

activities, followed by quarterly payments tied to accepted invoices, progress reports, and approved deliverables. Any payment expressly structured and approved as an advance will be limited to no more than 25% of the total subaward. The final award agreement will establish the amount and conditions of any initial payment.

References: RFA §D.1, p. 21.

Q55. Is renewal or continuation funding guaranteed after April 2029?

No. The RFA does not guarantee renewal or continuation funding after the current award period. Current or prior funding from CDPH, CIBHS, CRDP, or another related initiative does not guarantee renewal, priority consideration, or a particular award amount.

References: RFA §H.6, p. 36.

11. Budget, Allowable Costs, Indirect Costs & Non-Supplantation

Q56. How can applicants determine whether a proposed cost is allowable?

Allowability depends on whether a cost is authorized under the RFA, approved budget, and award agreement; necessary and reasonable; allocable to the project and proportionate to the benefit received; adequately documented; incurred during the authorized period; treated consistently with the recipient's accounting policies; compliant with applicable requirements; not charged to another funding source; and not used to supplant other available funding in violation of BHSA requirements. CIBHS cannot pre-approve a fact-specific cost through the FAQ process.

References: RFA §E.1-2, pp. 23-24; RFA §E.4, p. 25; RFA §E.6, pp. 26-27.

Q57. Can grant funds pay for staff?

Yes. Personnel and fringe benefits for employees performing approved project activities are allowable costs, subject to approval in the project budget and the RFA's general cost standards. Costs must be necessary, reasonable, allocable to the project, adequately documented, and consistent with the approved scope and budget.

References: RFA §E.2, p. 24.

Q58. What indirect cost rate may an applicant use?

Applicants with a current federally negotiated indirect cost rate agreement (NICRA) may propose that negotiated rate, subject to CDPH and CIBHS approval. Applicants without a current federally negotiated rate may charge indirect costs at a rate of up to 15% of modified total direct costs (MTDC). Indirect costs must be reasonable, consistently applied, adequately supported, and may not duplicate costs charged directly to the award. An applicant may not charge both an administrative fee and indirect costs for the same costs.

References: RFA §E.5, p. 26.

Q59. How should applicants distinguish direct costs, indirect costs, and fiscal sponsor fees?

Direct costs are costs attributable to the proposed project. Indirect costs support shared organizational functions and must be calculated using the method permitted by the RFA. Applicants should explain fiscal sponsor fees and identify the services they cover. Costs must not be charged twice—for example, as both a direct expense and part of an indirect charge or sponsor fee. All proposed costs remain subject to the RFA's allowability requirements and budget review.

References: RFA §E.1, p. 23; RFA §E.5, p. 26; RFA §E.7, p. 27.

Q60. Must applicants budget a specific amount for evaluation or TTA participation?

Applicants should account for staff time and other allowable costs needed to fulfill the evaluation and training and technical assistance requirements described in the RFA. No additional fixed dollar amount or percentage

should be assumed beyond the published requirements. Applicants should explain how their proposed budget supports participation and implementation.

References: RFA §D.3, pp. 21–22; RFA §D.5, p. 23; RFA §E.7, p. 27.

Q61. Are community participation incentives, stipends, gift cards, and transportation supports allowable?

They may be allowable when reasonable, directly related to an approved project activity, specifically identified and justified in the approved budget, and compliant with the RFA's documentation and control requirements. Community-member stipends or compensation may be approved for substantive contributions of time, expertise, lived experience, advisory participation, facilitation, or other meaningful project involvement. Gift cards must be reasonable in value and may not be redeemable for prohibited products or cash; cash and unrestricted cash-equivalent incentives are not allowed.

References: RFA §E.2-3, pp. 24-25.

Q62. Are food and refreshments allowable?

Routine meals, food, and refreshments for staff meetings, trainings, conferences, or other ordinary project activities are not allowable. Limited food or refreshments for community participants may be allowable when necessary to facilitate participation in an approved community-engagement activity and specifically authorized in the approved budget or in writing by CIBHS. Costs must be reasonable and directly related to the approved activity.

References: RFA §E.3, p. 25.

Q63. Can CDBHI funds continue, adapt, or expand work that was previously supported by another time-limited grant?

Potentially, if the proposed CDBHI-funded costs are allowable and there is a documented investment gap. Applicants must identify other federal, State, local, county, Tribal, private, philanthropic, or other funding that supports the same or closely related activities and explain the specific investment gap CDBHI funding will fill. Applicants may not charge the same cost, personnel time, participant expense, activity, deliverable, or other expenditure to more than one funding source, and CDBHI funds may not impermissibly supplant ongoing available funding.

References: RFA §B.5.6, p. 10; RFA §E.6, pp. 26-27; CDPH BHSA Population-Based Prevention Final Plan.

12. Application Requirements, Required Documents & Qualtrics

Q64. When is the application due?

Applications must be successfully submitted through the CDBHI Qualtrics application portal by November 6, 2026 at 5:00 p.m. Pacific Time. Late applications are a non-curable eligibility deficiency unless CIBHS issues a written RFA addendum or contingency procedure applicable to all affected applicants.

References: RFA §F.1, p. 28; RFA §G.1, p. 31.

Q65. Where can applicants access the CDBHI application?

The CDBHI application is available through the Qualtrics application portal linked [here](#). Applicants should use the official application link provided in the published CDBHI materials.

References: RFA §F.2, pp. 28–29; RFA §G.1, p. 31.

Q66. How should applicants prepare and submit their application?

Applicants must submit through the official application portal by the published deadline and include the required responses, certifications, and attachments. Applicants may use the published application form to prepare responses before entering them into the portal.

References: RFA §G.1, p. 31; RFA §G.2, pp. 31–32; Appendix 1 (Application Form and Checklist).

Q67. What documents and materials are required for submission?

Applicants are responsible for completing all required fields and submitting all required readable attachments identified in Appendix 1. Required materials include the completed application; project narrative/application responses; implementation plan; budget and budget narrative; leadership and organizational commitment documentation; required organization/eligibility documentation; fiscal sponsorship documentation, if applicable; partner information and required partner documentation, if applicable; and required certifications, attestations, and authorized signature. Applicants should use Appendix 1 as the final submission checklist.

References: RFA §G.2, pp. 31–32; Appendix 1 (Application Form and Checklist).

Q68. Are a UEI and current SAM.gov registration required?

Applicants must provide the UEI stated in the application instructions and shown in Section A.1 of Appendix 1 and the Qualtrics application.

An active SAM.gov registration is not required for this application.

References: Appendix 1, §A.1.

Q69. What may be submitted if an applicant does not have audited financial statements?

The application requires the most recent audited financial statements or an approved alternative. Approved alternatives may include reviewed financial statements, internally prepared financial statements, a board-approved operating budget, fiscal sponsor financial documentation, or a recent balance sheet and profit/loss statement.

References: Appendix 1 (Application Form and Checklist).

Q70. How must applications be submitted?

Applications must be completed and submitted electronically through the CDBHI Qualtrics application portal. Applications submitted by mail, hand delivery, fax, or email will not be accepted unless CIBHS provides written alternative instructions as a reasonable accommodation or through a documented system-wide contingency procedure.

References: RFA §G.1, p. 31.

Q71. How will applicants know their application was successfully submitted?

Applicants will receive a confirmation email within 24 hours after successful submission. Applicants who do not receive confirmation should promptly verify the application's status in the portal and contact CDBHI@cibhs.org. The portal submission confirmation is the applicant's evidence of timely submission. Applicants are strongly encouraged to submit before the deadline to allow time to address technical issues.

References: RFA §G.3, p. 32.

13. Data, Evaluation, Reporting, Monitoring & Privacy

Q72. What evaluation measures and statewide tools will be required?

Awardees will participate in the statewide CDBHI evaluation and collaborate with CIBHS, CDPH, and designated evaluation partners. Statewide evaluation requirements will be developed and implemented in consultation with funded organizations. Awardees will provide input on evaluation methods and community-defined measures of success, gather and interpret community and participant feedback, collect required demographic, geographic, reach, output, outcome, and fiscal data, use approved or locally appropriate measures where authorized, and participate in other statewide evaluation activities. Additional statewide evaluation guidance may be issued.

Q73. Can community-defined or culturally grounded evaluation measures be used?

Yes, where authorized within the statewide evaluation framework. The RFA states that evaluation expectations will recognize community-defined evidence and measures of success while also meeting statewide reporting needs. The CDPH CDEP Resource Guide similarly emphasizes culturally and community-based metrics, community interpretation of success, participant feedback, and robust data collection, monitoring, and evaluation.

References: RFA §D.3, pp. 21-22; ; CDPH Population-Based Prevention Strategy Resource Guide; CDPH BHSA Population-Based Prevention Final Plan.

Q74. What evaluation support and TTA participation should applicants anticipate?

Awardees must participate in the evaluation, reporting, and TTA activities described in the RFA. Applicants should identify staff responsible for participation, data collection, reporting, and coordination, and account for those responsibilities in their implementation plan and budget. Additional operational details will be communicated through official program guidance.

References: RFA §D.2–5, pp. 21–23

Q75. What reporting and deliverables will awardees be expected to complete?

At a minimum, awardees will be expected to submit an approved implementation/work plan; quarterly programmatic and fiscal progress reports; quarterly invoices and supporting financial documentation; required performance, evaluation, demographic, geographic, and other authorized program data; documentation of accomplishments, adaptations, partnerships, challenges, lessons learned, and corrective actions as applicable; final programmatic, fiscal, performance, and evaluation reports; and any additional project-specific requirements incorporated into the award.

References: RFA §D.2, p. 21.

Q76. What will monitoring and oversight look like?

CIBHS and CDPH will conduct fiscal, programmatic, performance, and compliance monitoring throughout the award period. Monitoring may include review of invoices and reports; verification of activities, deliverables, outputs, and outcomes; site visits, virtual monitoring, or desk reviews; review of policies, procedures, records, and internal controls; review of applicable participant documentation; review of compliance requirements; and corrective action requirements.

References: RFA §D.4, p. 22.

Q77. How should applicants address confidentiality and sensitive information in the application?

Applications and related records are subject to the California Public Records Act and other disclosure requirements. Applicants should not submit trade secrets, confidential commercial information, personally identifiable information, or other sensitive information unless specifically required. Marking information as confidential does not guarantee that it will be withheld from disclosure.

References: RFA §F.7, p. 31.

14. Training, Technical Assistance, Learning Collaboratives & LHJ Participation

Q78. What training and technical assistance will awardees be required to participate in?

Awardees will be required to participate in CDBHI orientation, training, technical assistance, learning collaboratives, communities of practice, and other capacity-building activities. The RFA requires participation in at least one monthly training and technical assistance opportunity for up to two hours. Appropriate program, financial, data, and leadership personnel must participate as applicable.

References: RFA §D.5, p. 23.

Q79. What technical assistance is available during the application period?

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 technical-assistance activities. Support may address interpretation of RFA requirements, use of the application portal, and general application-readiness questions. CIBHS will not provide applicant-specific proposal strategy or individualized scoring advice.

CIBHS cannot pre-screen or pre-approve a specific applicant, partnership arrangement, program model, activity, proposed cost, or application response through technical assistance or the question-and-answer process. CIBHS may explain published requirements, including general eligibility and cost-allowability rules, without approving a particular application or proposed expenditure. Material clarifications applicable to prospective applicants will be published through the official FAQs or, when appropriate, a formal RFA addendum.

References: RFA §F.5, p. 30.

Q80. Will funded organizations be required to participate in Local Health Jurisdiction (LHJ) convenings?

Yes. Each awardee will be required to participate in applicable convenings and meetings conducted by the LHJ(s) serving the funded project area, as specified by the applicable LHJ. This requirement will be incorporated into the subaward agreement.

References: RFA §C.11, p. 20; RFA §D.2, p. 21

15. Review, Scoring, Selection & Appeals

Q81. Can CIBHS advise applicants how a specific project characteristic, partner, document, or program model will affect scoring?

No. Applications will be evaluated only under the published criteria and scoring rubric. CIBHS cannot advise an applicant how a specific proposed response will be scored or confirm that a particular fact, partner, document, or program model will receive points. Applicants should provide sufficient information within the application and permitted attachments for reviewers to evaluate the proposal under each criterion.

References: RFA §H.3, pp. 33-35; Appendix 2

Q82. What are the stages of the review and selection process?

Applications will generally proceed through eligibility and compliance review; technical and budget review and scoring; funding recommendation and portfolio review; and CDPH review and final approval. Applications that fail a non-curable eligibility requirement will be removed from further consideration.

References: RFA §H.1-2, pp. 32-33.

16. Applicant Support, Accessibility & Accommodations

Q83. Where should applicants submit questions about the RFA or application process?

Applicants may submit questions regarding the RFA, the application process, or the application portal by email to CDBHI@cibhs.org. To promote a fair and transparent process, CIBHS will publish material or generally relevant clarifications through written FAQs or formal RFA addenda. Responses outside the published FAQs or formal written addenda do not modify the RFA.

References: RFA §F.4, pp. 29-30.

Q84. What is the FAQ update schedule?

The first scheduled FAQ update is October 13, 2026. The second questions deadline is October 27, 2026 at 5:00 p.m. Pacific Time, and the final scheduled FAQ update is November 3, 2026. Additional FAQ updates may be published as needed during the application period. Questions may be submitted after October 27, but CIBHS cannot guarantee that questions received after the deadline will be answered before the application deadline.

References: RFA §F.1 and §F.4, pp. 28-30.

Q85. Where can applicants find materials from the October 6 information session and other CDBHI application resources?

Information-session materials, including the recording and related resources, will be made available through the CDBHI and CDPH applicant-resource webpages. Applicants should also use the CIBHS CDBHI webpage for the RFA, appendices, FAQs, office hours, instructional materials, and application resources.

References: RFA §F.2-3, pp. 28-29.

Q86. Are reasonable accommodations or language assistance available?

Yes. CIBHS will provide reasonable accommodations and alternative formats consistent with applicable accessibility requirements. Available accommodations may include accessible electronic documents, large-print materials, language assistance, auxiliary aids and services, and other appropriate accommodations. Applicants should request assistance as early as possible by emailing CDBHI@cibhs.org with a description of the accommodation or assistance needed. Requests will not affect eligibility or evaluation.

References: RFA §F.6, p. 30.

Key Public Resources

CDBHI RFA and applicant materials

See the official CIBHS CDBHI webpage identified in RFA §F.2 for the RFA, appendices, FAQs, office hours, application portal, and other applicant resources.

CDPH Population-Based Prevention Strategy Resource Guide: Community-Defined Evidence Practices in Social and Behavioral Health

<https://www.cdph.ca.gov/Programs/OPP/Pages/Community-Defined-Evidence-Practices.aspx>

CDPH/DHCS Population-Based Prevention vs. Early Intervention Factsheet

<https://www.cdph.ca.gov/Programs/OPP/Pages/Population-Based-Prevention-Early-Intervention-Factsheet.aspx>

CDPH BHSA Population-Based Prevention Program Final Plan

<https://www.cdph.ca.gov/Programs/OPP/CDPH%20Document%20Library/CDPH-BHSA-Population-Based-Prevention-Final-Plan.pdf>

Questions and accommodations

CDBHI@cibhs.org