Updated: November 3, 2026

FREQUENTLY ASKED QUESTIONS (FAQ)

Updated November 3, 2026

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

Updated: November 3, 2026
This November 3, 2026, Frequently Asked Questions (FAQs) update builds upon the initial FAQs published on October 13, 2026, for the Community-Driven Behavioral Health Initiative (CDBHI) funding opportunity. It incorporates additional material questions and clarifications received from prospective applicants during the application period, including questions raised during CDBHI Office Hours.

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

RFA Addendum No. 1. On October 29, 2026, CIBHS issued Addendum No. 1 to the CDBHI RFA, together with RFA Version 2.0 and Appendix 1 (Application Form and Checklist) Version 2.0. The addendum adds CDPH's definition of a Community-Based Organization; allows an otherwise eligible applicant to submit evidence of a timely California Secretary of State or Attorney General Registry of Charitable Trusts filing that is awaiting agency processing; adds fiscal sponsor identifier fields; corrects the Qualtrics word limit for Question 5.4 to 500 words; clarifies how a fiscal sponsor may demonstrate community-based characteristics through a sponsored project; and revises the base used to calculate indirect costs. Answers updated to reflect the addendum include Q3, Q6, Q8, Q16–Q18, Q67–Q68, and Q80. RFA and Appendix 1-page references in these FAQs refer to Version 2.0.

Applicants that submitted an application before Addendum No. 1 was issued and that are affected by Amendment 2, 3, 5 or 6 may contact CDBHI@cibhs.org by the application deadline, November 6, 2026, at 5:00 p.m. Pacific Time, for instructions on providing the additional information or a limited clarification. This process does not permit any other change to a submitted application.

FAQ Numbering Update. As part of this update, new questions have been incorporated into their respective categories, and the FAQs have been renumbered accordingly. As a result, some questions may have different numbers than they did in the October 13, 2026, publication. Applicants should reference the question numbers in this updated version when reviewing or citing FAQ responses.

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 help explain the Request for Applications (RFA) and the application process. Applicants should use the RFA and any published addenda for the official program requirements. If information in these FAQs differs from the RFA or an addendum, the RFA or addendum takes precedence.

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. 6-7; 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. This definition describes the community-based characteristics the CDBHI Grant Program is intended to support; it does not expand the eligible entity types.

CIBHS will make eligibility determinations through the formal application-review process. An organization that is fiscally sponsored, rather than itself recognized under Section 501(c)(3), may participate only through an eligible fiscal sponsor that serves as the legal applicant, as described in RFA Section B.6.3. See Q16–Q18 for how a fiscal sponsor may demonstrate community-based characteristics through a sponsored project.

References: RFA §B.6.1, p. 10 (as amended by Addendum No. 1); RFA §B.6.2, pp. 10–12; RFA §B.6.3, p. 12; CDPH BHSA Population-Based Prevention Final Plan, footnote 37.

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. 6-7, 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. 6–7, 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. A CBO applicant must be a community-based nonprofit organization recognized as tax exempt under Section 501(c)(3) of the Internal Revenue Code. The RFA also includes CDPH's BHSA definition of CBOs: 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. This definition describes the community-based characteristics the CDBHI Grant Program is intended to support; it does not expand the eligible entity types. An organization that is fiscally sponsored, rather than itself recognized under Section 501(c)(3), may participate only through an eligible fiscal sponsor serving as the legal applicant (see Q16–Q18).

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, p. 10 (as amended by Addendum No. 1); RFA §B.6.3, p. 12; 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. 28-29.

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

Applicants applying as a 501(c)(3) Community-Based Organization (CBO) must provide an IRS determination letter confirming tax-exempt status, California Secretary of State documentation showing active status, California Attorney General Registry of Charitable Trusts registration or status documentation, and any additional records CIBHS requests to verify eligibility and good standing. Tribal applicants must document their eligible Tribal status and authority to receive public funds. Secretary of State requirements apply to Tribal entities only when legally applicable.

Under Addendum No. 1, otherwise eligible applicants awaiting processing of a required California Secretary of State filing or Attorney General Registry initial registration or renewal may select "Submitted – Pending Agency Processing" in Appendix 1, Section A.1. Applicants must submit a copy of the filing, proof of submission (including payment confirmation, if applicable), and available documentation of their current legal status. To qualify, the filing must have been submitted before or on the CDBHI application submission date and within the applicable agency deadline, including any valid extension. Overdue filings do not qualify.

This allowance applies only to agency processing delays. It does not waive required 501(c)(3) recognition or eligible Tribal status, permit pending IRS tax-exemption applications, or establish eligibility for organizations

that are suspended, revoked, delinquent, or otherwise legally ineligible. All required registrations and legal status must be verified before an award is finalized or an agreement authorizing work is executed. CIBHS, in consultation with CDPH, may delay, condition, or decline an award if pending registration is not resolved within the established pre-award review timeframe.

References: RFA §B.6.2, pp. 10–12 (as amended by Addendum No. 1); RFA §B.6.5, p. 13; Appendix 1, §A.1, pp. 2–3, and Application Checklist, p. 23.

Q9. What documentation should an applicant provide if it selects "Exempt/Not Applicable" for California Attorney General Registry of Charitable Trusts status?

Applicants that select "Exempt/Not Applicable" for California Attorney General Registry of Charitable Trusts status in Appendix 1, Section A.1, should explain the basis for the exemption and provide available supporting documentation. Supporting documentation may include Attorney General exemption correspondence or organizational documents, such as articles of incorporation or bylaws, that support the claimed exemption. Federal tax-exempt status, including Section 501(c)(3) recognition, does not by itself establish an exemption from California charitable registration, and religious affiliation alone does not establish an exemption. CIBHS may request additional documentation to verify the claim.

References: RFA §B.6.2, pp. 10–12; RFA §B.6.5, p. 13; Appendix 1, §A.1, pp. 2–3.

Q10. 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.

Q11. May a faith-based hospital serve as the lead applicant?

Faith affiliation alone does not determine eligibility. The hospital's legal applicant entity must independently qualify under an eligible applicant category and satisfy all applicable requirements. Explain how the organization meets the applicable CBO or Tribal-entity criteria. Nonprofit or tax-exempt status alone does not establish eligibility.

References: RFA §B.6.1, p. 10; RFA §B.6.4, p. 12.

Q12. May two hospitals within the same health system each submit an application?

Eligibility depends on the legal entity submitting each application. Generally, an eligible organization may submit only one application as the lead applicant. Separate hospital locations operating under the same legal entity cannot submit separate applications as independent lead applicants. If the hospitals are separate legal entities, each must independently meet the RFA's eligibility, multiple-application, and non-duplication requirements.

The RFA provides a separate exception for eligible fiscal sponsors submitting applications on behalf of multiple distinct sponsored projects (see Q19).

References: RFA §B.6.1, p. 10; §B.6.3, p. 12; §B.6.6, pp. 12–13.

3. Ineligible Entities & Permitted Roles

Q13. 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.

Q14. 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.

Q15. 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 one-time presentation or workshop does not, by itself, establish a formal collaborative or make the provider a subrecipient. The classification depends on the actual services, programmatic responsibility, and decision-making authority, rather than the duration or payment amount. The RFA does not establish a universal dollar threshold for this classification. Applicants should identify material funded third parties and comply with the applicable procurement, disclosure, and oversight requirements.

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

Q16. 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. A nonprofit fiscal sponsor must hold its own recognized Section 501(c)(3) status and satisfy the applicable legal-status, registration, good-standing, and award requirements. A sponsored project operating as a program of the fiscal sponsor is not required to hold separate Section 501(c)(3) recognition.

References: RFA §B.6.3, p. 12 (as amended by Addendum No. 1); Appendix 1, §A.1, p. 2; Appendix 1, §A.6, p. 4.

Q17. 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, the fiscal sponsor's Unique Entity Identifier (UEI), Federal Tax ID (EIN), and entity type, participating entities, decision-making structure, flow of funds, programmatic and fiscal/compliance responsibilities, and the sponsor's capacity to oversee the project. Applicants should state whether the sponsored project operates as a program within the fiscal sponsor or remains a separate legal entity, and explain the relationship. A separate legal entity that will receive CDBHI funds through a lower-tier subaward must independently satisfy the RFA's applicable eligibility requirements. 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. 12 (as amended by Addendum No. 1); Appendix 1, §A.6, pp. 4–5 (as amended by Addendum No. 1); Appendix 1 Application Checklist, pp. 22–23.

Q18. 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.

Under Addendum No. 1, the fiscal sponsor may demonstrate the community-based characteristics described in the BHSA CBO definition through a sponsored project, where the application and fiscal sponsorship documentation establish that the project operates as part of the sponsor's charitable programs and under its legal responsibility and oversight. Relevant evidence may include the project's community relationships, services, experience, community participation, and trusted role with the populations served. The sponsor need not demonstrate a separate community-facing program outside the sponsored project.

In Appendix 1, Sections 5.1–5.3, applicants may describe the sponsored project's community relationships and experience but must clearly identify whose experience is described and explain its relationship to the legal applicant and the documented sponsorship arrangement. The application must distinguish the sponsor's legal and fiscal qualifications from the sponsored project's programmatic and community-based characteristics. This clarification does not waive the independent eligibility requirements that apply to a separate entity receiving a lower-tier subaward.

References: RFA §B.6.1, p. 10, and §B.6.3, p. 12 (as amended by Addendum No. 1); Appendix 1, §A.1, p. 2; Appendix 1, §A.6, pp. 4–5; Appendix 1, Section 5 instructions, p. 15.

Q19. 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

Q20. 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.

Q21. What distinguishes a formal collaborative or lead-applicant arrangement from an ordinary partnership or contractor relationship?

An ordinary partnership, service contract, or consulting arrangement is not automatically a formal collaborative. A formal collaborative generally involves a defined joint structure with identified participating entities, decision-making arrangements, funding flows, and programmatic or fiscal/compliance responsibilities. When that structure applies, applicants must identify one eligible legal applicant responsible for the award and provide supporting arrangement information and documentation required by Appendix 1. An MOU, collaboration agreement, or comparable written description may document the structure, subject to the application instructions.

References: RFA §B.6.3, p. 11; RFA §C.11, p. 20; Appendix 1, §A.6 and Application Checklist.

5. Partners, Subrecipients, Contractors & Consultants

Q22. 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.

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.

Q23. 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.

Q24. Are Partner Letters of Commitment, county letters of support, or MOUs required?

If applicable, 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.

Q25. 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.

Q26. 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.

Q27. Can an organization establish or add a new material project partner after an award is made?

The RFA does not categorically prohibit adding a project partner after award. The legal applicant remains responsible for performance, fiscal management, oversight, and compliance. Awardees should follow their executed award agreement for any notice, documentation, or approval required when a new partner affects the approved scope, budget, funded third-party arrangements, deliverables, or responsibilities. Any entity receiving CDBHI funds as a subrecipient must independently satisfy the applicable eligibility requirements.

References: RFA §B.6.1, pp. 10–11; RFA §C.11, p. 20; RFA §H.7, pp. 36–37.

Q28. 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

Q29. 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.

References: RFA §C.2, pp. 13-14; CDPH CDEP Resource Guide, Appendix A; CDPH BHSA Population-Based Prevention Final Plan, p. 32.

Q30. 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.

Q31. 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.

Q32. 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.

Q33. 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.

Q34. 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.

Q35. 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.

Q36. 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.

Q37. Does CDBHI prioritize direct prevention programming over train-the-trainer approaches?

The RFA does not establish a preference for one of these delivery models. Applicants should propose an eligible population-based prevention approach that responds to community needs, advances the required prevention strategies, and demonstrates a credible pathway to measurable outcomes. For train-the-trainer approaches, applicants should identify who will be trained, how training will lead to population-based prevention activities, and how the project will assess implementation and community reach. People trained should be distinguished from the broader population projected to benefit; anticipated downstream reach should be identified as an estimate rather than completed participation.

References: RFA §C.2–3, pp. 13–15; RFA §C.7–9, pp. 16–19.

Q38. Must every CDBHI-funded project include overdose prevention as a project goal or activity?

No. The CDBHI RFA does not require every proposed project to include overdose prevention as a specific goal or activity. Under Section C.1 of the RFA, applicants must meet one or more of the five statutory population-based prevention requirements, of which preventing suicide, self-harm, or overdose is one option. Applicants should identify the statutory prevention requirement(s) that align with their proposed project and demonstrate a credible prevention pathway connecting their activities, intended population reach, and expected outcomes to one or more applicable statewide behavioral health goals.

Applicants should select "Overdoses" in Section 1.7 of the application only if their proposed project has a credible and supportable connection to overdose prevention. Projects are not required to select this goal if it does not align with their proposed prevention approach. All projects must continue to meet the applicable RFA requirements, including behavioral health awareness, stigma and discrimination reduction, community outreach and engagement, and at least one additional strategic framework priority.

References: RFA §C.1, p. 13; §C.3, pp. 14–15; §C.5, p. 15; §C.7, p. 16; Appendix 1, §1.7.

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

Q39. What is the difference between Population-Based Prevention and Early Intervention?

For the purposes of this RFA, 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.

Q40. 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.

Q41. 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.

Q42. 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.

Q43. 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.

Q44. 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

Q45. 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.

Q46. 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.

Q47. 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.

Q48. 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.

Q49. 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.

Q50. Can projects serve multiple counties or operate regionally or statewide?

Yes. Projects may propose to operate across multiple counties or at a regional or statewide scale, provided the application clearly defines the proposed service area, intended population reach, and implementation approach. 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.

Q51. May a proposed project serve only part of a county, such as selected school districts or communities?

Yes. The statutory prevention requirements allow an eligible project to benefit the population of a particular community; applicants are not required to propose serving every resident or every school district within a county. Applicants should define the actual service area and population to be reached, identify the specific school districts, cities, neighborhoods, or communities to be served, explain the community need and rationale for the selected geography, and provide reasonable anticipated reach and outcomes. Describing a countywide context should not imply that all county residents will receive project activities.

References: RFA §C.1, pp. 13–14; RFA §C.6–7, pp. 16–17; RFA §E.7, pp. 26–27.

Q52. 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

Q53. 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.

Q54. What insurance will CDBHI awardees be required to maintain?

CIBHS will specify applicable insurance requirements in the award agreement. Requirements may depend on the approved activities and associated risks. Insurance documentation is not required with the application; CIBHS will verify coverage as part of pre-award review.

References: RFA §B.6.5, p. 13; RFA §H.7, p. 35.

Q55. 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.

Q56. 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

Q57. 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.

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.

Q58. 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.

Q59. 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.

Q60. 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.

Q61. 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.

Q62. 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.

Q63. 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. An initial payment is not guaranteed. Applicants may explain anticipated start-up cash-flow needs in their budget justification. The executed agreement will also establish any reconciliation or recovery provisions. An advance is part of the award, not additional funding.

References: RFA §D.1, p. 20.

Q64. 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. This funding opportunity does not guarantee a subsequent RFA

or continuation funding. Applicants should prepare their sustainability plans without assuming a future award. Any future funding opportunity would be announced separately.

References: RFA §H.6, p. 36.

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

Q65. 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.

Q66. *Are culturally based ceremonial activities or traditional practices allowable under CDBHI funding?*

Culturally grounded activities and traditional practices may be allowable when they support eligible population-based behavioral health prevention goals, including strengthening cultural identity, community connection, resilience, belonging, and overall well-being.
Examples may include cultural gatherings, traditional storytelling, arts, music, dance, cultural teachings, and healing-centered practices.

However, CDBHI funds may not be used for religious worship, religious instruction, proselytizing, or other inherently religious activities. This restriction is also consistent with California Constitution, Article XVI, Section 5, which limits the use of public funds for religious or sectarian purposes. When activities include both cultural and religious elements, applicants should clearly describe the activity's prevention purpose and ensure that any prohibited religious activities and associated costs are excluded from the CDBHI-funded scope and budget. Allowability depends on the purpose and nature of the funded activity, not simply whether it is described as cultural or ceremonial.

References: RFA §§C.4, C.8, and E.4; California Constitution, Article XVI, §5.

Q67. 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.

Q68. 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 total allowable direct costs, including the full amount of approved subawards. As revised by Addendum No. 1, although the 15% rate is consistent with the federal de minimis rate, the federal modified total direct cost (MTDC) base and its exclusions, including the limit that counts only the first $50,000 of each subaward, do not apply to this calculation. For example, an applicant with $500,000 in total allowable direct costs, including a $100,000 approved subaward, may request up to $75,000 in indirect costs. No indirect cost rate above 15% will be approved for an applicant that does not have a current federally negotiated rate agreement. 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.
In Appendix 1, Section 8.1, applicants without a negotiated rate should select "15% of Total Allowable Direct Costs (including full approved subawards)" as the indirect cost basis, and should calculate indirect costs in Appendix 4 on the same basis.

References: RFA §E.5, pp. 25–26 (as amended by Addendum No. 1); Appendix 1, §8.1, p. 20; Appendix 4 (Budget and Narrative Template).

Q69. 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.

Q70. 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.

Q71. 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.

Q72. 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.

Q73. 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.

Q74. What should applicants do if an earlier Appendix 4 budget template does not calculate Supplies, Materials, & Technology costs correctly?

The corrected Budget and Narrative Template, Version 2 (dated October 20, 2026), addresses a dropdown/category issue that could prevent "Supplies, Materials, & Technology" amounts from appearing properly in the Budget Summary and Total Direct Costs. Applicants who started with the prior version should obtain the corrected template from the CDBHI webpage, transfer their budget information, select the corrected category, and verify category totals, direct costs, indirect costs, and the grand total before submission. Confirm that all expenses appear in the Budget Summary and that the total request remains within the applicable award limit. Downloading the updated template will not automatically correct a previously saved workbook. This technical correction does not change RFA cost-allowability requirements. Applicants who already submitted an affected budget should contact CDBHI@cibhs.org for guidance on the applicable correction procedure.

References: RFA §E.7, p. 27; Appendix 4 (Budget and Narrative Template, Version 2, dated October 20, 2026).

12. Application Requirements, Required Documents & Qualtrics

Q75. 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.

Q76. 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.

Q77. 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).

Q78. 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).

Q79. Is completing the Budget Narrative/Justification column in Appendix 4 sufficient, or do applicants also need to upload a separate Budget Narrative document?

A separate budget narrative document is not required. Appendix 4 is a combined Budget and Narrative Template. A completed Appendix 4 workbook, with the Budget Narrative/Justification column completed for every line item, satisfies both the "Completed Detailed Budget Template" and "Completed Budget Narrative/Justification" items on the Appendix 1 checklist.

References: RFA §E.7, pp. 26–27; RFA §G.2, pp. 30–31; Appendix 1 Application Checklist, p. 22; Appendix 4.

Q80. When is required license or certification documentation applicable to an applicant?

The RFA does not require one universal professional license or certification for every applicant. Appendix 1 identifies license and certification documentation as conditional ("if applicable"). Applicants should provide documentation of any licensure or certification required by law or applicable to the activities and personnel proposed in the application. If no such requirement applies, applicants may indicate "Not Applicable" where the application permits. Applicants must still explain the relevant qualifications and credentials of personnel who will implement the project.

References: RFA §B.6.2, p. 11; RFA §C.9, pp. 18–19; RFA §G.2, pp. 31–32; Appendix 1 Application Checklist.

Q81. 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.
For fiscal sponsorship applications, Appendix 1, Section A.6 also requires the fiscal sponsor's UEI, Federal Tax ID (EIN), and entity type.

References: Appendix 1, §A.1, p. 2; Appendix 1, §A.6, p. 4 (as amended by Addendum No. 1).

Q82. 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. Applicants do not need individual pre-application approval of an alternative financial document. 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; these are examples, not an exhaustive list. Applicants should submit the most recent available comparable financial documentation, identify the period covered, and explain why it is being provided instead of audited financial statements. Follow any preparation or approval requirements that apply to the document submitted. CIBHS will assess its sufficiency during application review and may request clarification or additional documentation. Submission of an alternative does not guarantee that it will be sufficient.

References: Appendix 1 (Application Form and Checklist).

Q83. Are applicants required to submit conflict-of-interest policies, board minutes, or other records in addition to the application conflict disclosure?

Applicants must disclose actual, potential, or perceived conflicts of interest in the application, including relevant related-party arrangements and how the conflict will be managed, and follow any supporting-documentation instructions in Appendix 1. The RFA does not establish a universal requirement that every applicant attach a conflict-of-interest policy or board minutes at the time of submission. CIBHS may request additional policies, approvals, or other supporting records during eligibility review or pre-award verification. Disclosing a potential conflict does not itself establish that the proposed arrangement is approved.

References: RFA §F.8, p. 31; RFA §B.6.5, p. 12; RFA §H.2, p. 33; Appendix 1, §A.8.

Q84. 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.

Q85. 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

Q86. 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.

References: RFA §D.3, pp. 21-22

Q87. Should outreach contacts or "touches" be counted separately from anticipated unduplicated participants reached?

Yes. Report outreach contacts or "touches" separately from anticipated unduplicated participants. The "Anticipated Unduplicated Reach" field in Appendix 1 should estimate the number of distinct individuals expected to participate, with each person counted once; repeated contacts with the same person should not be counted as additional unique participants. Explain how each estimate was developed and identify any limitations in deduplicating broad outreach, event attendance, or media reach. Final reporting definitions will be provided through the program's evaluation guidance.

References: RFA §C.7, pp. 16–17; RFA §D.2–3, pp. 21–22; Appendix 1, §2.2.

Q88. Will CDBHI require individual-level participant data, or will aggregate program-level data be sufficient for evaluation reporting?

The level of data required for evaluation reporting has not yet been determined. Consistent with RFA Section D.3, statewide evaluation requirements, including data elements, reporting formats, and privacy procedures, will be developed in consultation with funded organizations and incorporated into evaluation guidance and award terms. Applicants are not required to submit individual-level participant data as part of the application. In the application, applicants describe their data management and reporting capacity in Appendix 1, Section 7.2, and their privacy, confidentiality, and security practices in Section 7.3.

References: RFA §D.2–3, pp. 21–22; RFA §F.7, p. 30; Appendix 1, §§7.2–7.3, pp. 19–20.

Q89. 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.

Q90. 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

Q91. 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.

Q92. 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.

Q93. 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

Q94. 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.

Q95. 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.

Q96. 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

Q97. 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

Q98. 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

Q99. 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.

Q100. 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.

Q101. 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.

Q102. 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. RFA Addendum No. 1 October 29, 2026, RFA Version 2.0, and Appendix 1 Version 2.0 are posted on the same webpage.

California Constitution, Article XVI, Section 5: Public Finance

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=CONS&sectionNum=SEC.+5

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