DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGENCY: Office of the Secretary, Office of the Assistant Secretary for Health, Office of Adolescent Health

FUNDING OPPORTUNITY TITLE: Announcement of Availability of Funds for Teenage Pregnancy Prevention: Research and Demonstration Programs (Tier 2) – Community Collaborative Academy

ACTION: Notice

ANNOUNCEMENT TYPE: New Competitive Cooperative Agreement

ANNOUNCEMENT NUMBER: AH-TP2-14-001

CFDA NUMBER: 93.297

CFDA PROGRAM: Teenage Pregnancy Prevention Program

DATES: Non-binding Letters of Intent are due March 21, 2014 by 5 p.m. ET. Applications are due **April 24, 2014 by 5:00 p.m. ET.** To receive consideration, applications must be received by the HHS Office of the Assistant Secretary for Health (HHS/OASH), Office of Grants Management (OGM) no later than the due date listed in this announcement (Section IV. 3, Submission Dates and Times) and within the time frames specified in the announcement. All applications for this funding opportunity must be submitted electronically through Grants.gov, and must be **received** by 5:00 PM Eastern Time on the applicable due date.

All applicants must submit in this manner unless they obtain a written exemption from this requirement 48 hours in advance of the deadline by the Director, HHS/OASH Office of Grants Management. Applicants must request an exemption in writing via email from the

HHS/OASH Office of Grants Management, and provide details as to why they are technologically unable to submit electronically through Grants.gov portal. Note: failure to have an active System for Account Management (SAM) registration will not be grounds for receiving a waiver to the electronic submission requirement. If requesting a waiver, include the following in the e-mail request: the HHS/OASH announcement number; the organization's DUNS number; the name, address and telephone number of the organization; the name and telephone number of the Project Director; the Grants.gov Tracking Number (GRANTXXXX) assigned to the submissions; and a copy of the "Rejected with Errors" notification from Grants.gov. Send the request to ogm.oash@hhs.gov.

The HHS/OASH Office of Grants Management will only accept paper applications from applicants that received prior written approval. However, the application must still be submitted by the deadline. No other submission mechanisms will be accepted. Applications which do not meet the specified deadlines will be returned to the applicant unread. See the heading **"APPLICATION and SUBMISSION INFORMATION"** for information on application submission mechanisms.

To ensure adequate time to successfully submit the application, HHS/OASH recommends that applicants register immediately in Grants.gov since the registration process can take up to one month. For information on registering for Grants.gov, refer to http://www.grants.gov or contact the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding Federal holidays) at 1-800-518-4726 or support@grants.gov.
Applicants are strongly encouraged to register multiple authorized organization representatives.

Technical Assistance: A technical assistance webinar for potential applicants will be held on

Thursday, February 20, 2014. The following is the information for registering for the webinar:

Web RSVP:

Participant access information:
URL:
https://www.mymeetings.com/emeet/rsvp/index.jsp?customHeader=mymeetings&Conference_ID=4251656&passcode=2356508

Conference number: 4251656
Passcode: 2356508

To RSVP for this event:
1. Go to the URL listed above and choose Web RSVP under Join Events.
2. Enter the conference number and passcode.
3. Provide your information for the event leader and then click submit.

Note: Once participants have their RSVP confirmation they should have their passcode and PIN handy the day of the call as it will be required to join the call. For technical assistance the day of the call, contact customer service at 866-900-1011. Please log on early just in case you have technical difficulties.

EXECUTIVE SUMMARY: The Office of Adolescent Health announces the availability of

funds for fiscal year (FY) 2014 for a competitive grant under the statutory authority contained in

Division H, Title II of the Consolidated Appropriations Act, 2014 (Public Law No. 113-76).

This notice solicits applications for a competing grant award from public and private entities to

work with key stakeholders in 3 - 5 communities with high rates of teen pregnancy. The grantee

would be responsible for working with these communities to develop and implement a

collaborative, community-driven, innovative strategy (or prevention framework) for teen

pregnancy prevention within each community. OAH anticipates that up to $890,000 per year

will be available to fund one grant for a 2-year project period.

I. FUNDING OPPORTUNITY DESCRIPTION

This funding opportunity announcement is subject to all legislative requirements included in the FY 2014 appropriations law.

The purpose of this announcement is to work with 3 – 5 communities with high teen pregnancy rates to develop innovative strategies for preventing teen pregnancy in populations/areas with demonstrated need. These could include high-risk, vulnerable, and culturally under-represented youth populations, and/or youth residing in areas with high birth or teen pregnancy rates. The successful applicant is expected to bring together a team in each selected community made up of representatives from various sectors to develop a strategy or prevention framework to address teen pregnancy prevention in their individual community.

Background

The Office of Adolescent Health (OAH) supports two types of teen pregnancy prevention grants through the Teen Pregnancy Prevention (TPP) program – (1) projects that replicate evidence-based program models that have been shown to be effective through rigorous evaluation (commonly referred to as "Tier 1") and (2) research and demonstration projects in order to develop and test additional models and innovative strategies to prevent teen pregnancy (commonly referred to as "Tier 2"). Additional information about the OAH and specifically about the TPP Program can be found on the OAH web site at: http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/.

In a previous funding announcements for Tier 2 issued in 2010, OAH focused on testing significant adaptations of existing evidence-based models or evaluation of popular programs. This announcement is different in that OAH seeks to identify new ways to address the issue of teen pregnancy beyond testing specific curricula or program model interventions. Through this

announcement, OAH seeks to enable select communities to implement a combination of prevention strategies (a "community prevention framework") in one geographic location that targets key affected populations linking teen pregnancy prevention services with other prevention services, as well as care and treatment services, across clinical and community settings. OAH is interested in developing new approaches to assist communities in reducing teen pregnancy rates through the implementation of innovative strategies that incorporate evidence-based program models, media messaging and access to a range of health and social services.

Community Prevention Framework for Teen Pregnancy

The Office of Adolescent Health seeks applications from public and private entities to develop an innovative strategy in 3 to 5 different communities in order to develop a collaborative, community-driven, community-specific prevention framework for teen pregnancy prevention for each community. Communities can range from a suburb, village, town, or city to rural areas or geographic localities that cross political boundaries.

The community prevention framework is a comprehensive, multi-faceted approach which should: (a) build community capacity to implement evidence-based programs and practices and assess the best fit for the type of evidence-based interventions being implemented, (b) establish strong linkages and/or referral networks among local health, education, and social service providers, and (c) implement reinforcing social marketing and/or communication strategies about teen pregnancy prevention. The immediate goal of this project is to develop and implement a prevention framework in the selected communities, and assess that process, with a secondary goal of disseminating and sharing these strategies with other communities wishing to undertake a comprehensive approach to teen pregnancy prevention and related risks in their communities.

OAH is particularly interested in applications that propose to work with communities with high rates of teen births or teen pregnancy to assist with developing a community-driven collaborative prevention framework. A successful applicant will identify a solicitation process for working with interested communities and work with those communities that are selected to assist them in developing a prevention framework. The primary purpose is not to provide direct implementation of such a prevention framework in the selected communities but to develop community capacity to implement that framework. These prevention framework planning efforts could be focused in communities that have existing resources that are not well integrated, as well as those communities with limited resources or have compelling circumstances (e.g., Promise Zone communities with high rates of poverty, or communities with transient, homeless or immigrant adolescent populations, communities with disproportionately high teen pregnancy rates among different minority or ethnic groups) in order to focus on teen pregnancy prevention.

OAH is interested in applications that propose to work with designated Promise Zones. Thus, the review criteria for the announcement include five points for applicants who propose to work with a Promise Zone community. The Promise Zones initiative is a Federal effort to designate a number of high-poverty community Zones where the Federal government will partner with and invest in communities to create jobs, leverage private investment, increase economic activity, expand educational opportunities, and improve public safety. More information about Promise Zones can be found on the Department of Housing and Urban Developments (HUD) web page at:

http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/economicdevelopment/programs/pz

OAH anticipates making one award in the form of a cooperative agreement which will entail substantial involvement by the OAH. A cooperative agreement is an award instrument where "substantial involvement" is anticipated between the awarding agency and the recipient during performance of the project activities.

This announcement supports the Secretary's priority and commitment to supporting both evidence-based programs and innovative approaches for children and youth in order to positively impact a range of important social outcomes such as child maltreatment, school readiness, teen pregnancy prevention, sexually transmitted infections, and delinquency. Through this announcement, OAH seeks to invest in strategies that give children and youth a positive start in life and help ensure their future health and development.

Applicants should use key information included in this announcement and in the application kit, to guide them in developing their application.

Current Teen Birth Rates

A recent CDC report found that over the last 20 years birth rates for teenagers fell for all race and Hispanic origin groups with much of the decline occurring from 2007 to 2011. The overall rate dropped by 25% from 41.5 per 1000 teenagers aged 15 – 19 in 2007 to 31.3 in 2011[1]. Declines in rates were sharpest for Hispanic teenagers, averaging 34% for the United States, followed by declines of 24% for non-Hispanic Black teenagers and 20% for non-Hispanic White teenagers. The disparity between birth rates for non-Hispanic Black and Hispanic teenagers has essentially disappeared, with both having similar rates in 2011 (47.4 for Non-Hispanic Black teenagers and 49.4 for Hispanic teenagers). Despite the decline, birth rates are still higher among

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[1] Hamilton, B.E., Mathews, T.J., Ventura, S.J. Declines in State Teen Birth Rates by Race and Hispanic Origin (2013) http://www.cdc.gov/nchs/data/databriefs/db123.pdf

Hispanic and Black adolescents than among their White counterparts [1]. Substantial geographic variation also exists in teen birth rates across the United States. In 2010, the lowest teen birth rates were reported in the Northeast, while rates were highest in states across the southern part of the country led by Arkansas and Mississippi.[2] Declines in teen birth rates from 2007 through 2011 were largest in the Southeast, Mountain and Pacific areas, and in the upper Midwest [3].

While teen birth rates have shown significant declines and disparity gaps between Black and Hispanic teenagers have narrowed, significant disparities continue – both geographic and between racial/ethnic groups compared to the national average. All of this is indicative of the continued challenges in teen pregnancy prevention, especially in certain areas of the country and among different populations.

Community Collaborative Academy Approach

OAH is interested in developing new approaches to assist communities in reducing teen pregnancy rates through the implementation of innovative strategies that incorporate evidence-based program models, media messaging and access to a range of health and social services. OAH envisions a Community Collaborative Academy approach that will bring together a team in 3- 5 different communities made up of 8 – 10 key stakeholder representatives from each selected community to develop their own community prevention framework for teen pregnancy prevention. A successful applicant will select 3-5 different communities and work with them to identify a team of key stakeholders. The academy will provide an opportunity for teams to

[2] Martin, J. A., Hamilton, B. E., Ventura, S. J., & Osterman, M. J. K., Matthews, T.J. (2013).*Births: Final data for 2011.* Hyattsville, MD: National Center for Health Statistics. http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_01.pdf

[3] CDC/NCHS, National Vital Statistics System, (2013). NCHS Data Brief; Number 123, May 2013. http://www.cdc.gov/nchs/data/databriefs/db123.pdf

create a community driven prevention framework by developing an action plan to address teen pregnancy in their respective communities. An applicant may choose to bring together the different community teams at various stages of the project to share experiences, information, or training and technical assistance (T&TA) that would be applicable to all the community teams; however, OAH envisions that most of the work will be accomplished through assisting each community stakeholder group with their individual prevention framework.

This approach is informed from several sources including recent policy research, increased interest in the collective impact approach, use of a similar process by other Federal agencies in convening State-level stakeholders to address related prevention efforts in a systematic manner, and experiences of local communities which have engaged in similar processes.

Policy Research

A recent policy brief, *"Policy Solutions for Preventing Unplanned Pregnancy"* [4] examined the impacts of policies that include the use of evidence-based programs, mass media campaigns and the availability of subsidized family planning services. The brief discusses how the expansion of these policies could lead to, among other things, decreases in teen and unintended pregnancy and savings for taxpayers. Based on simulation modeling, the authors concluded that three strategies —mass media campaigns discouraging unprotected sex, evidence-based teen pregnancy prevention programs, and expansions in publicly subsidized family planning services—merit broad support among public officials at all levels of government.

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[4] Thomas, Adam. (2012). Policy Solutions for Preventing Unplanned Pregnancy. Center for Children and Families at Brookings. http://www.brookings.edu/research/reports/2012/03/unplanned-pregnancy-thomas

Collective Impact

Collective Impact is a model OAH is interested in incorporating as part of the community framework approach. Collective Impact is the commitment of a group of people from diverse sectors around a common agenda for solving a specific social problem, using a structured form of collaboration. A 2011 Stanford Social Innovation Review article, *Collective Impact*[5], describes Collective Impact as organizations addressing social issues systemically by coordinating efforts around a specific goal. Collective impact initiatives are being employed for a variety issues, including education, health and healthcare, and youth and community development. In order for a program to be considered a collective impact approach it must meet the following criteria and include: 1) a common agenda; 2) a shared measurement system; 3) mutually reinforcing activities; 4) continuous communication; and 5) a backbone organization. The benefits to Collective Impact include the ability to influence how services are delivered and resources used across multiple agencies; heightened vigilance among partners looking for resources and innovations; and greater impact together than can be achieved alone.

SAMHSA Policy Academy Model

OAH seeks to adapt a process used by the Substance Abuse and Mental Health Services Administration (SAMHSA) in order to develop specific community prevention infrastructure to prevent teen pregnancy. SAMHSA is working at the State level to build capacity to support statewide prevention policies and programming. SAMHSA feels state public health officials have the capability and tools to apply a population-based approach to the prevention of mental illness and substance abuse; and a public health system that includes a statewide prevention

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[5] Kania, J. and Kramer, M. "Collective Impact", *Stanford Social Innovation Review* (2011). pp. 36-41
http://www.fsg.org/tabid/191/ArticleId/211/Default.aspx?srpush=true

infrastructure is important for effective and sustainable prevention. SAMHSA uses a Policy Academy approach to provide an opportunity for State, Territory and Tribal government teams, whose composition is dependent on the needs and priorities of the team, to build a strong statewide prevention infrastructure by developing an action plan to address a policy area selected by the state team. Activities conducted depend on the focus of the particular Policy Academy and include technical assistance activities such as virtual knowledge building sessions, in person meetings, webinars and the provision of topic area experts.

Examples of Community Prevention Frameworks

The City of Milwaukee is one example of a community that has engaged in the community collaborative approach. From 2006 – 2011 Milwaukee's teen birth rates among 15 – 17 year olds decreased[6] by 36% (52 per 1000 in 2006 to 33 in 2011), which is attributed to a community-wide effort led by the United Way of Greater Milwaukee. The effort involved a variety of agencies and community leaders from various sectors (e.g. social service, business, faith, etc.); a media campaign; the adoption of a school-based sex education curriculum; and use of a website and various social media platforms (Facebook, YouTube and Twitter). More information about the initiative can be found at: http://www.unitedwaymilwaukee.org/TeenPregnancyPrevention.

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[6] United Way of Greater Milwaukee 2006 – 2011: A 5-Year Progress Report on Ending Milwaukee's Teen Pregnancy Crisis

OAH Interest in Community Prevention Frameworks for Teen Pregnancy

The overall goal of this announcement is to develop an innovative strategy for working with communities to develop and implement a prevention framework to prevent teen pregnancy that can be shared with other communities (focused more on the process of developing and ultimately implementing the plan, rather than the content of the plan – the content of the plan will be driven by the community team). In order to demonstrate effectiveness, the program goals for this announcement are to:

(1) Work with communities on developing a prevention framework to address teen pregnancy.

(2) Build the capacity of communities to prevent teen pregnancy.

(3) Have communities pilot test aspects of their prevention framework and assess progress.

Community approaches to prevent teen pregnancy and teen births require the involvement of numerous partners' directly serving youth and involve other key stakeholders. The selected applicant will lead these partners and stakeholders in the design and implementation of strategies and approaches to reduce teen pregnancy. Through this funding announcement, OAH seeks to increase the capacity of selected communities to develop an action plan tailored to the needs of the target community.

The announcement seeks proposals from applicants with national reach; capacity and ability to provide training and technical assistance to assist communities to develop a systematic and integrated approach to prevent teen pregnancy. OAH expects the successful applicant to facilitate the process with each selected community, and to provide training and technical assistance (T&TA) to the selected community teams. T&TA will involve responding to

community training needs via a variety of channels, e.g., in-person trainings and webinar, providing resources and tools, and other relevant materials using:

- A planning/implementation/evaluation model

- Regular site visits and virtual meetings (e.g., phone or video-conference)

- Provision of technical or scientific information in user-friendly formats

- Other proactive efforts to support local communities to use evidence-based approaches in their work

Training and technical assistance should be provided to each community team over the two year period and include proactive follow-up support. The applicant selected will provide specialized technical assistance and training to strengthen teen pregnancy prevention efforts and services for adolescents in a community.

The organization should have experience and expertise in teen pregnancy prevention, community planning and working with local/state/territorial agencies, community-based organizations, and Federal entities. The funded project is expected to generate lessons learned so others can benefit from these strategies and innovative approaches. The project will demonstrate that they can carefully document the technical assistance and training process for replication by others, demonstrate the capacity to conduct a process evaluation, and plan for the dissemination of findings through various channels, including but not limited to, publication of an article in a peer-reviewed journal.

Goals, Objectives and Logic Model

Applicants are expected to propose goals, objectives, and a logic model in their application. Applicants should provide program specific goal(s) statement and outcome

objectives that clearly state expected results. Objectives should be S.M.A.R.T. (specific, measurable, achievable, realistic, and time-framed) and contained in the program logic model. Applicants should create a logic model that provides an overview of the program for the two years of the cooperative agreement.

OAH envisions a planning process that incorporates elements such as evidence-based programs, referral and linkages to health and social services and media messaging. The successful applicant will propose training and technical assistance to support community prevention frameworks that, at minimum, reflect the elements noted below. Applicants should keep in mind the approach is not limited to these three elements.

- **Evidence-based prevention programs**

For the purpose of this funding announcement, evidence-based teen pregnancy prevention programs are those proven to be effective through rigorous evaluation and identified through an independent review for HHS available here: *http://www.hhs.gov/ophs/oah*). In addition to using evidence-based programs, communities should receive assistance in selecting evidence-based approaches that foster positive youth development or hold promise for reducing associated risk factors.

- **Linkages and referrals for health and social services for teens**

Communities should receive assistance ensuring linkages or referral services between teen pregnancy prevention programs and community-based services. These services could include, but are not limited to, substance abuse, alcohol abuse, tobacco cessation, family planning, mental health, or intimate partner violence. These may include services provided by private providers, local public health and social service agencies, hospitals, voluntary agencies,

and health or social services supported by other federal programs (e.g., Medicaid, SCHIP, TANF).

- **Community Multi Media Campaign**

Using multi-media as a way to address teen pregnancy prevention could take various formats such as a mass media campaign, social media, or other outreach methods. The social media/messaging campaign should resonate and reinforce the community's prevention strategy for teen pregnancy.

Program Implementation

As part of the approach, OAH expects the successful applicant to demonstrate the ability to bring together a team in each selected community in order to facilitate the development and implementation of a prevention framework to prevent and reduce teen pregnancy. The successful applicant will be responsible for developing criteria and processes for selecting eligible communities (i.e. high teen pregnancy rates, key stakeholders interest, some current experience and funding geared toward teen pregnancy prevention).

The successful applicant is expected to develop a process for identifying the types of community representatives that should make up the team. Suggested representatives include business owners, media, health care providers, schools, faith-based and community-based organizations, parent groups, and local government officials. The applicant is expected to demonstrate the ability to develop an approach incorporating, at minimum, the program model's elements in assisting the teams to develop and implement their respective action plans.

This could entail: 1) a preliminary planning meeting (either separate meetings held in each community and/or a larger meeting convening teams from each individual community) to help individual community teams get ready; including organization of a community team, training and technical assistance consultation, and preliminary action plan development; 2) an onsite meeting where the teams come together for training and technical assistance and continue developing their community prevention framework; and 3) post meeting technical assistance, training and follow-up support to the community teams to help finalize and implement their plans, build community capacity, and focus on sustainability.

OAH expects the grantee to work with 3-5 different communities. The grantee is expected to conduct a process evaluation of the implementation and publish the results of the process, successes, and challenges in a peer reviewed journal. A successful applicant may provide community teams an award of up to $50,000 per year. Communities may use the award to develop their action or pilot steps in the plan. The grantee is expected to develop criteria for the awards administration, use and management. Examples for use of the funds include:

- Convening stakeholder meetings or workgroups

- Pilot testing portions of the prevention framework

- Training and other development activities

- Needs assessment and improvement of access to prevention services

- Development of funding approaches for new, enhanced or expanded teen pregnancy supports and services

- Infrastructure development to support expansion of prevention supports and services

Future funding for a grantee is contingent both on availability of funds and readiness to implement. HHS will undertake a review of the program on an annual basis. If the grantee is

consistently not meeting performance targets or administrative requirements, HHS may discontinue funding based on lack of satisfactory performance or inability to manage federal funds.

AUTHORITY: Division H, Title II of the Consolidated Appropriations Act, 2014 (Public Law No. 113-76).

II.   AWARD INFORMATION

The Office of Adolescent Health intends to make available approximately $890,000 for one competing cooperative agreement.

Grants will be funded in annual increments (budget periods) and are generally approved for a project period of up to 2 years, although shorter project periods may be approved. Funding for all approved budget periods beyond the first year of the grant is contingent upon the availability of funds, satisfactory progress of the project, and adequate stewardship of Federal funds.

Award Information

Estimated Funds Available for Competition: $890,000

Anticipated Number of Awards: 1

Range of Awards: $750,000 - $890,000

Anticipated Start Date: 07/01/2014

Period of Performance: Not to exceed 2 years

Budget Period Length: 12 months

Type of Award: Cooperative Agreement

Type of Application Accepted: Electronic via Grants.gov **ONLY unless a waiver is granted**

Cooperative Agreement Terms and Conditions of Award

This section details the specific terms and conditions applicable to successful awarding of full applications, not preliminary applications. Upon award of a cooperative agreement, the following special terms of award are in addition to, and not in lieu of, otherwise applicable OMB administrative guidelines, HHS grant administration regulations at 45 CFR Parts 74 and 92, and other HHS and PHS grant administration policies.

The administrative and funding instrument used for this program will be the cooperative agreement, in which substantial OAH programmatic involvement with the recipients is anticipated during the performance of the activities. Under the cooperative agreement, the OAH purpose is to support and stimulate recipients' activities by involvement in and otherwise working jointly with the award recipient in a partnership role; it is not to assume direction, prime responsibility, or a dominant role in the activities. Consistent with this concept, the dominant role and prime responsibility resides with the recipient for the project as a whole, although specific tasks and activities may be shared among recipient and OAH as defined below. To facilitate appropriate involvement, during the period of this cooperative agreement, OAH and the recipient will be in contact monthly and more frequently when appropriate. The recipient, prior to implementation of specific tasks and moving forward to the next phase, will submit to OAH for review and written approval the following project tasks: 1) the criteria to be used to identify select communities; 2) the plan to be implemented to assist communities in the development of their respective prevention frameworks; and 3) the strategy/plan developed to convene key

community representatives that will make up the team for each community. Modifications and/or amendments to the cooperative agreement or work plan shall be effective upon the mutual agreement of both parties, except where OAH is authorized under the Terms and Conditions of award, 45 CFR Part 74 or 92, or other applicable regulation or statute to make unilateral amendments.

III. ELIGIBILITY INFORMATION

1. Eligible Applicants

Eligible applicants that can apply for this funding opportunity are listed below:

- Nonprofit with 501C3 IRS status (other than institution of higher education)
- Nonprofit without 501C3 IRS status (other than institution of higher education)
- For-profit organizations (other than small business)
- Small, minority, and women-owned businesses
- Universities
- Colleges
- Research institutions
- Hospitals
- Community-based organizations
- Faith-based organizations
- Federally recognized or state-recognized American Indian/Alaska Native tribal governments
- American Indian/Alaska native tribally designated organizations
- Alaska Native health corporations

- Urban Indian health organizations

- Tribal epidemiology centers

- State and local governments or their Bona Fide Agents (this includes the District of

- Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of

- the Northern Mariana Islands, American Samoa, Guam, the Federated States of

- Micronesia, the Republic of the Marshall Islands, and the Republic of Palau)

- Political subdivisions of States (in consultation with States)

A Bona Fide Agent is an agency/organization identified by the state as eligible to submit an application under the state eligibility in lieu of a state application. If applying as a bona fide agent of a state or local government, a letter from the state or local government as documentation of the status is required. Attach with "Other Attachment Forms" when submitting via www.grants.gov.

2. Cost Sharing or Matching: None

3. Responsiveness and Screening Criteria

Application Responsiveness Criteria

Applications will be reviewed to determine whether they meet the following responsiveness criteria. Those that do not will be administratively eliminated from the competition and will not be reviewed.

The applicant appears to have demonstrated:

1. Applicant proposes criteria to recruit 3 – 5 eligible communities. Criteria could include, but is not limited to, high teen pregnancy rates, key stakeholder interest, geographic disparities, or priority populations.

2. Applicant includes a strategy to bring together a team of 8 – 10 key community representatives from various sectors to develop a community prevention framework to address teen pregnancy prevention.

3. Applicant includes a plan, on how it will assist selected communities in developing a community driven collaborative prevention framework.

Application Screening Criteria

All applications will be screened to assure a level playing field for all applicants. Applications that fail to meet the screening criteria described below will **not** be reviewed and will receive **no** further consideration.

1. Applications must be submitted electronically via www.grants.gov (unless a waiver has been granted) by Thursday, April 24, 2014, at 5:00 p.m. ET.

2. The Project Narrative section of the application must be double-spaced, on the equivalent of 8 ½ " x 11" inch page size, with 1" margins on all sides (top, bottom, left and right) and font size not less than 12 point.

3. The Project Narrative must not exceed 50 pages. NOTE: The following items do not count toward the page limit: required forms, including SF 424 and SF 424A, Budget justification and/or budget narrative; summary/abstract; supportive appendices including memoranda of understanding/letters of commitment, and vitae of key personnel.

4. Appendices must not exceed 50 pages.

5. Proposed budget does not exceed maximum indicated in Range of Awards.

6. The application has met the **Application Responsiveness Criteria** outlined above.

IV. APPLICATION AND SUBMISSION

INFORMATION

1. Information to Request Application Package

Application kits may be obtained electronically by accessing Grants.gov at

http://www.grants.gov/. If you have problems accessing the application or difficulty

downloading, contact:

Grant Operations Center, Office of Grants Management Operations Center, telephone

1-888-203-6161, or email ASH@LCGnet.com.

Other Submission Information

Letter of Intent

Prospective applicants are asked to submit a letter of intent as early as possible, but no later than

5:00 p.m. Eastern Time on March 21, 2014, as indicated in the DATES section of this

announcement. Although a letter of intent is not required, is not binding and does not enter into

the review of a subsequent application, the information that it contains allows OAH staff to

estimate the potential review workload and plan the review. The letter of intent should be sent to

Victor Medrano at the address listed under the AGENCY CONTACTS section below and

received by the date in the DATES section of this announcement. The letter of intent should

include a descriptive title of the proposed project the name, address and telephone number the

designated authorized representative of the applicant organization; and the FOA number and title

of this announcement, AH-TP2-14-001 "Announcement of Anticipated Availability of Funds for

Teenage Pregnancy Prevention: Research and Demonstration Programs (Tier 2) – Community

Collaborative Academy".

2. Content and Form of Application Submission

Applications

Applications must be prepared using forms and information provided in the online application kit.

The project narrative must be limited to no more than 50 double-spaced 8 ½" x 11" pages when printed by HHS/OASH/OGM, and the appendices to no more than 50 8 ½" x 11" pages when printed by HHS/OASH/OGM.

The applicant should use an easily readable typeface, such as Times New Roman or Arial, 12-point font. Tables may single spaced and use alternate fonts but must be easily readable. The page limit does not include budget, budget justification, required forms, assurances, and certifications. All pages, charts, figures, and tables should be numbered, and a table of contents provided. Applications that exceed the specified limits of 50 pages of narrative or 50 pages of appendices when printed by HHS/OASH/OGM will be deemed non-responsive and will not be considered. It is recommended that applicants print out their applications before submitting electronically to ensure that they are within the page limit.

Appendices may include curriculum vitae, organizational structure, examples of organizational capabilities, or other supplemental information which supports the application. Brochures and bound materials should not be submitted. Appendices are for supportive information only and should be clearly labeled. All information that is critical to the proposed project should be included in the body of the application. Appendices created for the application should use the formatting required for the narrative. Appendices from other sources and documents may use other formatting but must be easily readable.

For all non-profit organization applicants, documentation of nonprofit status must be submitted as part of the application. Any of the following constitutes acceptable proof of such status:

1. A reference to the Applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in the IRS code;

2. A copy of a currently valid IRS tax exemption certificate;

3. A statement from a State taxing body, State attorney general, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals; or

4. A certified copy of the organization's certificate of incorporation or similar document that clearly establishes nonprofit status.

For local, nonprofit affiliates or State or national organizations, a statement signed by the parent organization indicating that the applicant organization is a local nonprofit affiliate must be provided in addition to any one of the above acceptable proof of nonprofit status.

Applications must include an abstract of the proposed project. The abstract will be used to provide reviewers with an overview of the application, and will form the basis for the application summary in grants management documents.

The HHS Office of the Assistant Secretary for Health (HHS/OASH) requires that all applications be submitted electronically via the Grants.gov portal unless a waiver has been granted. Any applications submitted via any other means of electronic communication, including facsimile or electronic mail, *will not* be accepted for review.

You may access the Grants.gov website portal at http://www.grants.gov. All HHS/OASH funding opportunities and application kits are made available on Grants.gov.

Applications will not be considered valid until all electronic application components are received by the HHS/OASH Office of Grants Management according to the deadlines specified above. Application submissions that do not adhere to the due date requirements will be considered late and will be deemed ineligible.

Applicants are encouraged to initiate electronic applications early in the application development process. This will aid in addressing any problems with submissions prior to the application deadline. Any files uploaded or attached to the Grants.gov application must be of the following file formats – Microsoft Word, Excel or PowerPoint, Adobe PDF, or image formats (JPG, GIF, TIFF, or BMP only). Even though Grants.gov allows applicants to attach any file format as part of their application, HHS/OASH restricts this practice and only accepts the file formats identified above. Any file submitted as part of the Grants.gov application that is not in a file format identified above will not be accepted for processing and will be excluded from the application during the review process. The application must be submitted in a file format that can easily be copied and read by reviewers. It is recommended that scanned copies not be submitted through Grants.gov unless the applicant confirms the clarity of the documents. Pages cannot be reduced resulting in multiple pages on a single sheet to avoid exceeding the page limitation. All documents that do not conform to the above will be excluded from the application during the review process.

A. <u>Important Grants.gov Information</u>

Electronic submission via Grants.gov is a two-step process. Upon completion of a successful electronic application submission via the Grants.gov Website Portal, the applicant will be provided with a confirmation page from Grants.gov indicating the date and time (Eastern

Time) of the electronic application submission, as well as the Grants.gov Receipt Number. It is critical that the applicant print and retain this confirmation for their records, as well as a copy of the entire application package.

All applications submitted via the Grants.gov Website Portal then will be validated by Grants.gov. Any applications deemed "Invalid" by the Grants.gov Website Portal will not be transferred to HHS/OASH, and HHS/OASH has no responsibility for any application that is not validated and transferred to HHS/OASH from the Grants.gov Website Portal. Grants.gov will notify the applicant regarding the application validation status.

You will initially receive a notice that your application has been received by Grants.gov and is being validated. Validation may take up to 2 business days. You will receive a notice via email when your application has been validated by Grants.gov and is ready for the HHS/OASH to retrieve and review. If your application fails validation it will **not** be accepted for review. Therefore, **you should submit your electronic application with sufficient time to ensure that it is validated in case something needs to be corrected.**

Applicants should contact Grants.gov with any questions or concerns regarding the electronic application process conducted through the Grants.gov Website Portal.

- You may access the electronic application for this program on http://www.grants.gov. You must search the downloadable application page by the Funding Opportunity Number or CFDA number.
- At the http://www.grants.gov website, you will find information about submitting an application electronically through the site, including the hours of operation. HHS/OASH strongly recommends that you do not wait until the application due

date to begin the application process through http://www.grants.gov because of the time involved to complete the registration process.

- Since October 1, 2003, the Office of Management and Budget has required applicants to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants or cooperative agreements. It is entered on the SF 424. It is a unique, nine-digit identification number, which provides unique identifiers of single business entities. The DUNS number is *free and easy* to obtain.

- Organizations can receive a DUNS number at no cost by calling the dedicated toll-free DUNS Number request line at 1-866-705-5711 or by using this link to access a guide: https://www.whitehouse.gov/omb/grants/duns_num_guide.pdf . Instructions are also available on the Grants.Gov web site as part of the registration process.

- All applicants must register in the System for Account Management (SAM) (formerly the Central Contractor Registry (CCR)). You should allow a minimum of five days to complete the SAM registration. Grants.gov will reject submissions from applicants with nonexistent or expired SAM Registrations. You can register with the SAM online and it will take about 30 minutes (http://sam.gov.)

- **You must renew your SAM registration each year.** Organizations registered to apply for Federal grants through http://www.grants.gov will need to *renew* their registration with the SAM. It may take 24 hours or more for updates to take effect, so potential applicants should *check for active registration well before the application deadline.*

- Effective October 1, 2010, HHS requires all entities that plan to apply for and ultimately receive Federal grant funds from any HHS Operating/Staff Division (OPDIV/STAFFDIV) or receive sub-awards directly from the recipients of those grant funds to:

  1. Be registered in the SAM prior to submitting an application or plan;

  2. Maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by an OPDIV; and

  3. Provide its DUNS umber in each application or plan it submits to the OPDIV.

An award cannot be made until the applicant has complied with these requirements. At the time an award is ready to be made, if the intended recipient has not complied with these requirements, the OPDIV/STAFFDIV:

- May determine that the applicant is not qualified to receive an award; and

- May use that determination as a basis for making an award to another applicant.

Additionally, all first-tier sub-award recipients must have a DUNS number at the time the sub-award is made.

- You must submit all documents electronically, including all information included on the SF-424 and all necessary assurances and certifications.

- Prior to application submission, Microsoft Vista and Office 2007 users should review the http://www.grants.gov compatibility information and submission instructions provided at http://www.grants.gov (click on "**Vista and Microsoft Office 2007 Compatibility Information**").

- Your application must comply with any page limitation requirements described in this Program Announcement.

- **Attachment Filename Characters are now Validated and Enforced:**
  - Beginning August 15, 2012, applicants are now limited to using the following characters in all attachment file names.
  - Valid file names may only include the following **UTF-8 characters:**
  - **A-Z, a-z, 0-9, underscore (_), hyphen (-), space, period.**
  - **If applicants use any other characters when naming their attachment files their applications will be rejected.**

B. Application Content

Successful applications will contain the following information:

Project Narrative

The components of the Project Narrative counted as part of the 50 page limit include:

Summary/Abstract

Successful applicants will include a one-page abstract (no more than 500 words) of the application. The abstract will be used to provide reviewers with an overview of the application and will form the basis for the application summary in grants management documents. The abstract may also be distributed to provide information to the public and Congress and represents a high-level summary of the project. As a result, applicants should prepare a clear, accurate, concise abstract that can be understood without reference to other parts of the application and that provides a description of the proposed project, including: brief statement of the project, type of organization applying (school, state agency, voluntary agency, etc.); and overarching goal(s).

The applicant should include the following information at the top of the Project Abstract (This information is not included in the 500 word maximum):

- Project Title
- Applicant Name
- Address
- Contact Name
- Contact Phone Numbers (Voice, Fax)
- E-Mail Address Web Site Address, if applicable

Problem Statement

A successful applicant will describe, using quantitative and qualitative data, how this project will assist communities to develop and implement a collaborative, community-driven, community-specific framework for teen pregnancy prevention. Provide details on how the project will benefit potential communities, specific subgroups within those communities, and other interested stakeholders as identified. Describe any issues and challenges, such as barriers to implementation, monitoring, and coordination to achieving overall program goals and objectives in working with a community collaborative. Describe how the project will work with 3-5 different community collaboratives across the country.

Goals, Objectives and Logic Model

Describe the project's goal(s) and major objectives. Describe the proposed project through a detailed logic model that clearly depicts the inputs and activities of the project and the intended outputs and outcomes (short- and long-term). Goal statements should be directly supported by related outcome objectives that are Specific, Measurable, Achievable, Realistic, and Time-framed (S.M.A.R.T.). These should be designed to identify and monitor progress in the development and implementation of the project, as well as to measure program outcomes. Describe how the use of a community collaborative approach for the implementation of

evidence-based initiatives, media messaging and comprehensive services will help communities reduce teen pregnancy.

Proposed Intervention

Provide a clear and concise description how you are proposing to address the need identified in the program announcement and the problem described in the "Problem Statement". Proposals should detail the nature of the activities to be undertaken and how they will assist in achieving the overall project goals and objectives. This includes assessing community readiness and defining elements of a community action plan and steps taken to assist communities in reducing teen pregnancy rates using elements such as, but not limited to, evidence-based programming, social media/media messaging and access to health and social services. Applicants should describe how they will select eligible communities, define the key members of the community team, and once a community has been selected a plan for working with the community team prior to any initial meeting, on-site technical assistance, post-meeting assistance and follow-up, ongoing implementation of the action plan and follow-up assistance, as needed.

Provide detailed information on what approach will be taken to: 1) bring community teams together to facilitate the development and implementation of a framework to prevent and reduce teen pregnancy; 2) select eligible communities; 3) identify the community representatives that should make up of the team; 4) assist teams develop and implement their respective action plans; and 5) provide ongoing Training and Technical Assistance. Explain why the specific activities selected are appropriate (i.e. have these approaches been successful with other community collaboratives? Does research suggest this direction?). Also, note any major barriers anticipated and how your project will overcome those barriers. Describe how technology will

be incorporated in training and/or technical assistance. Describe the role and make up of potential sub-awardees who are intended to be involved in completing specific tasks, and identify the percentage of level of effort sub-recipients are anticipated to provide in completing programmatic activities.

Target Communities

Describe the criteria to be used in recruiting eligible communities (e.g. high teen pregnancy rates, key stakeholder interest, current experience and funding geared toward teen pregnancy prevention, geographic disparities, or priority populations). If applicable, describe how you propose to work with Promise Zone designees. Provide a description and rationale of which community stakeholders should make up the community collaborative and how they will be identified. Applicable representatives could include, but are not limited to: health care providers and professional organizations, school districts, community colleges/universities, media, government representatives, and businesses.

Outcomes

Describe the measurable outcome(s) (short and long term) that will result from the project. They could include, but are not limited to: engagement of stakeholders, development of a community collaborative action plan to reduce teen pregnancy, and technical assistance and training to assist stakeholders. Describe how the project will benefit other communities. The application will be scored on the clarity and nature of the proposed outcomes, not on the number of outcomes cited.

Project Management

Describe the project management plan for this grant, including a clear delineation of the roles and responsibilities of project staff and any sub-awardees and how they will contribute to achieving the project's objectives and outcomes. Sub-awardees do not need to be identified at the time of the application, but the applicant should describe how the sub-awardee will be identified. Describe the criteria in making any sub-awards and how it will monitor sub-awardees. Specify who will have day-to-day responsibility for key tasks such as: leadership of project; monitoring the project's on-going progress and preparation of reports; and communications with community teams and HHS/OASH. Describe the approach that will be used to monitor and track progress on the project's tasks and objectives. OAH expects that, throughout the grant period, the Project Director will have involvement in, and substantial knowledge about, all aspects of the project.

Evaluation

The successful applicant will assess the implementation of the project through process evaluation. The evaluation should measure/document the process involved in carrying out each activity described for each of the objectives. By the end of the project, a clear and detailed description of the components and the relative success of carrying out each component should be available. Describe the methods that will be used to evaluate whether or not the proposed implementation achieves its measurable outcome(s) and assess and evaluate the impact of activities. Describe how the evaluation results will be utilized for project planning and improvement. Describe how the project will identify and document the "lessons learned."

Dissemination

Describe the methods that will be used to disseminate the project's results and findings in an easily understandable format for other communities, the general public, and other parties who might be interested in using the results of the project. The expectation is that the results of the process for developing community collaboratives, addressing teen pregnancy, will be shared with other communities. Describe how the results for this project could be utilized by other communities. All appropriate findings and products will be posted on the OAH website as determined by the OAH. Therefore, applicants should propose other innovative approaches to informing parties who might be interested in using the results of the project to inform practice, service delivery, program development, and/or policy-making, especially to those parties who would be interested in replicating the approach. OAH expects that nationwide dissemination of products and knowledge will occur.

Organizational Capability Statement

Describe how the applicant agency (or the particular division of a larger agency which will have responsibility for this project) is organized, the nature and scope of its work, and the capabilities it possesses. This description should cover capabilities of the applicant agency not included in the program narrative, such as any current or previous relevant experience in strategic planning, coaching and technical assistance, facilitating meetings, working with community groups, knowledge and skill in community involvement, and evidence-based programming. Describe your organization's experience in providing training and technical assistance (T&TA) to community groups/coalitions to build organizational capacity to address, at minimum, the elements noted in the Approach section of the announcement. Include the T&TA

expertise and experience of proposed staff (including sub-awardees) as related to, but not limited to, the suggested elements described in the proposed work plan. Specifically provided the following information:

- For existing staff, provide position descriptions and qualifications for those performing the role. Include résumés (as an appendix) of all staff. Please limit each résumé to 3 pages.

- For staff to be hired, provide position descriptions and desired qualifications for each position. Include a timeline for when the position will be staffed.

Provide an organizational chart as an appendix that identifies lines of authority, including who will have management authority over the project and all proposed sub-awardees. Neither curriculum vitae/resumes nor an organizational chart will count towards the narrative page limit. Also include information about any contractual and/or supportive staff /organization(s) that will have a secondary role(s) in implementing the project and achieving project goals.

Budget Narrative/Justification

A combined multi-year Budget Narrative/Justification as well as a detailed Budget Narrative/Justification for each year of potential grant funding is required. The budget narrative should justify the line items of the budget request and be organized so that each category of interest is clearly identified (i.e., there should be a sub-budget for each category included in the application). The budget justification must demonstrate a clear and strong relationship between the stated objectives, project activities, and should describe the cost estimated per proposed activity. The justification should define the amount of work that is planned and expected to be

performed and what it will cost. The narrative should thoroughly describe how the proposed categorical costs are derived. The necessity, reasonableness, and allocability of the proposed costs should be discussed.

Work Plan

The Project Work Plan should reflect, and be consistent with, the Project Narrative and Budget, and must cover both years of the project period. However, each year's activities should be fully attainable in one budget year. Include a statement of the project's overall goal, anticipated outcome(s), key objectives, and the major tasks, action steps, or products that will be pursued or developed to achieve the goal and outcome(s). For each major task of each year, action step, or product, the work plan should identify the timeframes involved (including start- and end-dates), and the lead person responsible for completing the task. Provide a detailed work plan that supports the goals and objectives proposed and includes, at minimum, the following three elements: Development of T&TA Materials/Training Plan; T&TA Implementation Plan (pre meeting, onsite and post meeting and follow-up); and Dissemination Plan. Within each of the three work plan elements, please include: 1) activities to be completed, 2) person(s) to complete activities, 3) timeline, and 4) desired outcome of activities. The description of the work plan can be in either narrative or template format. A sample Work Plan template can be found in Attachment A of this announcement.

Letters of Commitment from Sub-awardee Organizations and Agencies

Letters of Commitment are required for all organizations and entities that have been specifically named as a sub-awardee to carry out any aspect of the project. The signed letters of commitment *must detail* the specific role and resources that will be provided, or activities that

will be undertaken, in support of the applicant. The organization's expertise, experience, and access to the targeted communities should also be described in the letter of commitment. Letters of commitment do not count against the 50 page limit on the application narrative.

Letters of commitment are not the same as letters of support. Letters of support are letters that are general in nature that speak to the writer's belief in the capability of an applicant to accomplish a goal/task. Letters of support also may indicate an intent or interest to work together in the future, but they lack specificity. Applicants should NOT provide letters of "support," and letters of support such as this will be removed from the application package and not considered during the review.

3. Submission Dates and Times

The deadline for the submission of applications under this Program Announcement is **5:00 p.m. Eastern Time on Thursday, April 24, 2014.** Applications must be submitted by that date and time.

Applications that fail to meet the application due date will not be reviewed and will receive no further consideration. You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or with http://www.grants.gov Grants.gov can take up to 48 hours to notify you of a successful submission.

Unsuccessful submissions will require authenticated verification from http://www.grants.gov indicating system problems existed at the time of your submission. For example, you will be required to provide an http://www.grants.gov submission error notification and/or tracking number in order to substantiate missing the cut off date.

Grants.gov (http://www.grants.gov) will automatically send applicants a tracking number and date of receipt verification electronically once the application has been successfully received and validated in http://www.grants.gov.

4. Intergovernmental Review

This program is not subject to the Intergovernmental Review requirements of Executive Order 12372, "Intergovernmental Review of Federal Programs," as implemented by 45 CFR Part 100.

5. Funding Restrictions

The allowability, allocability, reasonableness and necessity of direct and indirect costs that may be charged to HHS/OASH grants are outlined in the following documents: 2 CFR § 220 (OMB Circular A-21, for Institutions of Higher Education); 2 CFR § 225 (OMB Circular A–87, for State, Local, and Indian Tribal Governments); 2 CFR § 230 (OMB Circular A–122, for Nonprofit Organizations); and 45 CFR part 74, Appendix E (Hospitals). Copies of the Office of Management and Budget (OMB) Circulars are available on the Internet at http://www.whitehouse.gov/omb/circulars/.

In order to claim indirect costs as part of a budget request, an applicant must have an indirect cost rate which has been negotiated with the Federal Government. The Health and Human Services Division of Cost Allocation (DCA) Regional Office that is applicable to your State can provide information on how to receive such a rate. A list of DCA Regional Offices is included in the application kit for this announcement.

Salary Limitation:

The Consolidated Appropriations Act, 2014 (P.L. 113-76) limits the salary amount that may be awarded and charged to HHS/OASH grants and cooperative agreements. Award funds should not be budgeted to pay the salary of an individual at a rate in excess of Executive Level II. Currently, the Executive Level II salary of the Federal Executive Pay scale is $181,500. This amount reflects an individual's base salary <u>exclusive</u> of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to sub-awards/subcontracts under an HHS/OASH grant or cooperative agreement.

As an example of the application of this limitation: If an individual's base salary is $350,000 per year plus fringe benefits of 25% ($87,500) and that individual is devoting 50% of their time to this award, their base salary should be adjusted to $181,500, their direct salary would be $90,750 (50% FTE), fringe benefits of 25% would be $22,687.50, and a total of $113,437.50 may be included in the project budget and charged to the award in salary/fringe benefits for that individual. See the breakdown below:

Individual's *actual* base full time salary: $350,000 50% of time will be devoted to project	
Direct salary	$175,000
Fringe (25% of salary)	$43,750
Total	$218,750
Amount that may be claimed on the application budget due to the legislative salary limitation:	

Individual's base full time salary *adjusted* to Executive Level II: $181,500 50% of time will be devoted to the project	
Direct salary	**$90,750**
Fringe (25% of salary)	**$22,687.50**
Total amount	**$113,437.50**

Appropriate salary limits will apply as required by law.

V. APPLICATION REVIEW INFORMATION

1. <u>Criteria:</u>   Eligible applications will be assessed according to the following criteria:

Problem Statement (10 Points)

- The applicant clearly identifies the needs of the communities, using quantitative and qualitative data and how they will assist communities in developing and implementing a collaborative, community-driven, community-specific framework for teen pregnancy prevention.

- The applicant provides details on the benefits of the program for potential communities, subgroups within those communities, and identified stakeholders.

- The applicant provides details on any issues and challenges, such as barriers to implementation, monitoring, and coordination to achieving overall program goals and objectives in working with a community collaborative.

Goals, Objectives, and Outcomes (15 Points)

- The applicant includes a clear description of the proposed project, including goal statements and related outcome objectives that are S.M.A.R.T.

- The application includes a logic model for the proposed project that clearly identifies the inputs and activities for the proposed program, as well as measureable outcomes.

- The applicant identifies how the use of evidence-based initiatives, media/social messaging and access or referral systems to health and social services will help reduce teen pregnancy.

- The applicant describes the potential benefit of the framework model for other communities.

- The applicant provides a detailed work plan that includes the project's overall goal, anticipated outcomes, key objectives, activities and timeline to achieve the goal and outcome(s). At a minimum, it should include the following three elements: Development of Training and Technical Assistance (T&TA) Materials/Training Plan; T&TA Implementation Plan; and Dissemination Plan.

- The Work Plan covers both years of the proposed project.

- The extent to which the proposed program and activities address system gaps and identified issues and challenges, such as barriers to implementation, procedures, monitoring, and coordination; and will assist in achieving overall program goals and objectives.

Proposed Intervention and Target Communities (25 Points)

- The applicant describes in detail how they are proposing to address the need described in the announcement and the problem described in the "Problem Statement."

- The applicant describes in detail the activities and how they will assist in achieving the overall project goals and objectives using the program's key components: evidence-based initiatives, social media/media messaging and linkages or referrals to health and social services.

- The applicant describes in detail the approach they will use to: 1) bring teams together to facilitate the development and implementation of a plan to prevent and reduce teen pregnancy; 2) select eligible communities; 3) identify the community representatives that should make up of the team; 4) assist teams develop and implement their respective action plans; 5) and provide ongoing T&TA.

- The applicant provides a detailed and well-justified explanation for the appropriateness of the activities identified for their approach.

- The applicant provides detailed information on barriers and how those barriers will be overcome.

- The applicant describes how technology will be incorporated effectively to provide T&TA.

- The applicant describes the role and make up of potential sub-awardees involved in completing specific tasks and/or the process for identifying them.

- The applicant describes the criteria to be used in recruiting eligible communities and the selection process for what community representatives should make up the community collaborative.

- The applicant details a plan to carry out activities that are feasible and consistent with the stated purposes of the announcement.

Promise Zone Designees Engagement (5 Points)

- The applicant describes the process for recruiting and selecting Promise Zone designees and how they will work with Promise Zone designees.

Organizational Capacity and Project Management (30 Points)

- The applicant describes appropriate experience in strategic planning, coaching and technical assistance and training, facilitating meetings, working with community groups, knowledge and skill in community involvement, and evidence-based programming.

- The applicant describes their experience in providing technical assistance and training to community groups/coalitions to build community capacity that incorporates, at minimum, elements such as evidence-based programs, referrals and linkages to health and social services, and media messaging.

  o Applicant describes experience providing technical assistance and training to communities on evidence-based teen pregnancy prevention programs. Applicant includes past approaches, processes, and results of training and technical assistance efforts to increase the capacity of communities to select, implement and evaluate evidence-based programs to prevent teen pregnancy and/or related risk behaviors. Applicant includes a description of past training development and delivery of technical assistance and training.

  o Applicant describes experience providing technical assistance and training to communities on the use of social media/media messaging to reduce teen pregnancy.

  o Applicant describes experience providing technical assistance and training to communities on strategies to increase youth's access to health and social services.

- The applicant identifies who will have day-to-day responsibility for key tasks such as project leadership; monitoring the project's on-going progress, preparation of reports; and communications with community teams and HHS/OAH.

- The applicant provides specific information on the proposed staff regarding their experience and expertise in working with communities, at minimum, in areas such as evidence-based programs, referral and linkages to health and social services and media messaging.

  - For existing staff, applicant provides position descriptions and includes qualifications for performing the roles of each position. Qualifications and experience seem appropriate for each position and résumés are included.

  - For staff to be hired, applicant provides appropriate position descriptions, including timelines for staffing, and qualifications for each position. Position description is appropriate for recruiting qualified and experienced staff to carry out all activities of the announcement.

- The applicant provides an organizational chart, as an appendix, that identifies lines of authority, including who will have management authority over the project and all proposed sub-contractors.

- The applicant provides the specific delineation of the roles and responsibilities of project staff and sub-awardees and how each will contribute to achieving the project's objectives and outcomes.

- The applicant describes the criteria it will establish in making any sub-awards. In addition, the applicant should describe specifically how it will monitor sub-awardees. The applicant should also describe the approach that will be used to monitor and track progress on the project's tasks and objectives. Applicant includes Letters of Commitment for all organizations and entities that have been specifically named as a sub-awardee to carry out any aspect of the project. Signed Letters of Commitment include detailed

information about the specific role and resources that will be provided, or activities that will be undertaken by the sub-awardee. Letters of Commitment describe sub-awardee expertise, experience, and ability to work with community organizations, networks or partnerships.

Evaluation and Dissemination Plan (10 Points)

- The applicant describes the methods to be used to evaluate if the proposed implementation achieves its measurable outcome(s). The applicant describes the quantitative and qualitative tools and techniques to be used to measure outcome(s).

- The applicant demonstrates how they will document the intervention for possible replication by others, describing components, project lessons learned, and other information resulting from this project.

- The applicant describes a dissemination plan, including but not limited to publication of an article in a peer reviewed journal.

- The applicant provides a description of the methods to be used to evaluate.

- The applicant provides an evaluation plan for this project that links to the goals and SMART objectives proposed for this project. The applicant thoroughly describes how evaluation results will be utilized for project planning and improvement.

Budget Narrative/Justification (5 Points)

- The applicant provides a detailed budget and line item justification for all operating expenses that is consistent with the proposed program objectives and activities. Budget is reasonable for activities and outcomes proposed.

- The applicant provides a combined multi-year budget for the two-year project period that is consistent with the proposed program objectives.

- The applicant justifies the size of its budget request for each category of allowable services for which it is applying.

2. Review and Selection Process

Each HHS/OASH Program's office is responsible for facilitating the process of evaluating applications and setting funding levels according to the criteria set forth above.

An independent review panel will evaluate applications that pass the screening and meet the responsiveness criteria if applicable. These reviewers are experts in their fields, and are drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies. Based on the Application Review Criteria as outlined under [Section V.1], the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria. In addition to the independent review panel, Federal staff will review each application for programmatic, budgetary, and grants management compliance.

Final award decisions will be made by the Director of the Office of Adolescent Health.

VI. AWARD ADMINISTRATION INFORMATION

1. Award Notices

The HHS Office of the Assistant Secretary for Health does not release information about individual applications during the review process. When final funding decisions have been made, each applicant will be notified by letter of the outcome. The official document notifying an applicant that a project application has been approved for funding is the Notice of Award (NOA), approved by the Director of the HHS/OASH Office of Grants Management. This document specifies to the grantee the amount of money awarded, the purposes of the grant, the anticipated length of the project period, terms and conditions of the grant award, and [the amount of funding

to be contributed by the grantee to project costs if needed]. Grantees should pay specific

attention to the terms and conditions of the award as indicated on the NOA, as some may require

a time-limited response. The NOA will also identify the Grants Management Specialist and

Program Project Officer assigned to the grant.

2. Administrative and National Policy Requirements

In accepting the grant award, the grantee stipulates that the award and any activities there

under are subject to all provisions of 45 CFR parts 74 and 92, currently in effect or implemented

during the period of the grant.

In addition, recipients must comply with all terms and conditions outlined in their grant

awards, the Department of Health and Human Services (HHS) Grants Policy Statement,

requirements imposed by program statutes and regulations and HHS grant administration

regulations, as applicable, as well as any requirements or limitations in any applicable

appropriations acts.

Grant funds may only be used to support activities outlined in the approved project plan.

The successful applicant will be responsible for the overall management of activities within the

scope of the approved project plan. The HHS/OASH strongly encourages all grant recipients to

provide a smoke-free workplace and to promote the non-use of all tobacco products. This is

consistent with the HHS/OASH mission to protect and advance the physical and mental health of

the American people.

Federal grant support must be acknowledged in any publication developed using funds

awarded under this program. All publications developed or purchased with funds awarded under

this program must be consistent with the requirements of the program. Pursuant to 45 CFR § 74.36(a), HHS may reproduce, publish, or otherwise use materials developed under this grant for Federal purposes, and may authorize others to do so.

The Office of Adolescent Health (OAH) will have substantial involvement in program awards, including, but not limited to, the elements outlined below:

- Approvals – OAH will review and approve each stage of work before subsequent stages can be implemented during the funding period. The following project stages will be subject to approval: 1) the criteria to be used to identify select communities; 2) the plan to be implemented to assist communities in the development of their respective prevention frameworks; and 3) the strategy/plan developed to convene key community representatives that will make up the team for each community.

- Sub-wards – OAH will review and approve substantive provisions of proposed sub-awards for substantive programmatic work. The review is to ensure that the roles and responsibilities, experience, and expertise of the sub-awardees are appropriate for the project.

- Collaboration – To facilitate compliance with the terms of the cooperative agreement and to more effectively support the recipient's implementation activities, OAH will collaborate with the recipient to ensure the recipient is meeting the goals and objectives outlined in the funding opportunity announcement, the scope of services offered, organizational structure, staffing, mode of operation, and other management processes.

The grantee retains the primary responsibility and dominant role for planning, directing and executing the proposed project as outlined in the terms and conditions of the Cooperative Agreement and with substantial OAH involvement. Responsibilities include:

Approvals: recipient will submit to OAH materials for review at each required stage of the project as indicated above.

- Sub-wards – recipient will develop and submit to OAH the substantive provisions of proposed sub-awards for programmatic work prior to issuing any solicitations.

- Collaboration – Recipient is expected to collaborate with the OAH team and OAH supported initiatives.

Trafficking in Persons

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.hhs.gov/opa/grants/trafficking_in_persons_award_condition.html. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity announcement to obtain a copy of the term.

Efficient Spending

This award may also be subject to the HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items, and Printing and Publications available at http://dhhs.gov/asfr/ogapa/acquisition/effspendpol_memo.html. To be considered for an award under this funding opportunity, you must provide detailed budget information on the cost of the required conference or meeting in accordance with this HHS policy. You may be contacted for additional information if your application is not sufficient to meet HHS policy requirements.

Pilot Whistleblower Protection

A standard term and condition of award will be in the final notice of award; all applicants will be subject to a term and condition that applies the terms of 48 CFR section 3.908 to the award, and requires that grantees inform their employees in writing of employee whistleblower rights and protections under 41 U.S.C. 4712 in the predominant native language of the workforce.

Reporting

Programmatic Reporting

Applicants funded under this cooperative agreement are required to submit programmatic reports.

1. Programmatic reporting includes the following:

a) Quarterly reports shall be submitted to OGM with a cc to the OAH project officer electronically no later than 30-days after the close of the quarter. Quarterly reports should include, but not limited to, plans, strategies, tools or resources be used or implemented as part of the project's efforts.

b) A non-competing continuation applications shall be submitted via Grant Solutions electronically no later than 90 days before the budget period ends. The non-competing continuation application shall include a proposed work plan and budget for the upcoming budget period, and a progress report detailing information on the progress of the project's work plan and activities for the first six-months of the budget period.

c) An annual progress report shall be submitted to OGM electronically with a cc to OAH project officer no later than 90-days after the annual budget period ends. The progress report will include detailed information on the progress of the project's work plan and activities for the twelve-month budget period.

d) A final progress report covering the two year project period is due 90 days after the end of the project period.

Financial Reporting

Grantees are required to submit quarterly and annual Federal Financial Reports (FFR). Reporting schedules will be issued as a condition of grant award. A final FFR covering the entire project period is due 90 days after the end of the project period.

Grantees that receive $500,000 or greater of Federal funds must also undergo an independent audit in accordance with OMB Circular A-133.

Each year of the approved project period, grantees are required to submit a noncompeting application which includes a progress report for the current budget year, and work plan, budget and budget justification for the upcoming year.

FFATA and FSRS Reporting

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Sub-award Reporting System (http://www.FSRS.gov) for all sub-awards and sub-contracts issued for $25,000 or more as well as addressing executive compensation for both grantee and sub-award organizations.

VII. AGENCY CONTACTS

Administrative and Budgetary Requirements and Program Requirements:

For information related to administrative and budgetary requirements, contact the HHS/OASH

Office of Grants Management grants specialist listed below.

Roscoe Brunson

1101 Wootton Parkway, Suite 550

Rockville, MD

Phone: 240-453-8822

Email: Roscoe.Brunson@hhs.gov

For information on program requirements, contact the program office, Office of Adolescent

Health. Non-binding letters of intent should be mailed to the Victor Medrano at the address

below.

Victor Medrano

1101 Wootton Parkway, Suite 700

Rockville, MD 20852

Phone: 240-453-2835

Email: victor.medrano@hhs.gov

VIII. OTHER INFORMATION

1. Application Elements

SF 424 – Application for Federal Assistance

SF 424A – Budget Information

Separate Budget Narrative/Justification

SF 424B – Assurances

Lobbying Certification

Proof of non-profit status, if applicable

Copy of the applicant's most recent indirect cost agreement, if requesting indirect costs. If any sub-contractors or sub-grantees are requesting indirect costs, copies of their indirect cost agreements must also be included with the application.

Summary/Abstract

Project Narrative including: Problem Statement, Goal(s) and Objective(s), Proposed Intervention, Target Communities, Promise Zone Engagement, Outcomes, Project Management, Evaluation, Dissemination, and Work Plan

Organizational Capability Statement and Vitae for Key Project Personnel

Letters of Commitment from Key Partners

Appendices
Attachment A – Sample Work Plan Template

Evelyn M. Kappeler   2-6-2014

Evelyn M. Kappeler
Director, Office of Adolescent Health

ATTACHMENT A – Sample Work Plan Template

Goal:		
Objective 1:		
Rationale for Objective 1:		
Outcomes for Objective 1: a. b. c.		
Activities in support of Objective 1:	Person/agency responsible for *Accomplishing Activities*.	Activity *Timeline*.
a. b. c.	a. b. c.	a. b. c.

ATTACHMENT A – Sample Work Plan Template

Goal: Goal Statement															
Objectives	Activities	Timeline												Outcomes	Person Responsible
		S	O	N	D	J	F	M	A	M	J	J	A		
Objective 1:	Activity 1:														
	Activity 2:														
Objective Rationale:	Activity 3:														
	Activity 4:														
	Activity 5:														
Objective 2:	Activity 1:														
	Activity 2:														
Objective Rationale:	Activity 3:														

Work plan Instructions

1) **Goal**: A broad statement of program purpose which describes the expected long-term effects of a program. Goals should address the program's effect in reducing a health problem and identify the target population to be affected. <u>You should include all programmatic goals in your work plan.</u>

2) **Objective 1**: A statement describing the results to be achieved and the manner in which these results will be achieved. Objectives should be **SMART**, that is, **S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**ime-phased. **Specific** objectives include *who* will be targeted and *what* will be accomplished; **measurable** objectives include *how much* change is expected specifically enough that achievement of the objective can be measured through counting or through documenting change or completion; **achievable** objectives can be realistically accomplished given existing resources and constraints; **realistic** objectives address the scope of the problem and reasonable programmatic steps; and **time-phased** objectives provide a time line indicating when the objective will be measured or a time by which the objective will be met. .

3) **Rationale for the Objective**: why you think the objective will contribute to accomplishing the goal. The objective should relate to the goal and should link to outcomes on the logic model leading to the desired outcomes. In addition, you may provide context that shows why this objective is necessary given your program's resources or constraints.

4) **Activities** - describe anticipated events that will take place as part of your approach in support of the objective. <u>You should list all activities for each objective.</u>

5) **Timeline for Activities** – identify when the activity will be implemented.

6) **Outcomes** – these are the quantifiable criteria that describe how you know if you succeeded in accomplishing an objective. Measures might include target numbers or they might include quantifiable changes or completion of an activity.

7) **Person Responsible** - who is person responsible for ensuring that each activity is accomplished?