U.S. Department of Health and Human Services
Office of the Assistant Secretary for Health
Office of Adolescent Health

Capacity Building to Support Replication of Evidence-Based TPP Programs (Tier 1A)

Announcement Type: New

Announcement Number: AH-TP1-15-001

Catalog of Federal Domestic Assistance (CFDA) No. 93.297

Funding Opportunity Announcement
And
Application Instructions

Application Due Date: April 1, 2015

Table of Contents

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 Capacity Building to Support Replication of Evidence-Based TPP Programs (Tier 1 A)

ACTION: Notice

ANNOUNCEMENT TYPE: INITIALCOMPETITIVE COOPERATIVE AGREEMENT

FUNDING OPPORTUNITY NUMBER: AH-TP1-15-001

CFDA NUMBER: 93.297

CFDA PROGRAM: Teenage Pregnancy Prevention Program

DATES: Non-binding letters of intent are due **February 1, 2015**

Applications are due April 1, 2015 by 5 p.m. ET. To receive consideration, applications must be received electronically via Grants.gov by the HHS Office of the Assistant Secretary for Health (HHS/OASH), Office of Grants Management (OGM) no later than this due date. Applications which do not meet the specified deadlines will be returned to the applicant unread.   All applicants must submit electronically via Grants.gov unless they obtain a written exemption from this requirement 2 business days in advance of the deadline by the Director, HHS/OASH Office of Grants Management. To obtain an exemption, applicants must request one 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. Requests should be submitted at least 4 business days prior to the application deadline to ensure the request can be

considered prior to 2 business days in advance of the deadline.   If requesting an exemption, 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 Authorizing Official; the Grants.gov Tracking Number (GRANTXXXX) assigned to the submission; and a copy of the "Rejected with Errors" notification from Grants.gov. Send the request with supporting documentation to ogm.oash@hhs.gov. Note: failure to have an active System for Account Management (SAM) registration will not be grounds for receiving an exemption to the electronic submission requirement.

The HHS/OASH Office of Grants Management will only accept applications via alternate methods (hardcopy paper via US mail or other provider or PDF via email) from applicants obtaining prior written approval. The application must still be submitted by the deadline. Only applications submitted through the Grants.gov portal or alternate format (hardcopy paper via US mail or other service or PDF via email) with an approved written exemption will be accepted. 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 as early as possible 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 Wednesday, January 21st from 2:30-4:30 pm ET (start time of 1:30 pm CT, 12:30 pm MT, 11:30 am PT). Potential applicants should call 1-888-566-5780, passcode 3899321, and log-on to https://www.mymeetings.com/nc/join.php?i=PW1052943&p=3899321&t=c.

EXECUTIVE SUMMARY: The HHS Office of Adolescent Health announces the availability of funds for Fiscal Year (FY) 2015 **cooperative agreement awards** authority of Division H, Title II of the Consolidated Appropriations Act, 2014 (Public Law No. 113-76), and the Continuing Resolutions thus far for FY 2015 (Public Law No. 113-164) for **Capacity Building to Support Replication of Evidence-Based Teen Pregnancy Prevention (TPP) Programs (Tier 1A)**. OAH intends to make available approximately $5 million for 5-8 competing cooperative agreements.

This funding opportunity announcement (FOA) is one of a series of five (5) FOAs, each with a different focus, currently available from the OAH's Teen Pregnancy Prevention (TPP) Program. Applicants may apply for more than one FOA. **This FOA provides information for applying to Capacity Building to Support Replication of Evidence-Based TPP Programs (Tier 1A).** Other available FOAs include:

- Replicating Evidence-Based TPP Programs to Scale in Communities with the Greatest Need (Tier 1B)
- Supporting and Enabling Early Innovation to Advance Adolescent Health and Prevent Teen Pregnancy (Tier 2A)
- Rigorous Evaluation of New or Innovative Approaches to Prevent Teen Pregnancy (Tier 2B)
- Effectiveness of TPP Programs Designed Specifically for Young Males (Tier 2C).

The goal of this FOA is to fund intermediary organizations to provide capacity building assistance (CBA) to at least 3 youth-serving organizations to replicate evidence-based TPP

programs in a defined service area with demonstrated need. CBA is the transmission of knowledge and building of skills to enhance the ability of organizations to implement, evaluate, and sustain evidence-based TPP programs.   CBA can focus on building an organization's capacity to develop and manage a TPP program (i.e., organizational CBA) as well as building an organization's capacity to implement an evidence-based TPP program (i.e., programmatic CBA). CBA can encompass diverse strategies and approaches, including but not limited to, training, technical assistance, coaching, mentoring, and peer-to-peer support. OAH anticipates that successful applicants will provide funding to organizations that receive CBA to support their efforts to replicate evidence-based TPP programs. Organizations in need of CBA are those that have experience working with youth, the ability to serve youth in areas of demonstrated need for TPP, and support the replication of evidence-based TPP programs, but do not currently have the experience or capacity to implement evidence-based TPP programs to scale in their community.

The service area must be defined by clear geographic boundaries and may be county-level, city-level, state-level, or regional. The service area should not be narrowly focused at the neighborhood-level nor broadly focused at a national-level. Applicants will be funded to serve a single service area and must be able to demonstrate a teen birth rate for the defined service area that is at least above the current national average of 26.6 births for every 1,000 adolescent females ages 15-19, 2013 (1). OAH does not anticipate funding more than one applicant to serve the same service area. Furthermore, applicants are expected to be located in, or have a significant investment already in the service area, and be able to demonstrate how the CBA infrastructure developed under this grant will continue to serve the defined service area after the grant ends.

I. FUNDING OPPORTUNITY DESCRIPTION:

<u>PURPOSE</u>

The goal of this FOA is to fund intermediary organizations that will provide CBA to at least 3 youth-serving organizations to replicate evidence-based TPP programs in a defined service area with demonstrated need. CBA is designed to enhance the ability of organizations to implement, evaluate, and sustain evidence-based TPP programs. CBA can focus on building an organization's capacity to develop and manage a TPP program (i.e., organizational CBA) as well as building an organization's capacity to implement an evidence-based TPP program (i.e., programmatic CBA). CBA can encompass diverse strategies and approaches, including but not limited to, training, technical assistance, coaching, mentoring, and peer-to-peer support.

Over the five-year project period, grantees are expected to (1) identify organizations in the defined service area in need of CBA (2) assess the CBA needs of each organization (3) provide CBA on diverse topics and (4) use diverse approaches that are designed to best meet the needs of each organization. OAH anticipates that successful applicants will provide funding to organizations that receive CBA to support their efforts to replicate evidence-based TPP programs. The applicant must determine the length of time that each organization will be actively engaged in receiving CBA and the amount of funding each will receive. Applicants may elect to work with the same organizations over the course of the 5-year project period or may elect to work with organizations for a shorter period of time and initiate agreements with new organizations throughout the course of the project period.

Applicants may identify the organizations to receive CBA in the application and include a signed MOU clearly outlining the roles, responsibilities, and expectations for the applicant and

the CBA partner or applicants may describe the process they will use to identify organizations to receive CBA once the grant is awarded. If an applicant anticipates providing CBA to different organizations over the course of the five-year grant period, it must describe how and when new organizations will be selected to receive CBA and whether those organizations that had previously received CBA will continue to receive CBA.

It is expected that the priorities, content, and approach for CBA may differ across organizations. For each organization that will receive CBA, the grantee will be expected to submit a detailed CBA plan to OAH outlining the topics, format, and target audience for CBA; how CBA will be provided; the length of time CBA will be provided for; the expected outcomes of the CBA; the amount of funding provided to the organization to support its efforts to replicate evidence-based TPP programs; and how the CBA plan aligns with the needs of the organization. Focus areas for CBA can include:

- **Organizational CBA:** Building an organization's capacity to develop and manage a TPP program by providing CBA in the following areas (but not limited to) -- program staffing, identifying and collaborating with community stakeholders, developing a community needs assessment, financial and budget planning for managing a TPP Program, planning for sustainability, etc.

- **Programmatic CBA:** Building an organization's capacity to implement an evidence-based TPP program by providing CBA in the following areas (but not limited to) -- selecting the appropriate evidence-based TPP program for implementation; implementing evidence-based TPP programs with fidelity and quality; selecting strategies for recruiting, retaining, and engaging youth; collecting and using performance measure data for continuous quality improvement; etc.

Supporting HHS Strategic Goals, Healthy People 2020, and the National Prevention Strategy

This FOA supports the HHS Strategic Goal to "Put Children and Youth on the Path for Successful Futures." Under this goal, HHS is committed to supporting both evidence-based programs and innovative approaches for children and youth in order to positively impact a range of important social and health outcomes such as child maltreatment, school readiness, teen pregnancy, youth violence, sexually transmitted infections (STIs), mental illness, substance abuse, and delinquency. HHS is investing in strategies that give children and youth a positive start in life and help ensure their future health and development. http://www.hhs.gov/strategic-plan/youth_futures.html

This FOA addresses the Healthy People 2020 (http://www.healthypeople.gov/2020/default.aspx) overarching goals to (1) achieve health equity, eliminate disparities, and improve the health of all groups and (2) promote quality of life, healthy development, and healthy behaviors across all life stages. The FOA addresses several Healthy People 2020 goals and objectives, including Family Planning Objectives 7 through 13; STD Objectives 1 and 6; HIV Objective 2; Adolescent Health Objectives 3 and 5; and the Lesbian, Gay, Bisexual, and Transgender (LGBT) Topic Area Goal.

This FOA also supports the National Prevention Strategy's (http://www.surgeongeneral.gov/initiatives/prevention/strategy/#The Goal) overarching strategic direction to help people make healthy choices and eliminate health disparities. This FOA supports the recommendations in the reproductive and sexual health priority area to (1) provide

effective sexual health education, especially for adolescents, and (2) enhance early detection of

HIV, viral hepatitis, and other STIs and improve linkages to care.

BACKGROUND

OAH's Teen Pregnancy Prevention Program

OAH announces the availability of FY 2015 funding to support the TPP Program, which was

initiated in FY 2010 as one of six major evidence-based policy initiatives across the Federal

government. OAH supports two types of grants through the TPP program: (1) projects that

replicate evidence-based TPP program models that have been shown to be effective through

rigorous evaluation, 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,

referred to as "Tier 2." Additional information about OAH and specifically about the TPP

Program can be found on the OAH website (http://www.hhs.gov/ash/oah/oah-

initiatives/teen_pregnancy/).

Within this framework, OAH is announcing five separate FOAs, each with a different focus.

Available FOAs include:

- Capacity Building to Support Replication of Evidence-Based TPP Programs (Tier 1A)
- Replicating Evidence-Based TPP Programs to Scale in Communities with the Greatest Need (Tier 1B)
- Supporting and Enabling Early Innovation to Advance Adolescent Health and Prevent Teen Pregnancy (Tier 2A)
- Rigorous Evaluation of New or Innovative Approaches to Prevent Teen Pregnancy (Tier 2B)
- Effectiveness of TPP Programs Designed Specifically for Young Males (Tier 2C)

Status of Adolescent Sexual Risk Behaviors

Teen Pregnancy and Existing Disparities

Teen pregnancy and birth rates in the United States dropped to a record low since their peak in the early 1990's. The teen birth rate declined ten percent in 2013 alone and declined 38 percent since 2007 (1). There have also been improvements in teens' sexual behavior and use of contraceptives. In 2013, about half (47%) of all high school students reported having ever had sex. In that same year among high school students who were sexually active, 86% reported using some method of contraception the last time they had sex (2).

Despite the progress that has been made to reduce teen pregnancy and sexual risk taking, there were still approximately 614,000 pregnancies to women younger than age 20 in 2010 (3) and 25% of teens in the U.S. will become pregnant at least once by the age of 20 (4). Furthermore, young people age 15 to 24 account for nearly one-half of all new cases of STDs although they only comprise one quarter of the sexually active population in the U.S. (5).

In addition, great disparities continue to exist – by age, race and ethnicity, geography, urbanicity, and among especially vulnerable populations.

- **Age** - Birth rates are much higher among older teens (47.3 per 1,000) than younger teens (12.3 per 1,000), with 2/3 of teen births to girls ages 18 to 19 and 1/3 to girls ages 17 and younger (6,7).

- **Race and Ethnicity** - In 2010, the teen pregnancy rate among non-Hispanic Black and Hispanic teen girls age 15-19 was more than twice as high as the teen pregnancy rate among non-Hispanic White teen girls age 15-19 (8). In 2012, the teen birth rate was 46

9

per 1,000 for Hispanic teens; 44 per 1,000 for Black, non-Hispanic teens; 35 per 1,000 for American Indian teens; 21 per 1,000 for White, non-Hispanic teens; and 10 per 1,000 for Asian/Pacific Islander teens (9).

- **Geography** - Substantial geographic variation exists in adolescent childbearing across the United States with the lowest teen birth rates reported in the Northeast, and the highest rates reported across the southern part of the country (10).

- **Urbanicity** - Teen birth rates are much higher in rural areas (43 per 1,000) compared to small-medium metro areas (36 per 1,000) and large urban cities (24 per 1,000) (11).

- **Vulnerable Populations** – Rates of teen pregnancy and teen births have been found to be higher among especially vulnerable youth, including youth in foster care, parenting teens, and LGBTQ youth. Teen girls who are in foster care are 2.5 times more likely than their counterparts who are not in foster care to get pregnant by age 19 (12). Teens who are already parents are also at increased risk of becoming pregnant again. Overall, 17% of all teen births are repeat teen births (13). Lesbian, Gay, Bisexual, and Transgender (LGBT) youth are 2-3 times more likely to be involved in a pregnancy compared to non-LGBT youth. Lesbian, Gay, and Bisexual (LGB) youth are more likely to initiate sex at a very young age, have multiple partners, use alcohol and other substances before engaging in sexual intercourse; and are less likely to use contraception compared to non-LGB youth (14).

Risky behaviors are often co-occurring. Teens who drink or use drugs are at increased risk of (1) being sexually active, (2) not using contraception when they have sex, (3) having sex at an earlier age, and (4) having multiple partners (15). Teen pregnancy is also linked with various

types of violence including dating violence, intimate partner violence, domestic violence and sexual abuse. Girls in high school who reported experiencing dating violence were four to six times more likely to have ever been pregnant than peers who had not experienced dating violence. Adverse childhood experiences such as physical abuse, verbal abuse, and witnessing intimate partner violence are also linked with having sex at an early age. Approximately 50 to 60 percent of adolescents who become pregnant have a history of childhood sexual or physical abuse (16).

In addition to understanding sexual risk behaviors, it is important to understand the interrelated roles of protective factors, positive youth development, and trauma informed approaches when implementing programs to prevent teen pregnancy.

Sexual Risk and Protective Factors

There are several risk and protective factors that influence a teen's decision to engage in sexual behavior. The majority of risk and protective factors fall into one of four categories: (1) biological factors such as age, physical maturity, and sex; (2) disadvantage, disorganization, and dysfunction in the lives of teens and their families, peers, and communities; (3) sexual values and norms expressed or modeled by teens themselves or by their families, romantic partners, peers, faith communities, schools, and communities; and (4) teens' connection to groups or institutions that discourage risky sexual behavior, encourage responsible behavior, or both (17). It is important for organizations to understand the factors that influence teens' sexual behavior to have the greatest impact on reducing sexual risk taking.

Trauma Informed Care

Organizations should be aware that the youth they will be working with may have experienced some form of trauma. Youth can be exposed directly or indirectly to trauma through child abuse, neglect, domestic violence and other forms of violence. Exposure to traumatic events can have social, behavioral and emotional impacts on youth and lead to poor outcomes in youth. Youth who have been exposed to violence are more likely to become teen parents, with those who have experienced physical and sexual abuse more likely to experience a repeat pregnancy (18).

Adverse childhood experiences (ACEs) including abuse, neglect, violence, and other stressors can have a lifelong impact on one's health. As the number of ACEs increase, the risk for health problems (e.g., heart disease, depression, smoking, intimate partner violence, risky sexual behavior, and alcohol or drug abuse) increases.   Trauma-informed care is an approach that is welcoming and appropriate for trauma survivors (e.g., those with ACEs), including avoiding re-traumatization. A trauma-informed approach is one in which all parties involved recognize and respond to the impact of ACE, trauma, and toxic stress on children, caregivers, and service providers. Organizations should prepare to incorporate a trauma informed approach when providing sexual health education to youth, which includes taking into consideration ACEs and the influence that they have on sexual health and decision making (19, 20).

Positive Youth Development

Positive youth development is an intentional, pro-social approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, uses, and enhances youths' strengths; and promotes

12

positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths (21). According to research on positive youth development, youth may have fewer behavioral problems and may be better prepared for a successful transition to adulthood if they have a variety of opportunities to learn and participate at home, at school, in community-based programs and in their neighborhoods. Organizations should work to incorporate key positive youth development practices into all interactions with and programs for youth (22).

Evidence-Based Teen Pregnancy Prevention Programs Eligible for Replication

The Department of Health and Human Services (HHS) conducts the HHS TPP Evidence Review (http://tppevidencereview.aspe.hhs.gov/EvidencePrograms.aspx) which uses a systematic process for reviewing evaluation studies against a rigorous standard in order to identify programs shown effective at preventing teen pregnancies, sexually transmitted infections, and/or sexual risk behaviors. The evidence review, first conducted in 2009 and updated periodically, is led by the HHS Office of the Assistant Secretary for Planning and Evaluation. The most recent update was released in August 2014. There are currently 37 evidence-based TPP program models identified by the HHS TPP Evidence Review. The 37 programs are diverse on a number of variables, including program approach, target population, implementation setting, length of program, program outcomes, duration of program outcomes, and study design quality rating.

Evidence-based TPP programs eligible for replication by the applicant's CBA partners under this FOA are those that meet the following criteria prior to the end of the planning and readiness period:

1. Have been identified as having evidence of effectiveness by the HHS TPP Evidence Review (http://tppevidencereview.aspe.hhs.gov/EvidencePrograms.aspx) **and**

2. Have been assessed by the HHS TPP Evidence Review as being <u>implementation ready</u>, meaning that the program has clearly defined curricula and components, necessary staff supports and training, and specified guidelines and tools for monitoring fidelity.

OAH is especially interested in replicating evidence-based TPP programs with the strongest evidence and that have been found to be effective through evaluations in multiple sites, in different settings, and with different populations. As the HHS TPP Evidence Review continues to grow and mature, OAH anticipates that new evidence will be generated for program models that currently have evidence of effectiveness in the TPP Evidence Review and that new evidence-based program models will be identified. OAH anticipates that as the evidence in this field expands through rigorous evaluation of replications of evidence-based programs and evaluations of new and untested programs, the TPP Evidence Review may be able to make further distinctions about the strength of evidence behind each program model. OAH will work with grantees to continuously review and evaluate new evidence to determine its impact on grantee programs.

A list of evidence-based TPP programs that currently meet the stated criteria and are eligible for replication under this FOA is included in **Appendix D**. Additional evidence-based TPP programs identified by the HHS TPP Evidence Review prior to the end of the planning and readiness period will also be eligible for replication under this FOA as long as they meet the two criteria specified on page 14.

Building Organization Capacity to Implement Evidence-Based TPP Programs

Ultimately, the goal is to work with organizations to replicate evidence-based TPP programs to scale in communities to significantly reduce rates of teen pregnancy and disparities, however; many organizations may not yet be ready to replicate evidence-based TPP programs to scale. CBA is designed to enhance the ability of organizations to replicate, evaluate, and sustain evidence-based TPP programs. The purpose of this FOA is to provide CBA to organizations that have experience implementing programs for youth and are serving populations with demonstrated need for TPP programs, but have little experience with evidence-based TPP programs.

EXPECTATIONS OF GRANTEES

Included below are OAH's expectations of grantees throughout the five-year project period. Failure of a grantee to meet major milestones as required/defined by OAH may result in the discontinuation of grant funding at any time during the project period.

TARGET POPULATION & NEED

The intent of this FOA is to target limited resources to areas in greatest need for preventing teen pregnancy and reducing disparities, which may include, but is not limited to, designated Promise Zones[1] with a teen birth rate higher than the national average (1). The applicant must propose one defined service area to focus its CBA. The service area must be defined by clear geographic boundaries in order to assure that the number of youth served can be

---

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

identified and teen pregnancy and/or teen birth rates can be monitored throughout the project.

The service area may be county-level, city-level, state-level, or regional. The service area should

not be narrowly focused at the neighborhood-level nor broadly focused at a national-level.

Applicants must be able to document a teen birth rate in the defined service area that is above the

current national average of 26.6 births for every 1,000 adolescent females ages 15-19, 2013 (1).

Applicants are expected to be located in, or have a significant existing investment in the

service area, and be able to demonstrate how the CBA infrastructure developed under this grant

will continue to serve the defined service area after the grant ends. Applicants can serve no more

than one defined service area. OAH does not anticipate funding more than one applicant to

provide CBA to partner organizations in the same service area.

The applicant should conduct a needs and resource assessment to identify the specific needs

and resources available in the defined service area.   The assessment should use data to:

- Identify the needs of the service area related to teen pregnancy, teen births, prevalence of

  STIs including HIV among youth, sexual risk behaviors, and existing disparities (racial

  and ethnic, age, geographic, vulnerable populations)

- Identify areas of elevated need within the service area

- Provide data on social determinants of health and co-occurring risk behaviors that impact

  teen pregnancy and sexual risk taking (e.g., poverty, educational achievement, housing,

  mental health, substance abuse)

- Describe resources currently available in the community to prevent teen pregnancy and

  promote healthy adolescent development

- Identify organizations within the service area implementing TPP or youth development

  programs, including a description of the programs currently implemented, whether the

programs are evidence-based or not, and the needs being addressed by the existing

programs

- Identify gaps in service delivery and needs that are unmet by existing resources

The applicant must document support from key stakeholders in the designated service area, including support from already selected and potential organizational partners. The application should include signed Letters of Commitment from key decision makers and potential partners in the identified service area.

PLAN FOR SELECTING ORGANIZATIONS TO RECEIVE CBA

Grantees will be expected to provide CBA to at least three youth-serving organizations within the defined service area to replicate evidence-based TPP programs. The applicant should describe how many organizations it plans to provide CBA to and how it plans to assess the CBA needs of each organization. The applicant should describe how CBA will be designed to best meet the needs of each organization. In addition, the length of time that an organization will receive CBA and the amount of funding each organization will receive to support their efforts to replicate evidence-based TPP programs should be described by the applicant. Applicants may elect to work with the same organizations over the course of the five-year grant, or they may elect to work with organizations for a shorter period of time and initiate agreements with new organizations to receive CBA throughout the course of the grant.

Applicants must describe the process for selecting organizations in need of CBA and the communities and populations that will be served by each organization selected. Applicants may identify the organizations that will receive CBA in the application and include a signed MOU

clearly outlining the roles, responsibilities, and expectations for both the applicant and the organization with the application, or applicants may describe the process they will use to identify organizations to receive CBA during the initial six-month planning period. If an applicant plans to serve different organizations over the course of the five-year project period, it must describe the process and criteria that will be used to select organizations to receive CBA and how often the selection process will occur.

Applicants should describe the criteria used to select organizations that will receive CBA, including how it will determine that the organization is in need of CBA to implement evidence-based TPP programs. If the applicant has not identified the organizations that will receive CBA in the application, it must describe the timeline for finalizing the selection of organizations during the planning period.

Organizations selected to receive CBA should, at a minimum, be able to demonstrate (1) experience implementing programs for youth, (2) experience serving youth and families in the designated service area, (3) commitment to replicating evidence-based TPP programs, and (4) need for CBA. For each organization selected to receive CBA, the applicant should demonstrate that the organization will serve a population in need of TPP programs. The applicant should describe how it will ensure that the populations and areas served by organizations receiving CBA are clearly aligned with the results of the needs and resource assessment. The applicant will be expected to continuously monitor the needs of the organizations receiving CBA, their progress in fulfilling roles and responsibilities, and their successes and challenges.

Grantees will be expected to establish a formal, written Memorandum of Understanding (MOU) with each organization selected to receive CBA. The MOU should clearly outline the roles, responsibilities, and expectations of the applicant and the organization receiving CBA.

OAH holds grantees accountable for ensuring that all partners, including organizations receiving CBA, adhere to the terms and conditions of the grant award, as required by statute or regulation.

PROGRAM APPROACH

Work plan

Applicants are expected to submit a detailed work plan (as an appendix) for the five-year project period that includes goals, SMART objectives (specific, measurable, achievable, realistic, and time-framed), and activities for providing CBA to at least 3youth-serving organizations on replicating evidence-based TPP programs. Up to the first 6 months of the first grant year are for a planning and readiness period. This period should be devoted to finalizing the selection of organizations that will receive CBA, finalizing the needs and resource assessment of the defined service area, assessing each organization's CBA needs, finalizing CBA plans and strategies, and otherwise ensuring readiness. OAH expects grantees to begin providing CBA to selected organizations within 6 months of receiving funding. An example work plan template is in **Appendix E,** or this can be provided in a different format.

The work plan should include, at a minimum, activities to:

- o Identify and secure organizations that will receive CBA
- o Regularly monitor and assess each organization's CBA needs, progress, successes, and challenges
- o Provide CBA to organizations that is tailored to the specific needs of the organization and uses diverse approaches to increase the organization's capacity
- o Ensure that program materials are medically accurate, age appropriate, culturally and linguistically appropriate, and inclusive of Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth

- o Encourage sharing, collaboration, and coordination across organizations receiving CBA

- o Engage in strategic dissemination and communication activities to raise awareness of the project

- o Build capacity and infrastructure in the defined service area that is sustainable after the grant funding ends

- o Collect and report performance measure data to OAH and use performance measure data to make continuous quality improvements

- o Evaluate the provision of CBA and make continuous quality improvements based on feedback received

Logic Model

Applicants are expected to describe the proposed project through a detailed logic model (as an appendix) that clearly depicts the inputs and activities of the project and the intended outputs and outcomes (short- and long-term). An example logic model template is included in **Appendix F,** or this can be provided in a different format.

Provision of CBA to at least 3 Youth-Serving Organizations

Applicants are expected to provide CBA to at least 3 youth-serving organizations to support the development and implementation of a plan to prevent teen pregnancy, including replication of evidence-based TPP programs (see page 14 and **Appendix D** for information on programs eligible for replication).   The goal is for the applicant to provide CBA to organizations that is tailored to the specific needs of the organization and uses diverse approaches to increase

the organization's capacity to implement, evaluate, and sustain evidence-based TPP programs. It is expected that the priorities, content, and approach for CBA may differ across organizations; however, the applicant should ensure that all organizations receiving CBA use funds provided to begin implementation of at least one evidence-based TPP program within 12-15 months after the start of the grant.

The applicant should describe its approach to providing CBA to youth-serving organizations, including how many organizations will receive CBA (at least 3); how CBA will be designed to enhance the ability of organizations to implement, evaluate, and sustain evidence-based TPP programs; how it will assess each organization's CBA needs and tailor CBA to meet the needs of each organization; the focus areas (organizational and/or programmatic) and topics that will be addressed through CBA; the length of time that CBA will be provided to organizations; and the amount of funding that will be provided to each organization to support the replication of evidence-based TPP programs.

Over the course of the five-year project period, grantees are expected to provide CBA to organizations to assist them in replicating evidence-based TPP programs. The CBA provided may focus on a wide range of topics, which may include:

- Engaging the community in the implementation of evidence-based TPP programs.
- Assessing community needs and resources and using the results to guide program planning.
- Engaging in a formal planning process using a framework like Getting to Outcomes (GTO)[TM], or something similar. GTO is a ten-step planning process aimed at facilitating program planning, implementation, and evaluation of programs and improving organizational capacity and program performance.

- Understanding the diversity of evidence-based TPP programs eligible for replication (see page 14 and **Appendix D**).

- Selecting evidence-based TPP programs that are a good fit for addressing community needs, implementation setting, and the capacity of the organization.

- Pilot testing evidence-based TPP programs to ensure fit.

- Replicating evidence-based TPP programs with fidelity and quality.

- Making adaptations to evidence-based TPP programs and differences between major and minor adaptations.

- Recruiting, engaging, and retaining youth throughout the implementation of the evidence-based TPP program(s).

- Ensuring that programs are implemented in environments that are positive, safe, supportive, and healthy for all youth and their families. This includes ensuring inclusivity of all youth, including LGBTQ youth; applying Positive Youth Development practices when interacting with youth; and using a trauma-informed approach.

- Establishing and maintaining linkages and referrals to youth-friendly health care and social services including public providers such as HRSA-funded Community Health Centers and OASH-funded Title X Family Planning Services.

- Engaging in strategic dissemination and communication activities to raise awareness of the program with youth, their families, and key stakeholders.

- Developing and implementing a plan for sustainability to ensure continuation of program efforts after CBA support ends.

- Collecting and using performance measure data to make continuous quality improvements.

- Evaluating the implementation and success of program activities.

For each organization that will receive CBA, the grantee will be expected to submit a detailed CBA plan to OAH outlining the topics, format, and target audience for CBA; how CBA will be provided; the length of time CBA will be provided for; the expected outcomes of the CBA; the amount of funding provided to the organization to support its efforts to replicate evidence-based TPP programs; and how the CBA plan aligns with the needs of the organization.

Ensuring Program Materials are Medically Accurate, Age Appropriate, Culturally and Linguistically Appropriate, and Inclusive of LGBTQ Youth

Grantees will ensure that program materials, including all materials associated with the evidence-based TPP program and any supplemental materials proposed by organizations receiving CBA (i.e. curricula, facilitator and participant manuals, videos, podcasts, posters, scripts, participant booklets, pamphlets, and handouts) are medically accurate, complete, and age appropriate, and should ensure that all materials are culturally and linguistically appropriate, and inclusive of LGBTQ youth. Programs should be implemented in environments that are positive, safe, supportive, and healthy for all youth and their families. Definitions of all terms can be found in **Appendix B**.

To ensure that the most current science is reflected in the program materials, successful applicants will be required to submit all program materials prior to use in the project to OAH for a medical accuracy review. While the applicant may identify the evidence-based program(s) proposed for use in the grant, program materials should not be submitted with the grant application. Grantees should do an initial review of the materials for medical accuracy prior to submitting to OAH for final review. The review of materials for medical accuracy will occur prior to the use of any materials in the OAH-funded grant program. Grantees will not be able to begin implementation of materials until after the OAH medical accuracy review is complete and

materials have been approved for use in implementation by OAH. The grantee must verify that all modifications have been made and accepted by OAH.

Grantees should also review all program materials for use in the project for age appropriateness, cultural and linguistic appropriateness, and inclusivity of LGBTQ youth prior to use in the grant. Review of program materials should be conducted after an application is approved for funding using guidance and templates provided by OAH. Grantees are expected to inform OAH of their review process, results, and changes made to ensure that all materials are age appropriate, culturally and linguistically appropriate, and inclusive of LGBTQ youth.

Engaging in Strategic Dissemination and Communication Activities to Raise Awareness of the Project

To ensure TPP programs have the greatest impact, OAH expects grantees to develop a strategic dissemination and communications plan to raise general awareness of the importance of preventing teen pregnancy and promoting positive youth development and specific awareness of the funded program. The strategic dissemination and communications plan should include:

- A specific goal and objective(s) to guide all dissemination activities and identification of the intended outcomes of dissemination and communication activities.
- Plans to regularly assess the communication preferences of key stakeholders, including organizations receiving CBA and community partners to ensure communication strategies are developed to match preferences.
- Identification of strategies and diverse approaches (e.g., public website, social media) for disseminating and communicating information about project activities, lessons learned, successes, and evaluation results with key stakeholders.

Planning for Sustainability

The applicant should describe its approach or plan for sustaining the project after the period of Federal funding ends. The applicant should describe what sustainability means for the proposed project, sustainability priorities, and how sustainability will be integrated into the earliest stages of program planning. The applicant should describe challenges to sustainability that exist and how these challenges will be addressed during the project period. The applicant's discussion of sustainability should include plans to build capacity and infrastructure in the defined service area that is sustainable after the grant funding ends.

The applicant is expected to incorporate a specific objective(s) and activities focused on sustainability into its work plan. The applicant should identify factors that will lead to the project's sustainability and incorporate activities to address the specific factors in its work plan. Factors may include:

- o Creating an Action Plan
- o Assessing the Environment
- o Being Adaptable
- o Securing Community Support
- o Integrating Programs and Services
- o Building a Team of Leaders
- o Creating Strategic Partnerships
- o Securing Diverse Financial Opportunities.

OAH expects that grantees will design their program approach and plans with sustainability in mind from the very beginning of the grant. Resources that may assist with sustainability planning can be found at http://www.hhs.gov/ash/oah/oah-

initiatives/teen_pregnancy/training/sustainability.html. Grantees should be aware that Federal funding cannot be used for fundraising activities or lobbying. Grantees must comply with the restrictions on lobbying as set out in 45 CFR Part 93. Activities that fall into these categories should not be included in the grantee's work plan or budget.

PERFORMANCE MEASURES AND EVALUATION

Collecting and Reporting Performance Measure Data

Performance measures are critical for accountability purposes. OAH uses performance measures to demonstrate whether grant projects are making sufficient progress toward their stated missions and are serving the public interest. For grantees, performance measures are critical for continuous quality improvement (CQI) in program implementation, informing stakeholders of progress, and informing sustainability efforts.

All grantees are expected to collect and report on a common set of performance measures to assess program implementation and whether the program is observing intended program outcomes (OMB #0990-0390, Expiration May 2015, pending renewal). Performance measures will be reported to OAH on a semi-annual basis beginning after completion of the planning period. The broad categories of the measures that grantees are expected to collect and report includes reach, dosage (individual-level attendance), fidelity and quality, linkages and referrals to healthcare services, cost of implementing the program, sustainability, partnerships, trainings, and dissemination. Please refer to the detailed list of measures in **Appendix G**.

Grantees will be responsible for collecting and reporting required performance measure data from all organizations that receive CBA upon the organization's implementation of an evidence-

based TPP program. Measures must be collected for every participant (at the individual level) served by the project. Performance measure data must be linked to the individual. Non-identifying identification (ID) numbers will be required for all program participants. For each participant, grantees must provide demographic and attendance data linked to that participant's ID number. ID numbers must not include names, partial names, birthdates, or any other possibly identifying information about a participant. In addition to data collected from the organizations receiving CBA, grantees will also be responsible for collecting and reporting performance measure data on their own efforts regarding sustainability, partnerships, training, and dissemination.

Grantees must collect all performance measures and report to OAH on a semi-annual basis (OMB #0990-0390, Expiration May 2015, pending renewal). Applicants should review relevant state laws, school district policies, and other administrative procedures of their sites or partner organizations to ensure the feasibility of data collection. If necessary, applicants should obtain any necessary permission to collect data. There are no exceptions or waivers for this requirement.

Evaluating the Implementation and Success of CBA

Applicants are expected to propose a plan for evaluating the implementation and success of the CBA provided to youth-serving organizations. Applicants are expected to evaluate the process of selecting organizations to receive CBA, assessing organization needs, and providing CBA to meet each organization's needs. An effective evaluation of CBA requires having clear goals and plans from the beginning of the process. Applicants must be able to articulate the end goals of the CBA. A suitable goal provides a specific action to be taken, a timeframe in which the goal will be accomplished, and a way of measuring the success of the action taken.

Grantees will be expected to develop an implementation evaluation report by the end of the five-year project period, and to disseminate evaluation results and lessons learned throughout the project. Topics for the evaluation report should include, but are not limited to:

- Planning – process for selecting organizations to receive CBA, determining needs of organizations receiving CBA, approach for providing CBA, and strategies for implementing CBA

- Implementation –persons/organizations involved in the CBA process, detailed description of the CBA provided, implementation challenges

- Outcomes –Were the goals of the CBA accomplished? Were any barriers encountered that prevented or hindered achieving the expected outcomes of the CBA? Did the CBA provided increase the organization's capacity to replicate, evaluate, and sustain evidence-based TPP programs?

- Lessons Learned – Summary of lessons learned throughout the project

In addition to evaluating the success of the overall process for providing CBA to youth-serving organizations, the applicant should work with each organization that receives CBA to evaluate the success of the organization's efforts to replicate evidence-based TPP programs. This may include assessing the implementation of the evidence-based TPP program (i.e., reach, participant attendance, fidelity, implementation quality, adaptations), outcomes of the program (i.e., participant satisfaction, reception of the community to the program, facilitator experience), and lessons learned.

CAPACITY AND EXPERIENCE OF THE APPLICANT ORGANIZATION

Demonstrate Experience & Expertise of Applicant

The successful applicant organization must be able to demonstrate the following experience:

- Experience providing organizational and programmatic CBA, including training, technical assistance, coaching, and support to organizations implementing evidence-based TPP programs

- Experience with evidence-based TPP programs

- Experience either implementing programs in the service delivery area <u>or</u> working with partner organizations to implement programs in the service delivery area

- Experience monitoring implementation of programs through partners and subcontracts

- Experience collecting performance measure data and using data for continuous quality improvement

- History of programmatic sustainability, including description of success and status of current and past TPP efforts

- History of financial sustainability, including documentation of success in securing diverse funding and resources, and a history of sustaining grant-funded programs once funding has ended.

Demonstrate Capacity of Applicant Organization

The successful applicant must describe its organizational capacity for managing the proposed project. Specifically, the applicant should:

- Describe how well the proposed program aligns with the organization's mission and the capacity of the organization's leadership team to support implementation of the program

- Describe the organization's existing infrastructure and its ability to support and manage a program of this size and scope within the existing infrastructure

- Describe the organization's ability to provide CBA on the multiple possible topics on pages 21-22

- Describe the organization's ability to provide CBA through diverse approaches, including but not limited to training, technical assistance, coaching, and facilitated peer-to-peer support

- Describe the organization's ability to monitor the activities of organizations receiving CBA and take corrective action if needed

- Describe how the organization effectively and efficiently manages financial resources, staff performance and strategic relationships with partner organizations

- Describe how data is used to achieve sustainable impacts and adjust programming to meet the changing needs of the community

- Describe the organization's existing infrastructure for assessing and making continuous quality improvements

- Describe policies that the organization has in place to prohibit discrimination in the provision of services on the basis of age, disability, sex, race, color, national origin, religion, sexual orientation or gender identity and how those policies are enforced.

- Describe anticipated challenges or risks to the project and the organization's capacity to address the challenges and/or risks.

PROJECT MANAGEMENT

The applicant should propose a team to manage and implement the program that has experience implementing evidence-based TPP programs, mobilizing partners and decision makers to work to a common goal, providing intensive CBA, and monitoring the activities and performance of partners. The team should include someone with experience collecting and analyzing performance measure data and using performance measure data to make continuous quality improvements. In addition, the team should have experience managing and monitoring partners.

The applicant should develop a plan to ensure that all staff responsible for implementing the project are well trained and prepared to successfully fulfill their roles and responsibilities. The goal is to hire and retain staff who are qualified, well-trained, and actively engaged in the program. Grantees should assess the professional development needs of staff on a regular basis and use the results to develop a plan for providing ongoing professional development and support for staff.   Grantees should work to establish their own internal capacity to provide training and technical assistance on the evidence-based TPP programs selected for replication by organizations receiving CBA. OAH expects that the grantee will train a cadre of master trainers in the selected evidence-based TPP programs over the course of the grant.

<u>COOPERATIVE AGREEMENT SUBSTANTIAL PROGRAMMATIC INVOLVEMENT OF FEDERAL AGENCY</u>

Awards will be in the form of a five-year cooperative agreement with the grantee. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial

programmatic involvement is anticipated between OAH and the grantee during performance of the project or activity.

In addition to the usual monitoring and technical assistance provided under the cooperative agreement (e.g., assistance from assigned Federal project officer, monthly conference calls, occasional site visits, ongoing review of plans and progress, participation in relevant meetings, provision of training and technical assistance)**, OAH substantial programmatic involvement will include:**

1) Identification of other awardees and organizations with whom the awardee may be asked to develop cooperative and collaborative relationships and partnerships.
2) Prior approval for change of time that Key Personnel are dedicated to the project and for replacement of Key Personnel.
3) Assisting the awardee to establish, review, and update priorities for activities conducted under the auspices of this cooperative agreement.
4) Consulting with the awardee throughout the preparation and dissemination of materials related to the grant.
5) Review of recipient progress during the planning period and approval to move forward with full implementation.
6) Review and approval of the criteria and plan to select organizations to receive CBA.
7) Review all program materials prior to use in the project to ensure the materials are medically accurate and complete.

AUTHORITY: Division H, Title II of the Consolidated Appropriations Act, 2014 (Public Law No. 113-76), and the Continuing Resolutions thus far for FY 2015 (Public Law No. 113-164).

II.   AWARD INFORMATION

The HHS Office of Adolescent Health intends to make available approximately $5 million for competing cooperative agreements. Grants will be funded in annual increments (budget periods) and are generally approved for a project period of up to five years, although

shorter project periods may be approved. Funding for all approved budget periods beyond the first year of the grant is generally level with the initial award amount and 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: $5 million

Anticipated Number of Awards: 8

Range of Awards: $400,000 - $750,000 per budget period

Anticipated Start Date: 07/01/2015

Period of Performance: Not to exceed 5 years

Budget Period Length: 12 months

Type of Award: Cooperative Agreement. Agency substantial involvement is outlined Section I.

Type of Application Accepted: Electronic via Grants.gov **ONLY unless an exemption is granted**

III. ELIGIBILITY INFORMATION

1. Eligible Applicants include:

   - Nonprofit with or without 501C3 IRS status (other than institution of higher education)

   - For-profit organizations (other than small business)

   - Small, minority, and women-owned businesses

   - Universities and colleges

- Research institutions

- Hospitals

- Community-based organization

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

- Political subdivisions of States (in consultation with States)

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 as indicated in the Project Abstract:

1. Plans to serve a designated service area that has a teen birth rate that is at least above the current national average for each community served (26.6 births for every 1,000 adolescent females ages 15-19, 2013) (1) and

2. Plans to provide CBA to at least 3 youth-serving organizations in the designated service area.

Application Screening Criteria

All applications appropriately submitted will be screened to assure a level playing field for all applicants. If duplicate applications from the same organization for the same project are successfully submitted, only the last application received by the deadline will be reviewed. 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 an exemption was granted 2 business days prior to the deadline) by April 1, 2015.

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 points.

3. The Project Narrative must not exceed 50 pages. NOTE: The following items do not count toward the page limit: all required forms, including SF-424, SF-424A, SF-424B, SF-LLL, Project Abstract Summary and Budget narrative.

4. The total application including Appendices must not exceed 100 pages. NOTE: items noted above do not count toward total page limit.

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 SUBMISSION INFORMATION

1. Information to Request Application Package

Application packages 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.

2. Content and Form of Application Submission

Letter of Intent

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

the **deadline indicated in DATES on page 3 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 HHS/OASH to estimate the potential review workload and

plan the review. The letter of intent should be sent to the address listed under the AGENCY

CONTACTS section below. The letter of intent should include a descriptive title of the proposed

project, the name, address and telephone number for the designated authorized representative of

the applicant organization, and the FOA number and title of this announcement.

Application Format

Applications must be prepared using forms and information provided in the online grant

application package.

The Project Narrative, and total application including appendices, must adhere to the page limit indicated in Application Screening Criteria. Project Narrative pages must be double-spaced.

The applicant should use an easily readable typeface, such as Times New Roman or Arial, 12-point font. Tables may be single spaced and use alternate fonts but must be easily readable. The page limit does not include budget, budget narrative/ justification, required forms, assurances, and certifications as described in Application Screening Criteria. All pages, charts, figures, and tables, whether in the narrative or appendices, should be numbered. Applications that exceed the specified page limits when printed on 8.5" X 11" paper by HHS/OASH/OGM will not be considered. We recommend applicants print out their applications before submitting electronically to ensure that they are within the page limit and are easily readable.

<u>Appendices</u>

Appendices should include any specific documents outlined in the Application Content section of this FOA. If not specified, 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 specifically for the application should use the same formatting required for the Project Narrative, including double-line spacing. However, appendix documents that were not created directly in response to this funding announcement, especially those imported from other sources and documents, may use other formatting but must be easily readable (e.g., organizational structure).

Project Abstract

Applicants must complete the Project Abstract Summary form provided in the application package. 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 and program summary documents. Abstracts may be published by HHS/OASH and should not include sensitive or proprietary information. The project abstract must include (1) identification of the designated service area and the teen birth rate for the designated service area and (2) a description of plans to provide CBA to at least 3 youth-serving organizations in the designated service area.

Budget Narrative

The Budget Narrative text should use the formatting required of the Project Narrative for the explanatory text. Budget tables may be single-spaced but should be laid out in an easily-readable format and within the printable margins of the page.

Electronic Submission

The HHS Office of the Assistant Secretary for Health (HHS/OASH) requires all applications be submitted electronically via the Grants.gov portal unless an exemption 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 grant application packages are made available on Grants.gov.

Applications will not be considered valid until all application components are received via Grants.gov by the HHS/OASH Office of Grants Management according to the deadlines

specified in the DATES section on page 1 of this announcement. Application submissions that do not adhere to the due date and time requirements 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. We do not recommend that you submit scanned copies through Grants.gov unless you confirm 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. **Important Grants.gov Information**

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.

To ensure successful submission of applications, applicants should carefully follow the step-by-step instructions provided at http://www.grants.gov/web/grants/applicants/apply-for-

. These instructions are kept up-to-date and also provide links to Frequently Asked Questions and other troubleshooting information.

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

- You are required to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants or cooperative agreements. 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.

- Instructions are available on the Grants.Gov web site as part of the organization registration process at http://www.grants.gov/web/grants/applicants/organization-registration.html.

- All applicants must register in the System for Account Management (SAM)). 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 (https://www.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 in SAM.

- It may take 24 hours or more for SAM updates to take effect in Grants.gov, so potential applicants should **check for active registration well before the application deadline.**

- Applicants must 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 HHS agency.

An award cannot be made until the applicant has complied with these requirements. In accordance with 2 CFR 25.205, at the time an award is ready to be made, if the intended recipient has not complied with these requirements, HHS/OASH:

- 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.

Should you successfully compete and receive an award, all first-tier sub-award recipients must have a DUNS number at the time the recipient makes a sub-award.

B. Application Content

Successful applications will contain the following information:

Project Narrative

The Project Narrative is the most important part of the application, since it will be used as the primary basis to determine whether or not your project meets the minimum requirements for a grant under this announcement. The Project Narrative should provide a clear and concise description of your project. HHS/OASH recommends that your project narrative include the following components in the following order:

- Target Population & Need

- Plan for Selecting Organizations to Receive CBA

- Program Approach

- Performance Measures & Evaluation

- Capacity and Experience of the Applicant Organization

- Project Management

Target Population & Need

- The applicant must describe the defined service area where CBA will be provided, and demonstrate that the service area has a teen birth rate that is above the current national average (26.6 births for every 1,000 adolescent females ages 15-19, 2013). The applicant should clearly describe the geographic boundaries used to define the service area.

- The applicant must demonstrate whether it is located in, or has an existing significant investment, in the service area and describe how the CBA infrastructure developed during this grant will continue to serve the defined service area after the grant ends.

- The application should document the specific needs of the service area, including:

    o Data on teen pregnancy rates, teen birth rates, and the prevalence of STIs and HIV among adolescents

    o Data on sexual risk behaviors among youth in the service area

    o Data on existing disparities within the service area, including disparities by race and ethnicity, age, geographic within area served, and specific vulnerable populations

    o Geographic map of where the need is the greatest in the service area – looking at both overall data and data on disparities among subgroups (i.e. race/ethnicity, zip code, rural vs urban, etc)

    o Data on social determinants of health and co-occurring risk behaviors – poverty, educational achievement, housing, mental health, substance abuse, etc.

- The applicant should document resources available to youth in the service area, including:

  - Teen pregnancy, HIV, and STI prevention programs; youth development programs; availability of youth-friendly health and social services; availability of youth serving organizations; resources for parents; other relevant programs and services.

  - Gaps in service delivery and needs that are unmet by existing resources.

- The applicant should describe how the service area needs and resources were identified and how the applicant plans to continually assess service area needs and resources on an ongoing basis to ensure programs are aligned with changing needs.

- The applicant should quantify the number of youth in the service area and estimate the proportion of youth that it intends to reach through its CBA efforts. The applicant should describe how the estimate was determined and strategies that will be employed to ensure that organizations receiving CBA reach the set targets.

- The applicant should describe how it will focus CBA to best address the needs of the service delivery area. The applicant should describe how the proposed approach, selection of organizations to receive CBA, and selection of evidence-based TPP programs have been/will be designed to have the greatest impact on reducing rates of teen pregnancy and existing disparities in the service area, and will contribute to and enhance the programs and services already available in the defined service area.

- The application should include Letters of Commitment to clearly document their planned contributions the proposed project from key stakeholders in the designated service area.

Plans for Selecting Organizations to Receive CBA

- The applicant should describe how many organizations it plans to provide CBA to, the length of time that each organization will receive CBA, and the amount of funding each organization will receive to support its efforts to replicate evidence-based TPP programs.

- The applicant should describe how it plans to assess the CBA needs of each organization and how it will tailor CBA to best meet the needs of each organization.

- The applicant should describe its process for selecting organizations in need of CBA and the communities and populations that will be served by each organization within the defined service area. The applicant should describe the selection criteria that will be used to select organizations to receive CBA, including how it will determine that the organization is in need of CBA to replicate evidence-based TPP programs.

- The applicant should describe its timeline for finalizing selection of organizations and developing detailed MOUs with each organization that outlines the roles, responsibilities, and expectations of the organization and the grantee.

- The applicant should describe how it will ensure that each organization serves a population with demonstrated need for TPP programs, and that the population(s) and area(s) served by each organization clearly align with the results of the needs and resource assessment.

- The applicant should describe how it will continuously monitor the performance of organization's receiving CBA in fulfilling their roles and responsibilities, and for meeting stated expectations. The applicant should describe how it will manage concerns or challenges that arise.

- The application should include signed, detailed MOUs with any organizations that have been selected to receive CBA at the time of the application. The MOU should clearly outline the

roles, responsibilities, and expectations of the applicant and the organization that will receive

CBA, as well as a description of the CBA that will be provided.

Program Approach

- The applicant should submit a detailed work plan (as an appendix) for the five-year project period that includes goals, SMART objectives (specific, measureable, achievable, realistic, and time-framed), and activities to accomplish each objective. The work plan should also identify, for each activity, the person(s) responsible, timeline for completing activities, and measures of success (see example work plan template in **Appendix E**).

- The application should include a detailed logic model (as an appendix) that clearly depicts the inputs, activities, intended outputs, and short- and long-term outcomes of the overall program (see example logic model template in **Appendix F**).

- The applicant should describe its focus and activities for the initial planning and readiness period of up to 6 months.   The applicant should describe how it will ensure that organizations to receive CBA have been selected and formal MOUs put in place with each organization by the end of the planning and readiness period. The applicant should demonstrate that it will be able to begin providing CBA support to organizations immediately upon finalization of the MOU.

- The applicant should describe its approach to providing CBA to youth-serving organizations, including the focus areas (organizational and/or programmatic) for CBA and how CBA will be designed to enhance the ability of organizations to replicate, evaluate, and sustain evidence-based TPP programs.

- The applicant should describe how it will provide CBA over the course of the five-year project period to organizations on a wide range of topics that may include topics listed on pages 21-22.

- The applicant should describe how it will ensure that:

  o Organizations receiving CBA have selected and begun implementation of at least one evidence-based TPP program within 12-15 months of the initial grant funding.

  o Organizations receiving CBA implement evidence-based TPP programs with fidelity

- The applicant should describe the process that will be used to ensure all program materials implemented are medically accurate, age appropriate, culturally and linguistically appropriate, and inclusive of LGBTQ youth.

- The applicant should describe its plans for strategic dissemination and communication to raise awareness of the funded project. The applicant should describe the goal and objective(s) guiding all dissemination and communication activities and incorporate the goal and objectives into its work plan. The applicant should describe how it will assess communication preferences of key stakeholders, the strategies it will use to disseminate and communicate information to key stakeholders, and how it will measure the effectiveness of its dissemination and communication activities.

- The applicant should describe its approach or plan for sustaining the project after the period of federal funding ends, including a description of how the CBA infrastructure developed during the five-year funding period will continue to serve the defined service area after the grant ends. The applicant should describe what sustainability means for the proposed project, sustainability priorities, and how sustainability will be integrated into the earliest stages of program planning. The applicant should describe challenges to sustainability that exist and

how these challenges will be addressed during the project period. Sustainability activities should be incorporated into the applicant's work plan.

- The applicant should describe any potential challenges or risks to the project and how it plans to address the potential challenges.

Performance Measures & Evaluation

- The applicant should describe its capacity to collect and report all required performance measures (OMB #0990-0390, Expiration May 2015, pending renewal) and to use performance measure data for continuous quality improvement.

- The applicant should describe the process that will be used to collect and report performance measure data from organizations receiving CBA and report it to OAH on a semi-annual basis upon the organization's implementation of an evidence-based TPP program. Specific activities focused on collection and reporting of performance measure data and analyzing performance measure data for continuous quality improvement should be included in the applicant's work plan.

- The applicant should demonstrate that it has reviewed or is familiar with all applicable laws, policies, procedures and provide documentation confirming that it can collect and report data on all required performance measures from all participants.

- The applicant should describe any potential obstacles to the collection of the performance measures and how they plan to overcome the potential obstacles.

- The applicant should describe its plans for the use of performance measure data and the use of the data to make continuous quality improvements to the program, including who on staff will be responsible.

- The applicant should describe its plans for evaluating the implementation and success of the CBA provided to youth-serving organizations, including the process of selecting organizations to receive CBA, assessing organization needs, providing CBA to meet each organization's needs, and the results of the CBA provided. The applicant should describe plans to develop an implementation evaluation report by the end of the five-year project period and to disseminate evaluation results and lessons learned throughout the project.

- The applicant should describe how it will work with each organization that receives CBA to evaluate the success of the organization's efforts to replicate evidence-based TPP programs.

- The applicant should describe anticipated challenges or risks to the project and its plans to address challenges encountered.

Capacity and Experience of the Applicant Organization

- The applicant organization should describe and demonstrate that it has the following experience:
  - Experience providing organizational and programmatic CBA, including training, technical assistance, coaching, and support to organizations implementing evidence-based TPP programs
  - Experience with evidence-based TPP programs
  - Experience either implementing programs in the service delivery area or working with partner organizations to implement programs in the service delivery area

- o Experience monitoring implementation of programs through partners and subcontracts

- o Experience collecting performance measure data and using data for continuous quality improvement

- o History of programmatic sustainability, including description of success and status of current and past TPP efforts

- o History of financial sustainability, including documentation of success in securing diverse funding and resources, and a history of sustaining grant-funded programs once funding ended

- The applicant should describe how well the proposed program aligns with the organization's mission and the capacity of the organization's leadership to support implementation of the program. Specifically, the applicant should:

- o Describe the organization's mission and vision, and experience working within the defined service area

- o Describe how the goals and activities of the proposed TPP program align with the organization's mission and vision, especially in terms of target population and long-term outcomes

- o Describe how the organization's leadership demonstrates a commitment to the goal of reducing teen pregnancy and existing disparities

- o Describe how the organization's leadership obtains input from staff, program participants, and community members when developing strategies and programs

- o Describe how the organization's leadership engages and nurtures multiple "champions" for TPP outside of the organization that are effective in promoting programs and/or mobilizing resources to support TPP programs

- The applicant should describe the organization's existing infrastructure and its ability to support and manage a program of this size and scope within the existing infrastructure. Specifically, the applicant should:
  - o Describe the organization's experience and ability to lead and manage a program of this size and scope
  - o Describe the organization's ability to provide CBA on the many possible topics described on pages 21-22
  - o Describe the organization's ability to provide CBA through a diversity of approaches, including but not limited to training, technical assistance, coaching, and facilitated peer-to-peer support
  - o Describe the organization's ability to monitor the activities of several organizations receiving CBA and take corrective action if needed

- The applicant should describe how the organization effectively and efficiently manages financial resources, staff performance and strategic relationships with partner organizations. Specifically, the applicant should:
  - o Describe the processes used by the organization to effectively and efficiently manage financial resources
  - o Describe the level of funding received by the organization in the past several years to implement TPP programs and to provide CBA

- o Describe the organization's process for measuring staff performance, how often performance is measured, and how staff are held accountable for achieving outcomes

- o Describe the organization's approach to staff professional development; what types of professional development are offered and with what frequency

- o Describe how staff are trained in using data to guide decision making and improve the quality and effectiveness of their work

- o Describe the level of staff turnover and the rationale for turnover within the organization over the past several years

- o Describe processes used to foster and maintain strategic partnerships, and provide examples of the types of partners the organization has engaged in the past in programs to prevent teen pregnancy as well as the outcomes those partnerships have produced

- o Describe the strategies used to ensure high quality program delivery among partner organizations, including the provision of training, TA, coaching, and support for partners

- o Describe the formal and informal strategies used to ensure effective communication with partner organizations

- o Describe strategies for measuring the effectiveness of partnerships

- The applicant should describe how data is used to achieve sustainable impacts and adjust programming to meet the changing needs of the community. Specifically, the applicant should:

- Describe the organization's experience in collecting and using performance management data, including what data is collected, who is responsible for inputting and reviewing data, practices in place to ensure data quality, and how data is analyzed
- Describe how program staff use performance measure data to make decisions and quality improvement
- Describe how the organization's leadership uses performance measure data to make decisions and quality improvements
- Describe the organization's experience assessing community needs and available resources and how the organization ensures that programs continue to meet changing community needs
- Describe how the organization assesses and enhances community readiness for TPP programs

- The applicant should describe policies that the organization has in place to prohibit discrimination in the provision of services on the basis of age, disability, sex, race, color, national origin, religion, sexual orientation or gender identity and how those policies are enforced.

Project Management

- The applicant should describe how it will manage, implement, and monitor the overall program. The plan should describe an understanding of the complexity of the overall program and potential challenges. The applicant should describe the approach that will be used to monitor and track progress, completion, and quality of all program objectives and activities.

- The applicant should provide a description of the project team, including the Project Director and other key staff. The applicant should describe the roles and responsibilities of all staff and how they will contribute to achieving the program's objectives and outcomes. The applicant should describe who will have day-to-day responsibility for key tasks including, but not limited to, leadership of the overall program and of specific tasks, monitoring the program's progress, assessing needs and resources of the service area and CBA needs of organizations, providing CBA to organizations, monitoring organizations receiving CBA, collection of performance measures, conducting the evaluation, and preparation of reports.

- The applicant should describe the experience and expertise of all proposed staff, including staff experience implementing evidence-based TPP programs, mobilizing partners and decision makers to work to a common goal, providing intensive CBA, monitoring the activities and performance of organizations receiving CBA, collecting and analyzing data to assess program progress (i.e. performance measure data), using data to make continuous quality improvements, and conducting implementation evaluation. The application should include resumes or curriculum vitaes (CVs) for proposed staff already employed by the organization and position descriptions for all open positions that will need to be filled if funds are awarded (in the Appendix). The applicant should describe its process and timeline for recruiting and hiring staff.

- The applicant should describe plans for managing and monitoring organizations receiving CBA.

- The applicant should describe plans for ensuring that all staff responsible for implementing the project are well trained and prepared to successfully fulfill their roles and responsibilities. The applicant should describe how it will assess professional development needs, how and

53

with what frequency it will provide professional development, and any specific topics for professional development that have already been identified.

- The applicant should describe how it will work to minimize the amount of staff turnover over the course of the grant and ensure that staff are actively engaged in their work.

Budget Narrative

Applicants are required to submit a combined multi-year Budget Narrative, as well as a detailed Budget Narrative for each year of the potential grant. Unless specified, applicants should develop multi-year budgets based on level funding for each budget period. A level-funded budget is equal to the exact dollar figure of the year one budget. **Please Note:** Because the proposal must demonstrate a clear and strong relationship between the stated objectives, project activities, and the budget, the budget justification should describe the **cost estimated per proposed project, activity, or product**. This budget justification should define the amount of work that is planned and expected to be performed and what it will cost. The Budget Narrative does not count toward your total application page limit.

The budget request should support and align with the proposed work plan. The applicant should justify the amount of funding requested ensuring that it is proportional when compared to the number of organizations that will receive CBA each year.   OAH anticipates that successful applicants will provide funding to organizations that receive CBA to support their implementation of evidence-based TPP programs.

The applicant's detailed budget narrative should clearly show how the total amount requested for all categories (e.g. Personnel, Fringe, Travel, Contractual) was determined. The budget narrative should be detailed, reasonable, adequate, cost efficient, and aligned with the

proposed work plan. Sufficient detail should be provided so that the reviewer is able to determine the adequacy and appropriateness of budgeted items related to the proposed activities. From the detailed budget narrative, the reviewer should be able to assess how the budget relates directly to the goals and objectives in the proposed work plan. The following level of detail should be provided:

- o Personnel and Fringe Benefits - Identify each staff position by name, annual salary, and number of months and percentage of time allotted to the project. Itemize the components that comprise the fringe benefits rate (e.g., health insurance, FICA, life insurance, retirement plan).
- o Travel - Identify the purpose of the travel to include locations, names of conference/training if available. Costs can be aggregated by category/purpose, numbers of staff and trips (e.g., project director meetings, site evaluations, training).
- o Equipment - List only equipment as defined by 45 CFR Part 75.2
- o Supplies - Categorize supplies as defined by 45 CFR Part 75.2 according to type, such as office supplies, training materials, etc.
- o Contractual - List all sub-recipients/delegate agencies and/or contract providers and the amount of OAH funds and non-OAH resources allocated/contributed for each.
- o Other - Itemize all costs in this category and explain each in sufficient detail to enable determinations for whether each cost is allowable.
- o Indirect costs may be included per 45 CFR 75.414. The applicant should state which rate is applied to this application

The following budget restrictions apply:

- Applicants should budget no more than 10% of the total budget for evaluation activities, including the collection of performance measure data.

Successful applicants will be encouraged to attend the following meetings and trainings and should include funds in the budget. The location for the meetings has not been determined, however, grantees can budget for the meetings to occur in Washington, DC.

- One staff to an OAH-sponsored annual Project Director's Meeting
- 2-3 staff to an OAH-sponsored annual Regional Training in years 2-4
- 2-3 staff to the HHS Teen Pregnancy Prevention Conference every other year (2016, 2018, 2020)

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this FOA exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged. The applicant should describe any cost sharing or matching funds available and show how they will be used to support the program. Applications may be funded in whole or in part. Successful applicants may be funded in an amount lower than that requested.

Appendices

All items described in this section will count toward the total 100 page limit of your application.

- **Work Plan.** The application should include a detailed work plan for the five-year project period that includes goals, SMART objectives (specific, measurable, achievable, realistic, and time-framed), activities and a timeline for the proposed project. Grantees should use

up to the first 6 months of the first grant year to engage in a planning and readiness period. An example work plan template is included in **Appendix E** or this can be provided in a different format.

- **Logic Model.** The applicant should include a detailed logic model to describe the overall project, including the inputs and activities of the project and the intended outputs and outcomes. An example logic model template is included in **Appendix F** or this can be provided in a different format.

- **Signed Memorandum of Understanding from Organizations Selected to Receive CBA.** The application should include signed, detailed MOUs with any youth-serving organizations that have already been selected at the time of the application to receive CBA. The MOU should clearly outline the roles, responsibilities, and expectations of the applicant and the organization that will receive CBA, as well as a description of the CBA that will be provided.

- **Letters of Commitment.** The application should include Letters of Commitment from key decision makers in the designated service area. Letters of commitment include 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 population(s) should also be described in the letter of commitment.

- **Resume/CV for Proposed Staff and Job Descriptions for Positions to be Hired**

- **Organizational Chart**

3. Submission Dates and Times

The deadline for the submission of applications under this Program Announcement is

5:00 p.m. Eastern Time on the date indicated in the DATES section on page 1 of this

announcement. 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.

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

may be charged to HHS/OASH grants in accordance with Department regulations and policy

effective at the time of the award. Current requirements 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 or a documented plan, in accordance with the applicable policy and regulation. 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 grant application package for this announcement.

Pre-Award Costs:

Pre-award costs are not allowed.

Salary Limitation:

The Consolidated Appropriations Act, 2014 (P.L. 113-76), and the subsequent Continuing Resolution for FY 2015 (P.L. 113-164), limit 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 exclusive 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 subawards/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:

<u>Target Population and Need (15 points overall)</u>

Points	Target Population and Need – Evaluation Criteria
5	The extent to which the applicant describes the service area in which CBA will be provided. The defined service area aligns with OAH's vision as stated on page 16 and is either county-level, city-level, state-level or regionally focused, but is not narrowly focused at the neighborhood level nor broadly focused at the national level. The service area is defined by geographic boundaries and has a teen birth rate that is at least above the current national average (26.6 births for every 1,000 adolescent females ages 15-19, 2013). The applicant demonstrates that it is located in, or has a significant investment already in, the service area and describes how the CBA infrastructure developed during this grant will continue to serve the defined service area after the grant ends.
1	The applicant proposes to work in a Federally-designated Promise Zone.
5	The extent to which the applicant documents the specific needs of the service area using credible sources, including: • Data on teen pregnancy rates, teen birth rates, prevalence of STIs and HIV and sexual risk behaviors among adolescents in the service area • Data on existing adolescent sexual or reproductive health disparities within the service area, including disparities by race and ethnicity, age, geographic within area served, and specific vulnerable populations • Geographic map of where the need is the greatest in the service area – looking at both overall data and data on disparities among subgroups (i.e. race/ethnicity, zip code, rural vs urban) The extent to which the applicant documents resources available to youth in the service area using credible resources, including: • Other teen pregnancy, HIV, and STI prevention programs; youth development programs; availability of youth-friendly health care services; availability of youth serving organizations; resources for parents; other relevant programs and services. • Gaps in service delivery and needs that are unmet by existing resources.
4	The extent to which the applicant quantifies the number of youth in the overall service area. The applicant also includes an estimate of the number of youth it intends to reach through its CBA efforts. The estimate appears reasonable given proposed activities and requested funding. The applicant describes strategies that will be employed to ensure organizations receiving CBA reach the stated targets.

Plan for Selecting Organizations to Receive CBA (20 points overall)

Points	Plan for Selecting Organizations to Receive CBA – Evaluation Criteria
4	The extent to which the applicant's proposed approach, their process for selecting organizations to receive CBA, and their plan for providing CBA is focused on addressing the needs of the service area by enhancing programs and services that already exist; and having the greatest impact on reducing rates of teen pregnancy and existing disparities in the service area.
4	The extent to which the applicant describes how it will ensure that each organization receiving CBA serves a population with a demonstrated need for TPP programs, and that the population(s) and area(s) served by each organization clearly align with the results of a needs and resource assessment.
4	The extent to which the applicant describes how many organizations will receive CBA, how long each organization will receive CBA, how it will assess and tailor CBA to meet the needs of each organization, and the amount of funding each organization will receive to support their replication of evidence-based TPP programs. The extent to which the applicant describes a thorough process for continuously monitoring the performance of organizations receiving CBA in fulfilling their roles and responsibilities, and for meeting stated expectations, including how it will manage concerns or challenges that arise.
4	The extent to which the applicant describes the process for selecting organizations to receive CBA, including the selection criteria. The extent to which the applicant's process will result in selecting organizations with experience implementing programs for youth in the designated service area, who are interested and committed to the use of evidence-based TPP programs, are able to meet the identified needs of the area, and are in need of CBA.
4	The extent to which the timeline for finalizing selection of organizations to receive CBA and developing detailed MOUs with each organization will be complete within 6 months of the receipt of funding. If organizations that will receive CBA have already been selected at the time of the application, the application includes detailed, signed MOUs outlining the roles, responsibilities, and expectations.

Program Approach (25 points overall)

Points	Program Approach – Evaluation Criteria
5	The extent to which the application includes a detailed work plan and logic model for the five-year project period. The work plan includes overarching goals with supporting SMART objectives, activities, the person(s) responsible, timeline for completing activities, and measures of success. The logic model clearly depicts the inputs, activities, intended outputs, and short- and long-term outcomes of the overall program, and is aligned with the work plan.
5	The extent to which the applicant describes its plans for providing CBA to youth-serving organizations, including the focus areas (organizational and/or programmatic) for CBA and how CBA will be designed to enhance the ability of organizations to replicate, evaluate, and sustain evidence-based TPP programs. The extent to which the applicant describes its focus and activities for the up to 6-month planning and readiness period, including how it will ensure that

	organizations that will receive CBA have been finalized and formal MOUs put in place with each by the end of the planning period. Demonstrates that it will be able to begin providing CBA support to organizations immediately upon finalization of MOUs.
5	Extent to which the applicant describes how it will provide CBA over the course of the five-year project period on the wide range of topics described on pages 21-22.
4	The extent to which the narrative describes a reasonable plan for ensuring that: • Organizations receiving CBA have selected and begun implementation with fidelity of at least one evidence-based TPP program within 12-15 months of the initial grant funding. • Program materials implemented with funding under this grant are medically accurate, age appropriate, culturally and linguistically appropriate, and inclusive of LGBTQ youth. • Organizations receiving CBA collect performance measures data and submit to the grantee. • Organizations receiving CBA participate in evaluating the implementation and success of program activities.
3	Extent to which the applicant describes its plans for strategic dissemination and communication and how its plans are likely to raise awareness of the importance of preventing teen pregnancy and promoting healthy adolescent development and specific awareness of the funded program. Plans include the goal and objective(s) guiding all dissemination and communication activities; how it will assess communication preferences of key stakeholders; strategies it will use to disseminate and communicate information to key stakeholders; and how it will measure the effectiveness of its dissemination and communication activities.
3	Extent to which the applicant describes plans for sustainability that are likely to result in the project being sustained after federal funding ends. Includes a description of how sustainability will be integrated into the earliest stages of program planning and how the CBA infrastructure developed will continue to serve the defined service area after the grant ends.

Performance Measures and Evaluation (10 points overall)

Points	Performance Measures and Evaluation – Evaluation Criteria
5	The extent to which the applicant demonstrates a clear understanding of the performance measure data that will be collected and reported to OAH. The applicant describes a plan for collecting required performance measure data from organizations receiving CBA and then reporting data to OAH on a semi-annual basis following replication of an evidence-based TPP program, including plans to review applicable laws, policies, and procedures to confirm ability to collect required data. Describes plans for using data for continuous quality improvements.
5	The extent to which the applicant describes its plan to work with each organization that receives CBA to evaluate the success of the organization's efforts to replicate evidence-based programs. Extent to which the applicant describes its plans for evaluating its CBA to document the process of developing and implementing CBA strategies and to identify key successes, risks and challenges, lessons learned, and potential obstacles to collecting performance measure data and conducting evaluation activities.

Capacity of the Applicant (15 points overall)

Points	Capacity of the Applicant – Evaluation Criteria
6	The extent to which the applicant demonstrates that it has the following experience: • Experience providing organizational and programmatic CBA, including training, technical assistance, coaching, and support to organizations implementing evidence-based TPP programs • Experience with evidence-based TPP programs • Experience either implementing programs in the service delivery area or working with partner organizations to implement programs in the service delivery area • Experience monitoring implementation of programs through partners and subcontracts • History of programmatic and financial sustainability, including description of success and status of current and past TPP efforts and CBA efforts
4	The extent to which: • The proposed program aligns with the applicant organization's mission, the organization's leadership demonstrates support and commitment to the proposed program, and the organization's existing infrastructure is able to support and manage a program of this size and scope. • The applicant effectively and efficiently manages financial resources, including a description of the level of funding received by the organization in the past several years to implement TPP programs and provide CBA. • The applicant effectively and efficiently manages staff performance.
5	The extent to which the applicant effectively and efficiently manages strategic relationships with partner organizations, including • Processes used to foster and maintain strategic partnerships, and examples of the types of partners the organization has engaged in the past in programs to prevent teen pregnancy as well as the outcomes those partnerships have produced. • Formal and informal strategies used to ensure effective communication with partner organizations. • Strategies for monitoring the activities of partners and taking corrective action if needed. Extent to which the applicant includes Letters of Commitment to document support for the proposed project from key stakeholders in the designated service area.

Project Management (10 points overall)

Points	Project Management – Evaluation Criteria
5	Extent to which the applicant describes how it will manage, implement, and monitor the overall program, including a description of the approach that will be used to monitor and track progress, completion, and quality of all program objectives and activities. Plan demonstrates an understanding of the complexity of the overall program and potential challenges. The extent to which the applicant's plans for managing and monitoring all organizations receiving CBA will result in high quality performance, successful accomplishment of project activities, and early identification of challenges or barriers.

Points	
5	The extent to which the management structure and roles and responsibilities of the applicant's proposed project team are clearly described and likely to lead to accomplishment of program goals and objectives.
	The proposed project team has the experience and expertise needed to successfully accomplish the goals and objectives of the project and implement all stated activities. Includes experience implementing evidence-based TPP programs, mobilizing partners and decision makers to work toward a common goal, providing intensive CBA, monitoring the activities and performance of partners, collecting and analyzing data to assess program progress, using data to make continuous quality improvements, and conducting implementation evaluation.
	The applicant describes plans for minimizing staff turnover over the course of the grant and for ensuring that all staff responsible for implementing the project are well trained and prepared to successfully fulfill their roles and responsibilities.

Budget (5 points overall)

Points	Budget – Evaluation Criteria
5	The extent to which the applicant includes a combined multi-year Budget Narrative and a detailed Budget Narrative for each year of the potential grant. The Budget Narrative clearly shows how the total amount requested for all categories was determined. The extent to which the Budget Narrative is detailed, reasonable, adequate, cost efficient, and aligned with the proposed work plan.

	The annual budget requested adheres to the following restrictions:
	• Budget no more than 10% of the total budget for evaluation activities, including the collection of performance measure data
	• Includes funds to support organizations receiving CBA with program implementation.
	• Include funds to send project staff to the following OAH-sponsored meetings, DC.
	    ○ One staff to an annual Project Director's Meeting
	    ○ 2-3 staff to an annual Regional Training in years 2-4
	    ○ 2-3 staff to the HHS Teen Pregnancy Prevention Conference every other year (2016, 2018, 2020)

2. <u>Review and Selection Process</u>

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 HHS Office of Adolescent Health. In making these decisions, the following additional criteria will be taken into consideration:

     a. Representation of grantees serving defined service areas from across the country

     b. Representation of service areas of varying sizes, including rural, suburban, and urban areas.

     c. Inclusion of a range of populations disproportionately affected by teenage pregnancy.

     d. The prevalence of teen pregnancy in the defined service area, as indicated by a current government data source.

     e. Applicant demonstrates that it has and enforces a policy prohibiting discrimination in the provision of services on the basis of age, disability, sex, race, color, national origin, religion, sexual orientation and gender identity.

Review of Risk Posed by Applicant

The HHS/OASH will evaluate each application in the fundable range for risks posed by an applicant before issuing an award in accordance with 45 CFR Part 75.205. This evaluation may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If we determine that a Federal award will be made, special conditions that correspond to the degree of risk assessed by the applicant will be applied to the Federal award. OASH will use a risk-based approach and may consider any items such as the following:

(1) Applicant's financial stability;

(2) Quality of management systems and ability to meet the management standards prescribed in this part;

(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

(4) Reports and findings from audits performed; and

(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

3. Anticipated Announcement and Award Dates

HHS/OASH seeks to award funds as much in advance of the estimated project start date shown in Section II "Award Information," as practicable, with a goal of 10-15 days.

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. If you would like to track your application, please see instructions at http://www.grants.gov/web/grants/applicants/track-my-application.html. The official document notifying an applicant that a project application has been approved for funding is the Notice of Award (NOA), approved by a Grants Management Officer of the

HHS/OASH Office of Grants Management. Successful applicants will receive this document via system notification from our grants management system (Grant Solutions) and/or via e-mail. This document notifies the successful recipient of 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 applicable. 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.

Unsuccessful applicants will be notified by the program office by email and/or letter and will receive summary comments pertaining to the application resulting from the review process. On occasion, some applicants may receive a letter indicating that an application was approved but unfunded. These applications are kept active for one year and may be considered for award without re-competing should funds become available during the hold period.

2. Administrative and National Policy Requirements

In accepting the grant award, the grantee stipulates that the award and any activities thereunder are subject to all provisions of 45 CFR parts 74 and 92, currently in effect or implemented during the period of the grant or other Department regulations and policies effective at the time of the award.

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.

Smoke- and Tobacco-free Workplace

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.

Acknowledgement of Funding

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.

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.

<u>Efficient Spending</u>

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.

<u>Pilot Whistleblower Protection</u>

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 <u>in writing</u> of employee whistleblower rights and protections under 41 U.S.C. 4712 in the <u>predominant native language</u> of the workforce.

<u>Same-sex Spouses, Marriages, and Households</u>

A standard term and condition of award will be included in the final Notice of Award (NOA) that states: "In any grant-related activity in which family, marital, or household considerations are, by statute or regulation, relevant for purposes of determining beneficiary eligibility or participation, grantees must treat same-sex spouses, marriages, and households on the same terms as opposite-sex spouses, marriages, and households, respectively. By "same-sex spouses," HHS means individuals of the same sex who have entered into marriages that are valid in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "same-sex marriages," HHS means marriages between two individuals validly entered into in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex

marriage.   By "marriage," HHS does not mean registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage."

Programmatic Reporting

Grantees will submit semi-annual progress reports 30 days after the end of each six-month period of performance. Progress reports must be submitted by upload to our grants management system (GrantSolutions.gov), in the Grant Notes module.

Grantees will submit semi-annual reporting of required performance measure data to OAH 30-days after the end of each six-month period of performance. Performance measures are submitted to OAH through the OAH Performance Measures website. The performance measures were approved by OMB for collection and reporting in 2012 (0990-0390). OAH will obtain renewal to collect these measures in 2015.

A final progress report covering the entire project period is due 90 days after the end of the project period. Final reports must be submitted by upload to our grants management system (GrantSolutions.gov), in the Grant Notes module.

Financial Reporting

Grantees are required to submit quarterly and annual Federal Financial Reports (FFR) (SF-425). 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. FFRs must be submitted via upload to our grants management system (GrantSolutions.gov), in the FFR module.

Quarterly cash reporting to the HHS Payment Management System on the FFR is also required. Please note these FFR reports are separate submissions via the Division of Payment

Services. At this time, data is not transferable between the two systems and you will report twice

on certain data elements. Grantees receiving $500,000 or greater of Federal funds must also

undergo an independent audit in accordance with OMB Circular A-133 or regulations and policy

effective at the time of the award.

Non-competing Continuation Applications and Awards

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. Specific guidance will be provided via Grant

Solutions well advance of the application due date.

FFATA and FSRS Reporting

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry

at the FFATA Subaward 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.

Eric West
1101 Wootton Parkway, Suite 550
Rockville, MD
Phone: 240-453-8822
Email: eric.west@hhs.gov

For information on program requirements, contact the program office. All Letters of Intent

should be sent to the contact listed below.

Attn: OAH TPP Tier 1A
1101 Wootton Parkway, Suite 700
Rockville, MD 20852
Phone: 240-453-2846
Email: tpptier1a@hhs.gov

VIII. OTHER INFORMATION

Application Elements

    Application for Federal Assistance (SF-424)
    Budget Information for Non-construction Programs (SF-424A)
    Budget Narrative
    Assurances for Non-construction Programs (SF-424B)
    Disclosure of Lobbying Activities (SF-LLL)
    Project Abstract Summary
    Project Narrative
    Appendices including Work plan, Logic Model, MOUs, Letters of Commitment,
    Resumes/CVs, Job Descriptions, Organizational Chart,
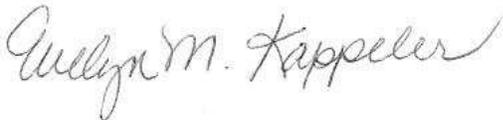
_____
Evelyn M. Kappeler
Director, Office of Adolescent Health

FOA Appendices

Appendix A – References

Appendix B – Glossary of Key Terms & Definitions

Appendix C - Relevant Resources for Applicants

Appendix D – Evidence-based TPP Programs Eligible for Replication

Appendix E – Example Work plan Templates

Appendix F – Example Logic Model Template

Appendix G – OAH TPP Performance Measures

Appendix A – References

1) Hamilton, B.E., Martin J.A., Osterman, M.J.K., & Curtin, S.C. (2014). Births: Preliminary data for 2013. National vital statistics reports 63(2). Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_02.pdf.

2) The National Campaign to Prevent Teen and Unplanned Pregnancy (2014). Teen Sexual Behavior and Contraceptive Use: Data from the Youth Risk Behavior Survey, 2013. Retrieved from http://thenationalcampaign.org/sites/default/files/resource-primary-download/fast-facts-teen-sexual-behavior-and-contraceptive-use-yrbs-aug2014.pdf

3) The National Campaign to Prevent Teen and Unplanned Pregnancy (2014). The National Story. Retrieved from http://thenationalcampaign.org/data/landing

4) The National Campaign to Prevent Teen and Unplanned Pregnancy (2014). Fast Facts: Teen Pregnancy in the United States. Retrieved from http://thenationalcampaign.org/sites/default/files/resource-primary-download/fast_facts_-_teen_pregnancy_in_the_united_states_aug_2014.pdf

5) Guttmacher Institute (2014). Fact sheet: American Teens' Sexual and Reproductive Health. Retrieved from http://www.guttmacher.org/pubs/FB-ATSRH.pdf

6) Martin, J.A., Hamilton, B.E., Osterman, M.J.K., Curtin, S.C., & Mathews, T.J. (2013) Births: Final data for 2012. Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf

7) Hamilton, B.E., Martin, J.A., Osterman, M.J.K., Curtin, S.C. (2014). Births: Preliminary data for 2013. National Vital Statistics Reports, 63(2). Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_02.pdf

8) The National Campaign to Prevent Teen and Unplanned Pregnancy (2014). Fast Facts: Teen Pregnancy in the United States. Retrieved from http://thenationalcampaign.org/sites/default/files/resource-primary-download/fast_facts_-_teen_pregnancy_in_the_united_states_aug_2014.pdf

9) Martin, J.A., Hamilton, B.E., Osterman, M.J.K., Curtin, S.C., & Mathews, T.J. (2013). Births: Final data for 2012. Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf

10). Martin, J.A., Hamilton, B.E., Osterman, M.J.K., Curtin, S.C., & Mathews, T.J. (2013 Births: Final Data for 2012. Hyattsville, MD: National Center for Health Statistics. Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf

11) The National Campaign to Prevent Teen and Unplanned Pregnancy (2013). Teen Parenthood Most Common in Rural America: First-Ever Data Comparing Rural, Suburban, and Urban Teen Childbearing. Retrieved from https://thenationalcampaign.org/sites/default/files/media-press-release/ruralteenparents_release.pdf

12) Ng, A.S., & Kaye, K. (2012). Why It Matters: Teen Childbearing and Child Welfare. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy. Retrieved from http://thenationalcampaign.org/sites/default/files/resource-primary-download/childbearing-childwelfare.pdf

13) Hamilton, B.E., Martin, J.A., Osterman, M.J.K., Curtin, S.C. (2014). Births: Preliminary data for 2013. National Vital Statistics Reports, 63(2). Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_02.pdf

14) Saewyc, E. (2014). Adolescent Pregnancy Among Lesbian, Gay, and Bisexual Teens in the International Handbook of Adolescent Pregnancy (editors: Cherry, A. and Dillon, M.) page 159-169.

15) The National Campaign to Prevent Teen and Unplanned Pregnancy (2012). Why It Matters: Teen Pregnancy, Substance Use, and Other Risky Behavior. Retrieved from http://thenationalcampaign.org/sites/default/files/resource-primary-download/risky_behaviors.pdf

16) The National Campaign to Prevent Teen and Unplanned Pregnancy (2012). Why It Matters: Teen Pregnancy and Violence. Retrieved from http://thenationalcampaign.org/sites/default/files/resource-primary-download/violence.pdf

17) Kirby, Douglas (2007). Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy. Retrieved from http://thenationalcampaign.org/sites/default/files/resource-primary-download/EA2007_full_0.pdf

18) Schladale, J. (2013). A Trauma Informed Approach for Adolescent Sexuality. Freeport, ME: Resources for Resolving Violence, Inc. Retrieved from http://resourcesforresolvingviolence.com/wp-content/uploads/A-Trauma-Informed-Approach-for-Adolescent-Sexual-Health.pdf

19) HHS Office of Adolescent Health. (2011). Trauma-Informed Care: Tips for Teen Pregnancy Prevention Programs. A Guide for Grantees of the Office of Adolescent Health and the Family and Youth Services Bureau. Retrieved from http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/tip_sheets/trauma-informed-care-part1-508.pdf

20) Child Trends. (2014). Adverse Childhood Experiences: National and State-Level Prevalence. Retrieved from http://www.childtrends.org/?publications=adverse-childhood-experiences-national-and-state-level-prevalence.

21) Interagency Working Group for Youth (2014). Positive Youth Development. Retrieved from http://www.findyouthinfo.gov/youth-topics/positive-youth-development

22) Administration for Children and Families- Family and Youth Services Bureau (2014). Positive Youth Development. Retrieved from http://www.acf.hhs.gov/programs/fysb/positive-youth-development.

23) WHO. (2009). Practical guidance for scaling up health service innovations. Retrieved from http://www.expandnet.net/PDFs/WHO_ExpandNet_Practical_Guide_published.pdf.

24) Hamilton, B.E., Martin, J.A., Osterman, M.J.K., Curtin, S.C. (2014). Births: Preliminary data for 2013. National Vital Statistics Reports, 63(2). Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_02.pdf

25) Substance Abuse and Mental Health Services Administration. (2013). Trauma-Informed Approach and Trauma-Specific Interventions. Available at http://beta.samhsa.gov/nctic/trauma-interventions

26) Kreuter, M. W., & Bernhardt, J. M. (2009). Reframing the Dissemination Challenge: A Marketing and Distribution Perspective. American Journal of Public Health, 99(12), 2123-2127.

27) U.S. Government Printing Office. PUBLIC LAW 111–148—MAR. 23, 2010. Patient Protection and Affordable Care Act. Available at: http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf.

28) HHS. The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020. Phase I report: Recommendations for the framework and format of Healthy People 2020. Section IV. Advisory Committee findings and recommendations. Available at: http://www.healthypeople.gov/hp2020/advisory/PhaseI/sec4.htm#_Toc211942917.

Appendix B - Glossary of Key Terms & Definitions

Adaptation- Changes made to the program content, program delivery, or other core components of an evidence-based program.

Age Appropriate- Topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group. (27)

Capacity Building Assistance (CBA)- The transmission of knowledge and building of skills to enhance the ability of organizations to plan, deliver, monitor, evaluate, and sustain evidence-based teen pregnancy prevention programs. CBA can encompass diverse strategies and approaches, including but not limited to, training, technical assistance, coaching, mentoring, and peer-to-peer support.

Community Mobilization- Empowering community members and groups to take action to facilitate change.

Community Needs and Resource Assessment- A needs and resource assessment is a systematic way of gathering information that describes, in detail, the needs and resources of the priority population and the community.

Core Components- The parts of the evidence-based program or its implementation that is determined by the developer to be the key ingredients related to achieving the outcomes associated with the program. Core components often focus on program content and program delivery strategies.

Culturally and Linguistically Appropriate- Respectful of and responsive to the cultural and linguistic needs of the population being served.

Evidence-Based Teen Pregnancy Prevention Programs- Programs identified by HHS as having undergone a rigorous evaluation been shown to be effective at preventing teen pregnancies, sexually transmitted infections, and/or sexual risk behaviors.

Fidelity- The degree to which a program is implemented with adherence to its core components.

Fidelity Monitoring- Steps taken to ensure that an evidence-based program is implemented with adherence to its core components. Fidelity monitoring often includes collecting data on fidelity and quality of implementation from facilitators through independent observations, reviewing and analyzing data on a regular basis, using data to provide feedback to facilitators and staff, and using the data to make continuous quality improvements to the program and its implementation.

Fit - refers to how well a program matches, or is appropriate for, the community, organization, stakeholders, and potential participants (i.e., youth).

Health Disparities - a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion. (28)

Implementation Ready – When a program has clearly defined curricula and components, necessary staff supports and training, and specified guidelines and tools for monitoring fidelity.

Minor Adaptation- Adaptations that do not significantly change the core components, program delivery, or program content.

Major Adaptation- Adaptations that significantly change the core components, program delivery, or program content of an EBP. Major adaptations could compromise a program's fidelity and thus might affect the intended outcomes

Medical Accuracy- Verified or supported by the weight of research conducted in compliance with accepted scientific methods; and published in peer-reviewed journals, where applicable or comprising information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete. (27)

Positive Youth Development- An intentional, pro-social approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances youths' strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths.

Scale- Deliberate efforts to increase the impact of service innovations successfully tested in pilot or experimental projects so as to benefit more people.

Sensitive and Inclusive of LGBTQ Youth- Supporting youth of all sexual orientations and gender identities/expressions.

Strategic Dissemination and Communication- The targeted distribution and communication of information, knowledge, and results to specific audiences to complement and support the overall project.

Sustainability- The ability for programs to effectively leverage partnerships and resources to continue programs, services, and/or strategic activities that result in improvements in the health and well-being of adolescents.

Trauma-Informed Approach- The way in which a program, agency, organization, or community thinks about and responds to those who have experienced or may be at risk for experiencing trauma.

Appendix C- Relevant Resources for Applicants

Disclaimer: This is a list of some, but not all, of the relevant resources available to applicants. OAH does not endorse any of the resources listed other than those developed by OAH.

COMMUNITY MOBILIZATION

Advocates for Youth. Strategies Guided by Best Practice for Community Mobilization. Available at http://advocatesforyouth.org/storage/advfy/documents/Factsheets/strategies%20guided%20by%20best%20practice_8-11-14.pdf.

COMMUNITY NEEDS AND RESOURCE ASSESSMENT

Advocates for Youth. The Needs and Assets Assessment: What it is and Why it's Important. http://www.advocatesforyouth.org/statetppmanual/1106-support-center.

OAH. A Snapshot of Your Community: Understanding Resources and Needs Assessments. Available at http://www.hhs.gov/ash/oah-initiatives/webinars/slides_needsassessmentwebinar.pdf.

OAH. Best Practices for Conducting a Needs and Resource Assessment: Tip Sheet. Available at http://www.hhs.gov/ash/oah-initiatives/teen_pregnancy/training/tip_sheets/needs-assessment-508.pdf.

CULTURAL AND LINGUISTIC COMPETENCE

Office of Minority Health. The Center for Linguistic and Cultural Competence in Health Care. Available at http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=34.

Office of Minority Health. National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards). Available at http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53.

DATA ON ADOLESCENT HEALTH & TEEN PREGNANCY

Centers for Disease Control and Prevention. National Vital Statistics System. Available at http://www.cdc.gov/nchs/nvss.htm.

Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance System. Available at http://www.cdc.gov/HealthyYouth/yrbs/index.htm.

National Campaign to Prevent Teen and Unplanned Pregnancy. National & State Data. Available at http://thenationalcampaign.org/data/landing.

OAH. National and State Facts. Available at http://www.hhs.gov/ash/oah/resources-and-publications/facts/.

Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps. Available at http://www.countyhealthrankings.org/.

EVALUATION

OAH TPP Resource Center. Resources available on Program Evaluation. Available at http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/evaluation.html.

EVIDENCE-BASED TEEN PREGNANCY PREVENTION PROGRAMS

HHS. Teen Pregnancy Prevention Evidence Review. Available at http://tppevidencereview.aspe.hhs.gov/.

OAH. Teen Pregnancy Prevention Resource Center: Evidence-Based Programs. http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/.

OAH. How to Select an Evidence-based Teen Pregnancy Prevention Program E-Learning Module. Available at: http://www.hhs.gov/ash/oah/resources-and-publications/learning/.

FIDELITY AND ADAPTATIONS

OAH. Fidelity and Adaptation Guidance and Resources. Available at http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/implementation.html.

GETTING TO OUTCOMES (GTO)™

Centers for Disease Control and Prevention. Little PSBA GTO: 10 Steps to Promoting Science-Based Approaches (PSBA) to Teen Pregnancy Prevention using Getting to Outcomes (GTO). Available at http://www.cdc.gov/TeenPregnancy/PDF/LittlePSBA-GTO.pdf.

Healthy Teen Network. Getting to Outcomes (GTO). Available at http://www.healthyteennetwork.org/evidence-based-resource-center

RAND Corporation. Getting to Outcomes: 10 Steps for Achieving Results-Based Accountability. Available at http://www.rand.org/content/dam/rand/pubs/technical_reports/2007/RAND_TR101.2.pdf.

GOALS AND OBJECTIVES

Centers for Disease Control and Prevention. Division of Adolescent and School Health. Writing Good Goals and SMART Objectives Tutorials. Available at http://www.cdc.gov/healthyyouth/tutorials/writinggoal/page001.htm.

LGBTQ YOUTH & INCLUSIVITY

Administration for Children, Youth, and Families. Creating a Safe Space for LGBTQ Youth and Teens. Available at http://ncfy-learn.jbsinternational.com/course/index.php?categoryid=12.

AIR. A Guide for Understanding, Supporting, and Affirming LGBTQI2-S Children, Youth, and Families. Available at http://www.air.org/resource/guide-supports-lgbtqi2-s-children-youth-and-families.

Centers for Disease Control and Prevention. Lesbian, Gay, Bisexual and Transgender Health. Available at http://www.cdc.gov/lgbthealth/youth.htm.

HHS Healthy People 2020. Lesbian, Gay, Bisexual, and Transgender Health. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=25.

OAH. Engaging Select Populations: LGBTQ Youth. Available at http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/engaging-select-populations.html#lgbtq.

LOGIC MODELS

Center for Disease Control and Prevention. Division of Adolescent and School Health. Manuals/Assistance with Specific Evaluation Steps – Logic Models. Available at http://www.cdc.gov/EVAL/resources/index.htm#logicmodels.

ETR Associates. BDI Logic Model. Available at http://recapp.etr.org/recapp/logicmodelcourse/.

PERFORMANCE MEASURES

OAH. TPP Performance Measure Resources. Available at http://www.hhs.gov/ash/oah/oah-initiatives/for-grantees/performance-measures/index.html.

PILOTING PROGRAMS

OAH. Testing the Waters: Pilot Testing Your Program webinar. Available at: http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/implementation.html.

OAH. Tips and Recommendations for Successfully Pilot Testing Your Program. Available at http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/tip_sheets/pilot-testing-508.pdf.

POSITIVE YOUTH DEVELOPMENT

Administration for Children & Families. Positive Youth Development. Available at
http://www.acf.hhs.gov/programs/fysb/positive-youth-development

Interagency Working Group on Youth Programs. Positive Youth Development. Available at
http://www.findyouthinfo.gov/youth-topics/positive-youth-development/key-principles-positive-youth-development.

RECRUITMENT, RETENTION, AND ENGAGEMENT

OAH. Getting Them to Come Back: Strategies for Retaining and Engaging Participants webinar.
Available at http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/engagement.html.

OAH. Incorporating Strategies for Engaging Young People Tip Sheet. Available at
http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/tip_sheets/youth-engagement-508.pdf.

OAH. Rules of Engagement: Participant Recruitment and Retention webinar. Available at
http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/engagement.html.

SUSTAINABILITY

OAH. Sustainability Framework, Assessment, Resource Guide, and E-Module. Available at
http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/sustainability.html.

TRAUMA-INFORMED APPROACH

Schladale, J. (2013). A Trauma Informed Approach for Adolescent Sexuality. Freeport, ME:
Resources for Resolving Violence, Inc. Available at
http://resourcesforresolvingviolence.com/wp-content/uploads/A-Trauma-Informed-Approach-for-Adolescent-Sexual-Health.pdf

Substance Abuse and Mental Health Services Administration. Trauma-Informed Approach and
Trauma-Specific Interventions. Available at http://beta.samhsa.gov/nctic/trauma-interventions.

YOUTH FRIENDLY CLINICAL SERVICES

Centers for Disease Control Elements of a Teen Friendly Reproductive Healthcare Visit. Teens
Visiting a Health Clinic. Available at
http://www.cdc.gov/teenpregnancy/teenfriendlyhealthvisit.html#elements.

Healthy Teen Network. "Keep It Simple: A Lesson in Linking Teens to Sexual Health Care"
Lesson Plan. Available at http://www.healthyteennetwork.org/keep-it-simple.

Appendix D - Evidence-Based TPP Programs Eligible for Replication[*]

Evidence-Based TPP Programs that are Implementation Ready and Eligible for Replication with OAH Funding							
Program Model	**Program Type**	**Implementation Setting**	**Implementation Length**	**Population**	**Outcomes**	**Duration of Outcomes**	**Evidence Review Rating**
Aban Aya Youth Project	Sexuality education	In-school Community-based	16-21, 45-min lessons each year in grades 5-8	African American youth in grades 5-8	Recent sexual activity	Post-intervention (Spring 8th grade) **for boys only**	Moderate
Adult Identity Mentoring (Project AIM)	Youth development	In-school After-school Community-based	12 sessions, 50-min each	Low-income youth ages 11-14	Recent sexual activity	3-months post intervention	High
All4You!	Programs for youth in alternative schools	In-school or non-school alternative education settings	14 sessions ranging from 70-140 minutes each; service learning component	Alternative high school students ages 14-18	Frequency of sexual activity Contraceptive use and consistency	Six months after baseline	High
Be Proud! Be Responsible!	Sexuality education	In-school After-school Community-based	6 sessions, 60-min each	Youth ages 13-18	Recent sexual activity Number of sexual partners Frequency of sexual activity Contraceptive use and consistency	Ranges, 3-12 months post intervention	High
Be Proud! Be Responsible! Be Protective!	Program for Pregnant and Parenting Girls	In-school After-school Community-based	8 sessions, 60-min each	Pregnant and parenting girls in grades 7-12	Number of sexual partners	12-months post intervention	High

---

[*] Appendix D is inclusive of only the evidence-based TPP programs eligible for replication at the time the FOA was published. Additional evidence-based TPP programs identified by the HHS TPP Evidence Review prior to the end of the planning and readiness period will also be eligible for replication under this FOA as long as they meet the criteria specified on pages 11-12.

Evidence-Based TPP Programs that are Implementation Ready and Eligible for Replication with OAH Funding								
Program Model	**Program Type**	**Implementation Setting**	**Implementation Length**	**Population**	**Outcomes**	**Duration of Outcomes**		**Evidence Review Rating**
Becoming a Responsible Teen (BART)	Sexuality education	Community-based	8 sessions, 1.5-2 hours each	Youth ages 14-18	Recent sexual activity	12-months post intervention		High
Children's Aid Society (CAS)-Carrera Program	Youth development	After school program Community-based In-school	Daily 2-3 hour sessions for 7 years	Disadvantaged youth ages 11-12	Recent sexual activity Pregnancy or birth	Three years after program start **for girls only**		High
Cuidate!	Sexuality education	In-school After-school Community-based	6, 1-hour lessons	Latino youth ages 13-18	Recent sexual activity Number of sexual partners	Ranges, 3-12 months post intervention		High
Draw the Line/Respect the Line	Sexuality education	In-school middle school After-school Community-based	5 lessons in 6th grade, 7 lessons in 7th grade, 7 lessons in 8th grade	Youth in grades 6-8	Sexual initiation or abstinence Recent sexual activity	12-months post intervention **for boys only**		High
Families Talking Together (FTT)	Program for Families	Clinic-based Community-based	11 modules; # sessions varies depending on program delivery	Parents of Latino & African American adolescents ages 10-14	Sexual initiation or abstinence Frequency of sexual activity	9-months post intervention		High
FOCUS	Sexuality education	In-school high school & college Community-based	4, 2-hour sessions	Women ages 16 and older	Number of sexual partners	11-months post intervention		High
Get Real	Sexuality education	In-school middle school	27, 45-min lessons (9 lessons in 6th grade, 9 lessons in 7th grade, and 9 lessons in 8th grade)	Youth in grades 6-8	Sexual initiation or abstinence	Post-intervention at the end of 8th grade		Moderate

Evidence-Based TPP Programs are Implementation Ready and Eligible for Replication with OAH Funding							
Program Model	**Program Type**	**Implementation Setting**	**Implementation Length**	**Population**	**Outcomes**	**Duration of Outcomes**	**Evidence Review Rating**
Health Improvement Project for Teens (HIP Teens)	Sexuality education	After-school Community-based	4, 120-minute sessions; 2, 90-minute booster sessions	Low income, urban, sexually active girls ages 15-19	Recent sexual activity Number of partners Frequency of sexual activity Contraceptive use	6-months post intervention	High
Heritage Keepers Abstinence Education	Abstinence education	In-school	5, 90-min sessions or 10, 45-min sessions	Youth in grades 7-9	Sexual initiation or abstinence	12-months post intervention	Moderate
HORIZONS	Sexuality education	Clinic-based	2, 4-hour sessions; 4, 15-minute telephone follow-ups	Females ages 15-21	Contraceptive use and consistency Sexually transmitted infections or HIV	12-months post intervention	High
It's Your Game: Keep it Real	Sexuality education	In-school middle school After-school	12, 50-min lessons in 7th grade and 12, 50-min lessons in 8th grade	Youth in grades 7-8; allowable for youth in 6th grade	Sexual initiation or abstinence Frequency of sexual activity Contraceptive use and consistency	12-months post intervention	Moderate
Making a Difference!	Abstinence education	In-school After-school Community-based	8, 1-hour sessions	Youth ages 11-13; older teens allowable	Recent sexual activity	3-months post intervention	High
Making Proud Choices!	Sexuality education	In-school After-school Community-based	8, 1-hour sessions	Youth ages 11-13; older teens allowable; specific adaptation for youth in foster care	Contraceptive use and consistency	12-months post intervention	High
Prime Time	Youth development	Clinic-based	18-month program that involves monthly case management visits and group-based youth leadership activities	Sexually active teen girls ages 13-17 with at least one risk factor for teen pregnancy	Sexual initiation or abstinence	6-months post intervention	High

		Evidence-Based TPP Programs that are Implementation Ready and Eligible for Replication with OAH Funding					
Program Model	**Program Type**	**Implementation Setting**	**Implementation Length**	**Population**	**Outcomes**	**Duration of Outcomes**	**Evidence Review Rating**
Project IMAGE	Program for adolescents with a history of STIs and abuse	Clinic-based	2, 3-4 hour sessions followed by 3-5, 1 hour support group sessions and 2 or more individual counseling sessions	African-American and Mexican-American adolescent girls ages 14-18 with a history of STIs and abuse	Sexually transmitted infections or HIV	12-months post intervention	Moderate
Project TALC	Program for parents living with HIV and their adolescent children	Community-based	24 sessions; 2-3 hours each; over 4-6 years	Parents living with HIV and their adolescent children	Pregnancy or birth	4 years after program start	High
Promoting Health Among Teens! Abstinence-Only Intervention	Abstinence education	In-school After-school Community-based	8, 1-hour sessions	Youth ages 11-13	Sexual initiation or abstinence Recent sexual activity	Ranges, 3-24 months post intervention	High
Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention	Sexuality education	In-school After-school Community-based	12, 45-1-hour sessions	Youth ages 11-13	Number of sexual partners	Ranges, 3-12 months post intervention	High
Raising Healthy Children	Youth development	In-school	Multi-year, multi-session; includes program components for teachers and school staff, parents, and students	Schools grades K-6	Sexual initiation or abstinence Number of sexual partners Pregnancy or birth Sexually transmitted infections or HIV	Ranges from when participants were 18 years old to 27 years old	Moderate

89

Evidence-Based TPP Programs are Implementation Ready and Eligible for Replication with OAH Funding							
Program Model	**Program Type**	**Implementation Setting**	**Implementation Length**	**Population**	**Outcomes**	**Duration of Outcomes**	**Evidence Review Rating**
Reducing the Risk	Sexuality education	In-school Community-based	16, 45-min lessons	Youth ages 13-18 in grades 8-12	Contraceptive use and consistency	18-months post intervention **for girls only**	Moderate
Respeto/Proteger	Program for Latino parenting teens	After school Community-based	6, 2-hour sessions	Young Latino parents with children at least 3 months of age	Contraceptive use and consistency	Ranges, 3-6 months post intervention	Moderate
Rikers Health Advocacy Program (RHAP)	Program for incarcerated youth	Correctional facility	4, 1-hour sessions	Incarcerated, inner-city adolescent males ages 16-19	Contraceptive use and consistency	10-months after program start	Moderate
Safer Choices	Sexuality education	In-school high school	11 sessions in 9th grade, 10 sessions in 10th grade	9th and 10th grade students	Contraceptive use and consistency	Two years after program start	High
Safer Sex Intervention	Clinic-based	Clinic-based	1, 30-50 minute session followed by 10-30 minute booster sessions at 1-month, 3-months, and 6-months	Sexually active female adolescents	Number of partners	6-months post intervention	Moderate
Seventeen Days	Clinic-based	Health clinic	45-minute or longer video with 3-month and 6-month booster sessions	Female adolescents ages 14-18	Recent sexual activity Sexually transmitted infections or HIV	6-months post intervention	High
Sexual Health and Adolescent Risk Prevention (SHARP)	Program for youth in juvenile detention	Juvenile detention facilities	1, 3-hour session followed by 1-hour group discussion of alcohol use and sexual activity	High-risk adolescents in juvenile detention facilities	Contraceptive use and consistency	12-months post intervention	Moderate

							Evidence-Based TPP Programs are Implementation Ready and Eligible for Replication with OAH Funding	

Program Model	Program Type	Implementation Setting	Implementation Length	Population	Outcomes	Duration of Outcomes	Evidence Review Rating
SiHLE	Sexuality education	Community-based	4 sessions with 6-month and 12-month follow-up sessions	African-American female teens ages 14-18	Contraceptive use and consistency Pregnancy or birth	12-months post intervention	High
Sisters Saving Sisters	Sexuality education	Community-based Clinic-based In schools	1, 4.5 hour session	Female adolescents ages 12-19	Number of sexual partners Contraceptive use and consistency Sexually transmitted infections or HIV	12-months post intervention	High
STRIVE	Program for youth who have recently run away from home	Community-based	5, 90-120 minute sessions for the adolescent and at least one parent	Newly homeless youth ages 12-17	Number of sexual partners	12-months post intervention	Moderate
Teen Health Project	Sexuality education	Community-based Low-income housing developments	2, 3-hour workshops; 2, 90-120 min follow up session; 1, 90-min parent session; various community activities	Youth ages 12-17	Sexual initiation or abstinence	12-months post intervention	Moderate
Teen Outreach Program (TOP)	Youth development	In-school After-school Community-based	25 weekly session over a 9-month period and 20 hours of community service learning	Youth ages 12-19	Pregnancy or birth	Post-intervention	High

Appendix D (cont) - Evidence-based TPP Programs that are NOT Currently Eligible* for Replication under this FOA

Assisting in Rehabilitating Kids

* Evidence-based TPP Programs are not currently eligible for replication under this FOA because they have been assessed by HHS as not being implementation ready

Appendix E – Example Work plan Templates
Example Work plan Template #1
(Note: Work Plan may be submitted as narrative or other format)
September 1, 2013 – August 31, 2014

Grantee Name _____   Funds Requested _____

Goal I:

Objective 1:

Rationale for Objective 1:

Measures of Accomplishment for Objective 1: a. b. c.

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

Example Work plan Template #2
September 1, 2013 – August 31, 2014

Grantee Name _____   Funds Requested _____

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

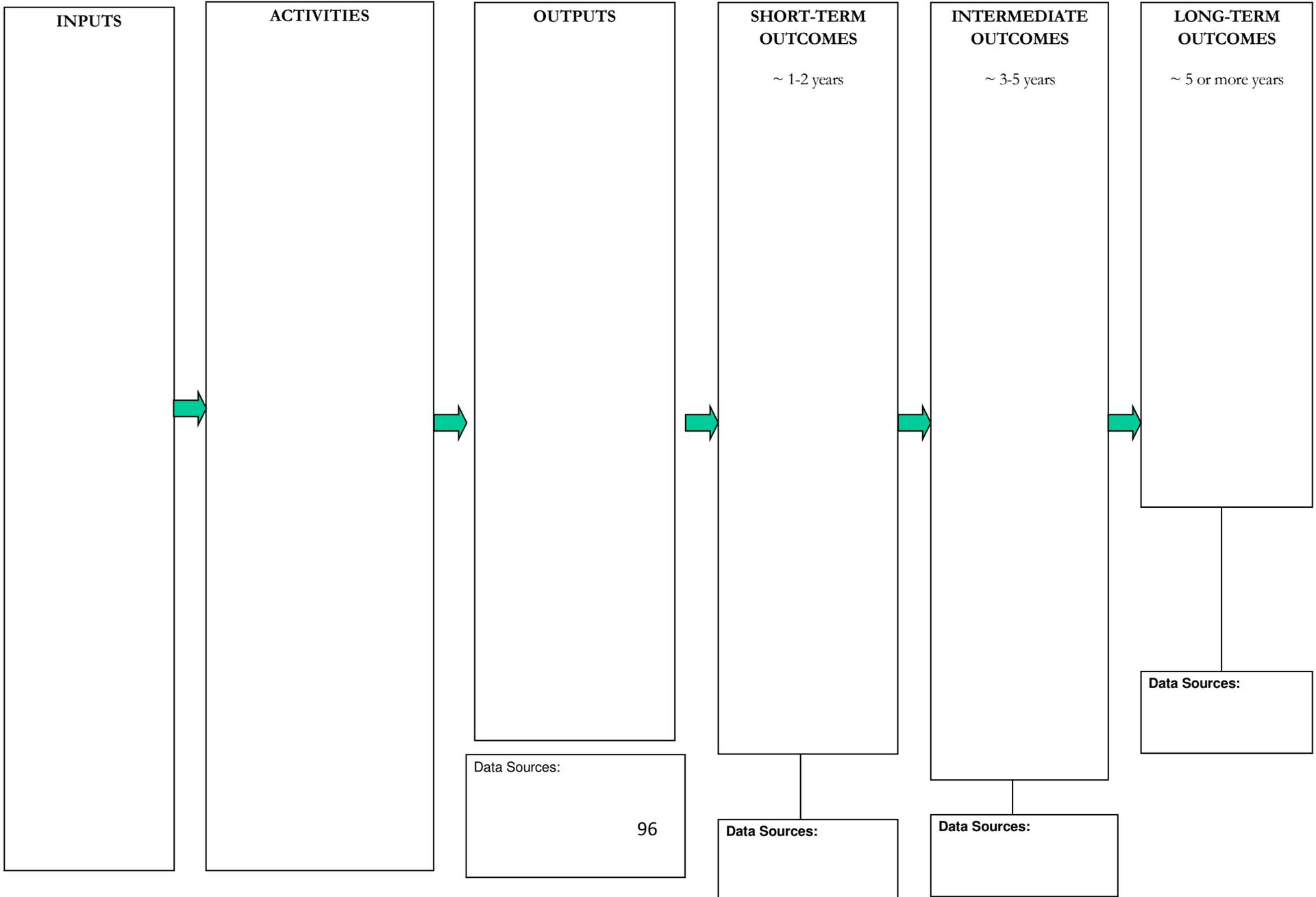# Work plan Instructions

1) **Name:** Name of the grantee organization.

2) **Funds Requested**: Funds requested for project period.

3) **Goal 1**: 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. Although only Goal I is shown as an example in the suggested work plan format, you should include all programmatic goals in your work plan.

4) **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. Although we only include one-two objectives in the example work plan template, you should list all objectives that support each goal in your work plan.

5) **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.

6) **Activities -** describe anticipated events that will take place as part of your program in support of the objective. Although we only include a few activities in the example work plan template for each objective, you should list all activities for each objective.

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

8) **Measurement of Accomplishment** – 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.

9) **Person Responsible -** who is most responsible for ensuring that each activity is accomplished.

Appendix F – Logic Model Example Template
(Note: Logic Model may be submitted as narrative or other format)

Project Name

Goal:

INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
			~ 1-2 years	~ 3-5 years	~ 5 or more years

Data Sources:

96

Data Sources:

Data Sources:

Data Sources:

Data Sources:

Appendix G - TPP Performance Measures for Grantee
(OMB 0990-0390, Expiration May 2015, Renewal Pending)

Participant ID (unique and non-identifiable, i.e. no names or birthdates)

Demographic characteristics (collected and entered for every participant individually)
- o Age
- o Grade
- o Gender
- o Race
- o Ethnicity
- o Language spoken at home
- o Special populations (if applicable)

Fidelity (based on facilitator and observer logs, observer quality rating & fidelity process form)

- In the past program year, what percentage of sessions were observed by an independent observer for fidelity assessment?
- What is the median percentage of activities completed, across sessions observed?
  - What is the minimum and maximum percentage of activities completed, across sessions observed?
    - o Minimum
    - o Maximum
  - What percentage of sessions were rated either 4 or 5 for overall quality?
  - For what percentage of sessions completed do you have a completed fidelity monitoring log from the facilitator?
  - What is the median percentage of activities completed, across sessions for which you have a completed fidelity monitoring log?
  - Across cohorts, what is the median percentage of sessions implemented?
  - What is your score on the 24-point fidelity process scale?

Dosage of services received by participants (attendance is entered for every program participant for every scheduled class/session). OAH calculates the following:

- What is the median % of program services received by youth?
- What is the median % of program services received by parents (if applicable)?
- What % of youth received at least 75% of the program?
- What % of parents received at least 75% of the program?

Partners

> **Formal partners** are organizations (e.g., schools) with whom the grantee has an MOU, contract or other formal written agreement in place to provide service or other contribution relevant to the TPP program.

> **Informal partners** are organizations with whom the grantee does not have a formal written agreement in place.

- How many formal/informal partners are you currently working with?
- How many of these formal/informal partners are new for this reporting period?
- How many formal/informal partners did you lose during this reporting period?
- What is the total number of formal/informal partners you have had since the beginning of the project?
- How many formal/informal partners have you lost since the beginning of the project?

Training

- In the reporting period, how many new intervention facilitators (including teachers) have you or one of your partners trained? Please include only training provided to new facilitators.
- In the reporting period, how many intervention facilitators (including teachers) have you or one of your partners given follow-up training?

Dissemination

- How many manuscripts have you had accepted for publication in the past year (including both articles that were published and those that have been accepted but not yet published)? Do not include manuscripts previously reported as published.
- Please list the references for any published manuscripts published in the past year.
- How many presentations have you made at each of the following levels in the past year:
  - National or regional? ___
    Please list titles of all presentations and venue (e.g., conference or organization to which the presentation was made)
  - State? ____
    Please list titles of all presentations and venue (e.g., conference or organization to which the presentation was made)

Date _____/_____/_____

Demographic Questions (Inform Reach)

1. In what month and year were you born?

     MARK (X) ONE MONTH AND ONE YEAR

☐	January	☐	2002
☐	February	☐	2001
☐	March	☐	2000
☐	April	☐	1999
☐	May	☐	1998
☐	June	☐	1997
☐	July	☐	1996
☐	August	☐	1995
☐	September	☐	1994
☐	October	☐	1993
☐	November	☐	1992
☐	December	☐	1991

Alternative question:

How old are you? _____

2. What grade are you in? (If you are currently on vacation between grades, please indicate the grade you will be in when you go back to school).

     MARK (X) ONE ANSWER

- ☐ 6th
- ☐ 7th
- ☐ 8th
- ☐ 9th
- ☐ 10th
- ☐ 11th
- ☐ 12th
- ☐ Ungraded
- ☐ College/Technical school
- ☐ Not currently in school

3. Are you male or female?

    MARK (X) ONE ANSWER

    ☐ Male
    ☐ Female

4. Are you Hispanic or Latino?

    MARK (X) ONE ANSWER

    ☐ Yes
    ☐ No

5. What is your race?

    MARK (X) ONE OR MORE THAN ONE ANSWER

    ☐ American Indian or Alaska Native
    ☐ Asian
    ☐ Black or African-American
    ☐ Native Hawaiian or Other Pacific Islander
    ☐ White