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

Replicating Evidence-Based Teen Pregnancy Prevention Programs to Scale in Communities with the Greatest Need (Tier 1B)

Announcement Type: New

Announcement Number: AH-TP1-15-002

Catalog of Federal Domestic Assistance (CFDA) No. 93.297

Funding Opportunity Announcement
And
Application Instructions

Application Due Date: April 1, 2015

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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 Replicating Evidence-Based Teen Pregnancy Prevention Programs to Scale in Communities with the Greatest Need (Tier 1B)

ACTION: Notice

ANNOUNCEMENT TYPE: INITIAL COMPETITIVE COOPERATIVE AGREEMENT

FUNDING OPPORTUNITY NUMBER: AH-TP1-15-002

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 the 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 Thursday, January 22nd from 3:00-5:00 pm ET (start time of 2:00 pm CT, 1:00 pm MT, 12:00 pm PT). Potential applicants should call 1-888-566-5780, passcode 3899321, and log-on to https://www.mymeetings.com/nc/join.php?i=PW1052978&p=3899321&t=c.

EXECUTIVE SUMMARY: The HHS Office of Adolescent Health (OAH) announces the availability of funds for Fiscal Year (FY) 2015 cooperative agreement awards under the authority of Division H, Title II of the Consolidated Appropriations Act, 2014 (Public Law No. 113-76), and the Continuing Resolution thus far for FY 2015 (Public Law No. 113-164), for **Replicating Evidence-Based Teen Pregnancy Prevention Programs to Scale in Communities with the Greatest Need (Tier 1B).** OAH intends to make available approximately $60 million for an estimated 60 awards.

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

- Capacity Building to Support Replication of Evidence-Based TPP Programs (Tier 1A)
- 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 have a significant impact on reducing rates of teen pregnancy and existing disparities by replicating evidence-based TPP programs to scale in at least 3 settings in communities and with populations at greatest need. Applicants can propose to work in a single

community or in multiple communities. Each target community must be defined by clear

geographic boundaries in order to assure that the number of youth served can be identified and

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

The amount of funding an applicant may request on an annual basis is linked to the number of

participants, on average that the applicant proposes to reach in years 2-5 with evidence-based

TPP programs. The award ranges are based on existing performance measure data from the FY

2010 – FY 2014 OAH TPP Program and are included below:

Annual Budget	Annual Reach
$500,000 - $749,999	At least 700 per year
$750,000 - $999,999	At least 1,500 per year
$1,000,000 - $1,249,999	At least 3,000 per year
$1,250,000 - $1,499,999	At least 6,000 per year
$1,500,000 - $1,749,000	At least 10,000 per year
$1,750,000 - $2,000,000	At least 15,000 per year

I. FUNDING OPPORTUNITY DESCRIPTION:

PURPOSE

The purpose of this FOA is to have a significant impact on reducing rates of teen pregnancy

and existing disparities (see pages 7-8) by replicating evidence-based TPP programs to scale in at

least 3 settings in communities and with populations at greatest need. In each community

served, grantees will be expected to:

- Mobilize the community to develop and implement a plan to prevent teen pregnancy and promote positive youth development
- Engage in an up to 12-month planning, piloting, and readiness period
- Implement evidence-based TPP programs to scale with fidelity and quality in at least 3 settings
- Ensure that program materials are medically accurate, age appropriate, culturally and linguistically appropriate, and inclusive of Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth

- Ensure that programs are implemented in a safe and supportive environment for youth and their families
- Establish and maintain linkages and referrals to youth-friendly health care services
- Engage in strategic dissemination and communication activities to raise awareness of the program with youth, their families, and key stakeholders
- Develop and implement a plan for sustainability to ensure continuation of program efforts beyond the grant
- Collect and use performance measure data to make continuous quality improvements
- Evaluate the implementation and outcomes of program activities.

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 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 FY2015 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 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 (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

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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).

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.

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).

Exposure to 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 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 TPP 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 to be 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 under this FOA are those that meet the following criteria prior to the end of the grantee's 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 implementation ready, 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 grantee's planning and readiness period will also be eligible for replication under this FOA as long as the meet the 2 criteria specified on pages 11-12.

Taking Evidence-Based TPP Programs to Scale in Communities with Greatest Need

Implementing evidence-based TPP programs to scale focuses on expanding the reach of programs with an emphasis on impact and achieving better outcomes. Scaling can be defined as "deliberate efforts to increase the impact of service innovations successfully tested in pilot or

experimental projects so as to benefit more people" (23). For OAH, the goal of scaling evidence-based TPP programs is to prevent teen pregnancy, reduce existing disparities, and promote healthy adolescent development by expanding the number of youth and their families who receive evidence-based TPP programs. To have a lasting impact on reducing rates of teen pregnancy and disparities, youth should receive evidence-based TPP programs at multiple times over the course of their adolescence, and the information provided should be sequential, consistent, and reinforcing. Implementation of a single evidence-based TPP program at a single point in time is likely insufficient to prevent teen pregnancy, STIs, and HIV for the long-term. Under this FOA, organizations are expected to implement evidence-based TPP programs to scale in at least 3 settings, reaching communities, and youth within those communities, with the greatest need.

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 serving communities with the greatest need for preventing teen pregnancy and reducing existing disparities (see pages 7-8). Applicants may propose serving a single community or multiple communities within a single application. Multiple communities could include communities within the same state, communities across states, etc. Each community must be defined by clear geographic boundaries in order to ensure that the number of youth served can be identified and teen pregnancy and/or teen birth rates can

be monitored throughout the project. Applicants must be able to document a teen birth rate that

is at least above the current national average for the population(s) served within the community

(26.6 births for every 1,000 adolescent females ages 15-19, 2013) (24).

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

specific needs and resources available in each community served. The assessment should use

data at the community-level to:

- o Identify the needs of the community related to teen pregnancy, teen births,

  prevalence of STIs including HIV among youth, sexual risk behaviors, and

  existing disparities (see pages 7-8)

- o Identify areas of elevated need within the community

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

  impact teen pregnancy and sexual risk taking

- o Describe resources currently available in the community to prevent teen

  pregnancy and promote healthy adolescent development

The applicant should describe the target population(s) for the proposed program and include

a description of the evidence-based TPP programs proposed for implementation in at least 3

settings. The target population for funded projects should be individuals, or families of

individuals, 19 years of age or under at program entry. Youth who are not yet teenagers are

eligible since many of the evidence-based TPP programs include pre-teens as a target audience

for the program. The target population(s), evidence-based TPP programs selected, and

implementation settings should clearly align with the results of the community needs and

resource assessment and be directed at serving populations and areas within the community with the greatest demonstrated need.

PROGRAM APPROACH

Work Plan & Logic Model

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 developing and implementing a plan to prevent teen pregnancy, including a specific focus on implementing evidence-based TPP programs to scale in at least 3 settings in communities at greatest need. An example work plan template is included in **Appendix E,** or this can be provided in a different format**.**

Applicants can propose to work in a single community or in multiple communities (see pages 13-14 for more information on how community is defined in this FOA). In each community served, grantees will be expected to:

- Mobilize the community to develop and implement a plan to prevent teen pregnancy and promote positive youth development

- Engage in a planning, piloting, and readiness period of up to 12 months

- Implement evidence-based TPP programs to scale with fidelity and quality in at least 3 settings

- Ensure that program materials are medically accurate, age appropriate, culturally and linguistically appropriate, and inclusive of LGBTQ youth

- Ensure that programs are implemented in a safe and supportive environment for youth and their families

- Establish and maintain linkages and referrals to youth-friendly health care services

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

- Develop and implement a plan for sustainability to ensure continuation of program efforts beyond the grant

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

- Evaluate the implementation and outcomes of program activities.

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.

Mobilizing the community to develop and implement a plan to prevent teen pregnancy

Community mobilization supports TPP efforts by helping community members and groups take action to facilitate change. The underlying goal of engaging a wide-range of community members is to create and implement a shared vision and plan that pools and leverages resources to enhance the ability of a community to address teen pregnancy. In each community served, the grantee is expected to establish a (or work with an existing) Community Advisory Group and a Youth Leadership Council to lead the community mobilization efforts. The Community Advisory Group should include representation from key decision makers, community champions, diverse organizations working to prevent teen pregnancy and promote healthy adolescent development, and members of the target population. Grantees are strongly encouraged to think beyond traditional partners working to prevent teen pregnancy and engage

partners whose work has an impact on TPP, but whose primary focus may not be TPP (e.g., education, juvenile detention, transportation, housing). The Youth Leadership Council should include members of the target population and should ensure opportunities for authentic participation and decision-making. The Youth Leadership Council will be critical for ensuring that programs and strategies for implementation are relevant and a good fit for the needs of the community.

The grantee will be expected to implement strategies outlined in Strategies Guided by Best Practice for Community Mobilization, over the life of the grant.

(http://advocatesforyouth.org/storage/advfy/documents/Factsheets/strategies%20guided%20by%20best%20practice_8-11-14.pdf).[1] These strategies include:

- o Securing strong leadership to oversee the community mobilization efforts – it is anticipated that this would be the grantee, although it doesn't have to be
- o Establishing a formal structure and guiding documents
- o Engaging diverse organizations, community leaders, and residents
- o Ensuring authentic participation and shared decision making
- o Ensuring authentic and productive roles for young people
- o Developing a shared vision
- o Conducting a Needs and Resource Assessment
- o Creating a comprehensive and strategic plan for preventing teen pregnancy, reducing existing disparities, and promoting healthy adolescent development within the community.
- o Implementing mutually reinforcing strategies
- o Establishing effective channels for internal communication
- o Educating the community
- o Conducting process and outcome evaluations
- o Evaluating the community mobilization effort
- o Disseminating best practices around community mobilization.

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[1] *Strategies Guided by Best Practice for Community Mobilization* was developed by Advocates for Youth as one of five national partners funded by the Centers for Disease Control and Prevention (CDC) under the Teenage Pregnancy Prevention: Integrating Services, Programs and Strategies through Community-Wide Initiatives program. Advocates for Youth coordinated and provided leadership and support on the Community Mobilization and Sustainability component of the Initiative.

Engaging in a planning, piloting, and readiness period of up to 12 months

During the first grant year, grantees will engage in a planning, piloting and readiness period of up to 12 months. Continued funding is contingent on the recipient's satisfactory progress in meeting planning period milestones and the continued availability of funds. The specific milestones that grantees will be expected to successfully complete by the end of the planning period are included in **Appendix G**. This period may be shorter for grantees that demonstrate readiness in less than 12 months. The duration of the length of the planning period is contingent upon each grantee's demonstrated readiness, but will not exceed 12 months.

Grantees will be expected to use Getting to Outcomes (GTO)^{TM} to guide the planning, implementation, and evaluation of their program. GTO^{TM} is a ten-step process aimed at facilitating program planning, implementation, and evaluation of programs and improving organizational capacity and program performance. GTO^{TM} is tailored for use in TPP programs and has been used successfully in the past by TPP grantees funded by the Centers for Disease Control and Prevention to guide their program planning. Detailed information about GTO and a free, downloadable manual is available at http://www.rand.org/health/projects/getting-to-outcomes.html. Additional information about GTO tailored specifically to TPP programs is available at

http://www.healthyteennetwork.org/index.asp?Type=B_BASIC&SEC=%7B6F5557AE-6661-488C-B878-03F87DD275EF%7D.

Implementing Evidence-Based TPP Programs to Scale in Multiple Settings

Selecting Evidence-Based TPP Programs to Ensure Fit

The evidence-based TPP programs eligible for replication under this FOA (see pages 11-12 & Appendix D) reflect great diversity on several variables:

- o Program Approach – abstinence education, sexuality education, youth development

- o Target Population – age, race and ethnicity, designed for specific vulnerable populations including youth in juvenile detention, runaway and homeless youth, and expectant and parenting teens

- o Implementation Setting – middle school, high school, after school, community-based, clinic-based

- o Length of Program – single session, multiple sessions, multi-year

- o Program Outcomes – delay in sexual initiation, increase in condom use, increase in contraceptive use, decrease in number of sexual partners, decrease in teen pregnancy, decrease in STIs; some programs have shown outcomes for both boys and girls, some have shown outcomes for either boys or girls

- o Length of Program Outcomes – ranges from outcomes seen immediately after the program ends to several years after the program ends.

Applicants should carefully review information available about the evidence-based TPP programs, paying specific attention to differences across programs, to ensure that programs proposed for implementation are a good fit to meet the needs of the target population, the implementation setting, the capacity of the implementing organization, and the outcomes the organization is trying to achieve. Implementation reports for each evidence-based TPP program

include information that will help applicants assess programs for fit and are available at http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/. In addition, an e-learning module designed specifically to assist organizations in selecting evidence-based TPP programs to ensure fit is available at   http://www.hhs.gov/ash/oah/resources-and-publications/learning/tpp-evidence-based/index.html.

In addition to ensuring fit, the evidence-based TPP programs proposed for implementation should be clearly aligned with the results of the community needs and resource assessment and should not duplicate programs or services that already exist in the community. Grantees will use the planning and piloting period to revisit the community needs and resource assessment to ensure that the programs selected for implementation are the best fit to address the needs identified, the implementation setting, the capacity of the implementing organization, and the intended outcomes.

Taking Evidence-Based TPP Programs to Scale in Multiple Settings

To achieve collective impact and increase the likelihood that youth in the communities served will have access to age appropriate and medically accurate evidence-based TPP programs at multiple times over the course of their adolescence, OAH expects grantees to implement evidence-based TPP programs in at least 3 different settings. For the purpose of this FOA, settings include, but are not limited to: in-school middle school, in-school high school, alternative school, college, after school, community-based, faith-based, clinic-based, juvenile detention, out-of-home settings for youth in foster care, and other specialized settings (e.g., residential treatment facility). Each setting listed above is counted separately as one individual setting.

In each setting, the applicant and its partners are expected to adopt strategies to implement the selected evidence-based TPP program to scale with as many youth in the target population as possible. A key strategy for taking programs to scale is to implement programs through existing systems and/or networks within the community. Existing systems would include, but are not limited to schools, community colleges, clinics, existing after-school programs, juvenile detention facilities, and out-of-home care facilities. Partnerships for implementation through existing systems should be established at the highest level possible. For example, implementing programs district-wide in the community rather than within individual schools or in individual classrooms, implementing programs in partnership with an existing and well-established after-school program rather than creating a new after-school program, and implementing programs within all juvenile detention facilities in the community rather than one facility.

It is important to note that the goal of scaling is <u>not</u> simply to implement evidence-based TPP programs with as many youth as possible. Rather, the goal of scaling is to have the greatest impact on preventing teen pregnancy, reducing disparities, and promoting healthy adolescent development. This will be accomplished by implementing evidence-based TPP programs with populations and in areas of the community with the greatest demonstrated need, ensuring that the evidence-based TPP programs selected are a good fit, and by adopting strategies to implement programs in ways that increase access for as many youth as possible.

Implementation of Evidence-Based TPP Programs with Fidelity & Quality

Grantees will be required to implement evidence-based TPP programs with fidelity and quality. Fidelity refers to the degree to which an implementer adheres to the core components of a program. The core components of an evidence-based TPP program are the parts of the program or its implementation determined by the developer to be the key ingredients related to

achieving the program's outcomes. Implementation with fidelity increases the likelihood that the

participants served will experience similar outcomes to those found in the original evaluation

study.

Grantees will be required to monitor the extent to which the evidence-based TPP programs

are implemented with fidelity and quality. Grantees will be required to establish and implement

a fidelity monitoring plan that includes, at a minimum, collecting data on fidelity and quality

from program facilitators as well as from observations of at least 10% of all program sessions,

reviewing and analyzing data on a regular basis, using data to provide feedback to facilitators,

and using the data to make continuous quality improvements to the program and its

implementation.

Adaptations are changes made to the program content, program delivery, or other core

components of the program. Grantees will be allowed to make minor adaptations (often referred

to as green light adaptations[2]) to the evidence-based TPP programs as long as the adaptation(s)

are justified and shown to not impact the program's core components. Minor adaptations do not

significantly change the core components, program delivery, or program content. Examples of

minor adaptations include, but are not limited to, adding icebreakers, team-builders or

energizers; adding reflection activities; adding a session on general reproductive anatomy;

updating statistics or providing information about local statistics; including information about

local teen friendly health centers; adding implementation strategies to better engage youth; and

revising materials to ensure LGBTQ inclusivity. In addition, grantees may propose to implement

an evidence-based TPP program with a population or in a setting other than the ones included in

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[2] Minor adaptations are also described as Green Light Adaptations in the GYR Adaptations Framework, as noted in Firpo-Triplett, R. and Fuller, T.R. (2012). General Adaptation Guidance: A Guide to Adapting Evidence-Based Sexual Health Curriculum. ETR Associates and CDC Division of Reproductive Health. OAH will use the term minor adaptations.

the program's original evaluation as long as the developer has indicated that the program is appropriate for the population or setting proposed.

Major adaptations (often referred to as yellow or red light adaptations) significantly change the core components, program delivery, or program content of an evidence-based TPP program. Major adaptations could compromise a program's fidelity and thus might affect the intended outcomes. They are discouraged among OAH grantees. All proposed adaptations must be shared with OAH. Major adaptations must be approved by OAH prior to implementation. Definitions of key terms can be found in **Appendix B**.

Activities to support implementation of the program model (e.g. parent information sessions, providing snacks or transportation to program participants, use of social media to stay connected with program participants) are not considered adaptations and should be included in the applicant's work plan.

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

Applicants will ensure that program materials, including all materials associated with the evidence-based TPP program and any supplemental materials (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. Definitions of all key terms are included 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 will identify the evidence-based TPP 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.

Implementing Programs in a Safe and Supportive Environment for Youth & their Families

Grantees should implement TPP programs in environments that are positive, safe, supportive, and healthy for all youth and their families. This includes, but is not limited to, ensuring inclusivity of all youth, including LGTBQ youth, applying Positive Youth Development practices when interacting with youth, and using a trauma-informed approach.

Ensuring Inclusivity

- Programs should be inclusive and non-stigmatizing toward all youth, including LGBTQ youth.

- Grantees should establish and publicize policies prohibiting discrimination and harassment based on race, sexual orientation, gender, gender identity/expression, religion, and national origin.

- Staff members should be trained to prevent and respond to harassment or bullying in all forms.

- Grantees should be prepared to monitor reports of harassment or bullying, and document their corrective action(s) so youth are assured that programs are safe, inclusive, and non-stigmatizing by design and in operation.

- OAH expects that all successful award recipients will ensure that services are widely accessible by not discriminating on the basis of sexual orientation or gender identity.

Implementing Positive Youth Development Practices when Interacting with Youth

Grantees are expected to integrate key positive youth development practices (http://www.findyouthinfo.gov/youth-topics/positive-youth-development/how-can-positive-youth-development-be-integrated-programs) into all programs, including ensuring:

- Physical and psychological safety

- Appropriate structure

- Supportive relationships

- Opportunities to belong

- Positive social norms

- Support for efficacy and mattering

- Opportunities for skill building

- Integration of family, school, and community efforts.

Using a Trauma-Informed Approach

Grantees are expected to use a trauma-informed approach in their TPP program. "A trauma-informed approach refers to how a program, agency, organization, or community thinks about and responds to those who have experienced or may be at risk for experiencing trauma; it refers to a change in the organizational culture. In this approach, all components of the organization incorporate a thorough understanding of the prevalence and impact of trauma, the role that trauma plays, and the complex and varied paths in which people recover and heal from trauma"(18).   A trauma-informed approach includes: (1) Realizing the widespread impact of trauma and potential paths for recovery; (2) Recognizing the signs and symptoms of trauma in youth, families, staff, and others; (3) Responding by fully integrating knowledge about trauma into policies, procedures, and practices; and (4) Seeking to actively resist re-traumatization (25).

Using a trauma-informed approach in TPP programs may include, but is not limited to, reviewing and adapting program materials to ensure sensitivity to youth who have experienced trauma; providing professional development for staff on the impact of trauma, signs and symptoms of trauma, and strategies for addressing trauma; assessing, establishing, and reinforcing relevant organizational policies including policies on disclosure and reporting; and establishing referrals to specialists trained in addressing trauma. OAH does not expect its grantees to use grant funds to provide in-depth mental health counseling services or to implement trauma-specific interventions.

Establishing and Maintaining Linkages and Referrals to Youth-Friendly Health Care Services

Grantees will be expected to establish and maintain linkages and referrals to a network of organizations, including public providers such as HRSA-funded Community Health Centers and OASH-funded Title X Family Planning Services, and healthcare professionals who can provide high-quality, youth-friendly healthcare services for youth participants and their families. Specifically, grantees will be expected to:

- Identify and recruit organizations and healthcare professionals within the community (ies) who provide a wide range of high quality healthcare services for youth.

- Assess identified organizations and providers to ensure services provided are youth friendly and accessible (http://www.cdc.gov/teenpregnancy/teenfriendlyhealthvisit.html#elements). It is recommended to visit providers identified as offering youth-friendly services to collect information on ease of access, location, transportation options, accessibility, and receptiveness of staff.

- Develop protocols and procedures for how referrals to healthcare services will be made by the grantee and partner organizations, and how often the information will be updated to ensure accuracy.

- Develop and disseminate a provider referral guide for youth and their families.

- Identify and train key staff in organizations responsible for making referrals to youth to ensure awareness of available services and familiarity with referral protocols and procedures.

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

Strategic dissemination and communication is the targeted distribution and communication of information, knowledge, and results to specific audiences to complement and support the overall project (26). Despite its potential, traditional ways of disseminating information (e.g., journals, conferences, and presentations) often do not lead to widespread diffusion or understanding of project impacts.

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 youth participants, parents and family members, 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 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. OAH expects that grantees implement activities specifically focused on the goal of sustaining the program within 18 months of receiving funding and consistently throughout the end 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

Performance measures are critical for accountability purposes. OAH uses performance measures to demonstrate whether the 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 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 on a semi-annual basis beginning upon program implementation. 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 H**.

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.

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 permissions to collect these data. There are no exceptions or waivers for this requirement.

Evaluating the Implementation and Outcomes of the Program

Applicants are expected to propose a plan for evaluating the implementation and outcomes of the program. Applicants should budget no more than 10% of the total budget for evaluation activities, including the collection of performance measure data. OAH will not approve funds to be used for incentives for evaluation data collection activities.

Implementation evaluation is an assessment of how well a program does what it sets out to do. Rather than focusing on outcomes, implementation studies focus on the process by which a program provides services or otherwise accomplishes its mission. Applicants are expected to evaluate the implementation of the proposed program to document the process of developing and implementing the program and to identify key successes, challenges, and lessons learned. Grantees will be expected to develop an implementation study report by the end of the grant that summarizes the findings. Topics for the implementation study include but are not limited to:

- Planning – How the community(ies) was selected, the needs and resources of the community, development and engagement of the Community Advisory Group and Youth Leadership Council, process for selecting evidence-based programs to ensure fit, strategies for implementing programs to scale, efforts to build organization capacity, sustainability activities

- Implementation – reach, community engagement, recruitment and retention, maintaining fidelity and quality, continuous quality improvement activities, implementation challenges, sustainability

- Outcomes – How well was the program implemented and received by participants? How well was the program received by the community? Were there necessary adaptations and why? What were the facilitators' experiences implementing the program? Participants' satisfaction? Level of engagement of community partners?

- Lessons Learned - Summary of lessons learned throughout the project

For outcome evaluation, applicants should state the outcome goals for the project, such as "X% reduction in teen births", "x% increase in referrals to Y", and propose how the outcomes will be measured. Applicants are encouraged to identify outcomes beyond reductions in teen births and teen pregnancy (i.e. educational outcomes), as appropriate given the evidence-based TPP programs proposed for implementation and additional program strategies. Applicants should present a plan for determining the extent to which the outcome goal(s) was met by the end of the grant period and describe the data that will be collected to address the outcome goals.

Given that pregnancy and birth rates have been on the decline in general, the applicant must be able to demonstrate that the outcomes are a result of the grantee's program and not due to a

general decline in teen pregnancy or teen birth rates overall. The applicant may propose to use archival/administrative data to compare outcomes in the community(ies) served to outcomes in a similar community that did not receive the TPP program. The applicant may propose to use data from national datasets to compare their community to national averages or to data from similar communities. The applicant should describe what data will be used (i.e. national datasets like the National Survey of Family Growth (NSFG) or the Youth Risk Behavior Survey (YRBS) that can provide pregnancy and birth rates for particular locations broken down by demographic measures, or community-level administrative data) and demonstrate that the data is collected often enough to provide data during the grant period. Grantees are not expected to conduct individual-level surveys of participants. OAH also does not expect applicants to propose evaluation using a randomized controlled trial design. Grantees will be expected to develop an outcome evaluation report by the end of the grant that summarizes the results of their study, including the desired outcomes, study design, outcome measures, data analysis methods, findings, and conclusions.

Further, as a condition of the grant award, all funded grantees will be required to participate in a Federal evaluation, if selected, and agree to follow all evaluation protocols established by HHS or its designee. Any costs associated with evaluation data collection for the Federal evaluation will be paid for by the Federal evaluation contractor.

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 implementing evidence-based TPP programs on a large scale (i.e., at least 500 youth per year)

- Experience either implementing TPP programs in the target community(ies) **or** working with partner organizations to implement TPP programs in the target community(ies)

- Leadership in preventing teen pregnancy and promoting positive youth development in the community(ies), including demonstrating a clear understanding of the needs and resources in the community(ies), and acknowledgement from others in the community of their influence and credibility

- Ability to convene diverse stakeholders and decision makers from the community, including youth, to join the Community Advisory Group and Youth Leadership Team

- Experience monitoring implementation of programs through partners and subcontracts

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

- 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 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 project similar in size and scope to the proposed project

- Describe the organization's ability to establish partnerships and leverage existing systems and networks to implement evidence-based TPP programs to scale within each community served

- 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 the policies are enforced.

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

PARTNERSHIPS AND COLLABORATION

Grantees will be expected to partner with a range of diverse organizations in the community to have the greatest impact on reducing rates of teen pregnancy, reducing existing disparities, and promoting healthy adolescent development. The applicant organization may, but is not expected to, implement all programming and activities for the grant directly. OAH anticipates that the applicant would establish partnerships with other organizations in the community to support the program and oversee various aspects of program implementation. **OAH will not fund more than one grant to serve the same target community.** Applicants can propose to work in a single community or in more than one community (see pages 13-14 for the definition of community and pages 13-33 for the expectations for each community served).

The applicant must document support from key stakeholders in the target community to develop and implement a plan to prevent teen pregnancy and reduce existing disparities, including commitment and readiness to implement evidence-based TPP programs and collect required performance measure data. Applicants must include documentation of support from:

- Key decision makers, youth-serving organizations, and members of the community who will be engaged in the Community Advisory Group and Youth Leadership Council

- Partners who will provide access to implement evidence-based TPP programs to youth and their families through existing systems

- Organizations that will be responsible for implementing evidence-based TPP programs.

Applicants are expected to include signed Memorandums of Understanding (MOUs) with partners in the community(ies) that will assist with implementation of evidence-based TPP programs. MOUs should include partners responsible for implementing the evidence-based TPP programs as well as partners who will provide access to youth through existing systems or

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networks. For all implementation partners, the applicant must document each partner's commitment and readiness to support the proposed program and capacity to implement the program. The application should also include signed Letters of Support from decision makers, youth-serving organizations, and members of the community to demonstrate support for the program.

PROJECT MANAGEMENT

The applicant should propose a team to manage and implement the program that has experience implementing evidence-based TPP programs, coordinating large scale implementation efforts at the community level, mobilizing multiple partners and decision makers to work toward a common goal, and providing training and technical assistance to multiple 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, including sub-awardees and partner staff, 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 implementation. 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.

COOPERATIVE AGREEMENT SUBSTANTIAL PROGRAMMATIC INVOLVEMENT OF FEDERAL AGENCY

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 implementation plans prior to implementation, evaluation design plan prior to initiating the evaluation, proposed adaptations to evidence-based TPP programs.
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 Resolution thus far for FY 2015 (Public Law No. 113-164).

II.   AWARD INFORMATION

The HHS Office of Adolescent Health intends to make available approximately $60 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: $60 million

Anticipated Number of Awards: 60

Range of Awards: $500,000 - $2,000,000 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 on 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. For each community served, the applicant proposes serving a population(s) within the community that 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) (1)

2. The applicant identifies the evidence-based TPP programs it proposes to implement in at least 3 settings, and

3. All evidence-based TPP programs proposed are eligible for replication under this FOA as defined on pages 11-12 and listed in **Appendix D**.

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 AND 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 1 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.

<u>Application Format</u>

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 community or communities served and the teen birth rate for the population(s) served within each community and (2) identification of the evidence-based TPP programs proposed for implementation in at least 3 settings.

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-grants.html . 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:

- Target Population & Need

- Program Approach

- Performance Measures & Evaluation

- Capacity and Experience of the Applicant Organization

- Partnerships & Collaboration

- Project Management

Target Population & Need

- The applicant must describe the community or communities that will be served, and demonstrate that the population(s) served within each community 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)(1). For each community served, the applicant should clearly describe the geographic boundaries used to define the community.

- The application should document the specific needs of the community(ies) that will be served, 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 community

  o Data on existing disparities at the local level, including disparities by race and ethnicity, age, geographic within community served, and specific vulnerable populations

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

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

- Document resources available to youth in the community(ies):
  - Describe resources available in the community(ies), 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; and other relevant programs and services
  - Describe how the proposed program will contribute and enhance the programs and services already available.

- Describe how community needs and resources were identified and how the applicant plans to continually assess community needs and resources on an ongoing basis to ensure programs are aligned with changing community needs.

- Describe how the proposed program approach and selected evidence-based TPP programs align with the needs of the community and the resources available. Describe how the approach and selection of evidence-based TPP programs have been designed to have the greatest impact on reducing rates of teen pregnancy and existing disparities in the community.

- Describe the number of youth that will be reached each year by the grant, including number reached with each evidence-based TPP program and number reached through

referrals to healthcare services. Provide specific details on how the estimates were obtained, including the total number of the youth in community and the percentage of youth available who will be served. For each specific setting reached, the applicant should describe the total number of youth available in the setting and the percentage of available youth that will be reached (e.g., the number and breakdown of schools and enrollment in each; number of youth in foster care; number of youth in juvenile detention; number of expectant and parenting teens).

- Describe strategies to implement evidence-based TPP programs to scale in the community, including partnership and collaboration with existing and established systems for serving youth in the community.

- Describe specific strategies that will be used to recruit youth to participate and the rationale for why the strategies are expected to be successful.

- Describe specific strategies that will be used to retain youth and the rationale for why the strategies are expected to be successful.

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 work plan should describe the applicant's plans to prevent teen pregnancy and existing disparities in each community served that includes:

- Mobilizing and engaging the community in developing and implementing a plan to prevent teen pregnancy and promote positive youth development

- Engaging in a planning, piloting, and readiness period of up to 12 months

- Implementing evidence-based TPP programs to scale with fidelity and quality in at least 3 settings

- Ensuring that program materials are medically accurate, age appropriate, culturally and linguistically appropriate, and inclusive of LGBTQ youth

- Ensuring that programs are implemented in a safe and supportive environment for youth and their families

- Establishing and maintaining linkages and referrals to youth-friendly health care 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 beyond the grant

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

- Evaluating the implementation and outcomes of the program.

- The application should include a detailed logic model that clearly depicts the inputs, activities, intended outputs, and short- and long-term outcomes of the overall program.

- The applicant should describe its plans for establishing a (or work with an existing) Community Advisory Group and a Youth Leadership Council to lead the community mobilization planning and activities. The applicant should describe the members that

will comprise the Community Advisory Group and the rationale for why each member was selected to be a part of the Community Advisory Group. The applicant should describe how the members of the Youth Leadership Team will be selected and how it will ensure that the Youth Leadership Team is reflective of the target populations to be served.

- The applicant should describe how it plans to implement strategies outlined in Strategies Guided by Best Practice for Community Mobilization, (http://advocatesforyouth.org/storage/advfy/documents/Factsheets/strategies%20guided%20by%20best%20practice_8-11-14.pdf), over the course of the grant.

- The applicant should describe activities for the planning, piloting, and readiness period, including how it will work to meet all planning year milestones (see Appendix G). The applicant should also describe its plans to use Getting to Outcomes^{TM} (http://www.rand.org/health/projects/getting-to-outcomes.html) to guide its program planning activities.

- The applicant should describe the evidence-based TPP programs proposed for implementation in at least 3 settings in each community along with a description of how and where the program will be implemented. Applicants should describe how the selection of the evidence-based TPP programs aligns with the results of the community needs assessment. Applicants should also describe how the evidence-based TPP programs selected are a good fit for the implementation setting and context available, the capacity of the implementing organization, and the intended outcomes.

- In each community served, the applicant should describe its plans to implement evidence-based TPP programs in at least 3 settings and should demonstrate how the settings

identified align with the results of the community needs and resource assessment. The applicant should also describe how its plans will ensure that youth receive evidence-based sexual health education at multiple times over the course of their adolescence, and that the education received is sequential, consistent, and reinforcing.

- In each setting, the applicant should describe how it plans to implement evidence-based TPP programs to scale by working through existing systems and/or other strategies.

- Applicants should describe plans to implement and monitor programs with fidelity. Applicants should describe how it will use fidelity monitoring data to make continuous quality improvements to the program and its implementation.

- Applicants should describe any planned adaptations or additional activities to the evidence-based TPP programs and whether the proposed adaptations are minor adaptations or major adaptations. For all proposed adaptations, the applicant should describe the rationale for why the adaptation is needed.

- Applicants 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.

- Applicants should describe the process or plan that will be used to ensure that programs are inclusive and non-stigmatizing toward all youth, including LGBTQ youth, including their policies, plans for staff training, and monitoring procedures for claims. Applicants should describe how key positive youth development practices will be integrated into all programs.

- Applicants should describe how they will use a trauma-informed approach in the TPP program.

- Applicants should describe the process or plan that will be used to establish and maintain linkages and referrals to a network of organizations (including public providers such as HRSA-funded Community Health Centers and OASH-funded Family Planning Services) and healthcare professionals who can provide high-quality, youth-friendly healthcare services for youth participants and their families. Applicants should describe how they will identify and recruit organizations and healthcare professionals to serve as referrals; the range of services that will be covered by referrals, and how they will assess whether the services provided are youth friendly. Applicants should also describe their plans for making and managing referrals, how the referral information will be shared with youth and their families, and how staff responsible for making referrals will be trained.

- The applicant should describe its plans for strategic dissemination and communication to raise awareness of the importance of preventing teen pregnancy and promoting healthy adolescent development and specific awareness of the funded program. 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, what strategies it will use to disseminate and communicate information to key stakeholders, and how it will evaluate 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. 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 and to use performance measure data for continuous quality improvement. The

    applicant should describe their capacity to conduct implementation and outcome

    evaluations.

- The applicant should describe the processes that will be used to collect performance

    measure data from all participants to report it to OAH on a semi-annual basis following

    program implementation (OMB #0990-0390, Expiration May 2015, pending renewal).

    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 by the end of the

    planning and piloting period.

- The applicant should describe any potential obstacles to the collection of the performance measures and how it plans 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 to evaluate the implementation of the proposed program to document the process of developing and implementing the program and to identify key successes, challenges, and lessons learned.

- The applicant should state its outcome goals for the project and describe how the outcomes will be measured. Applicants should describe their plan for determining the extent to which the outcome goal(s) was met by the end of the grant period. Applicants should describe how they will be able to demonstrate that the outcomes are a result of the grantee's program and not due to a general decline in teen pregnancy or teen births rates overall. The applicant should describe the data that will be used to measure outcomes and demonstrate that the data is collected often enough to provide required information/reports during the grant period.

Capacity and Experience of the Applicant Organization

- The applicant organization should describe and demonstrate that it has the following experience:
    - Experience implementing evidence-based TPP programs on a large scale (i.e., at least 500 youth per year)

- Experience either implementing TPP programs in the target community(ies) **or** working with partner organizations to implement TPP programs in the target community(ies)

- Leadership in preventing teen pregnancy and promoting positive youth development in the community(ies), including demonstrating a clear understanding of the needs and resources in the community(ies), and acknowledgement from others in the community of their influence and credibility

- Ability to convene diverse stakeholders and decision makers from the community, including youth, to join the Community Advisory Group and Youth Leadership Team

- Experience monitoring implementation of programs through partners and sub-recipients

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

- Experience collecting performance measure data and using data for continuous quality improvement; the applicant should describe the data that was collected, how the data was used to make program improvement, and the specific improvements that were made to their program as a result of the data

- 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 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 with the target community(ies) and proposed target populations

  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 and uses 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 its existing organizational 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

- Describe the organization's ability to establish partnerships and leverage existing systems and networks to implement evidence-based TPP programs to scale within each community served. Describe the relationships and partnerships that already exist and those that will need to be established

- Describe the organization's ability to provide training and technical assistance to establish large-scale implementation of evidence-based TPP programs

- Describe the organization's experience managing challenges associated with growth and scale.

- 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:
  - Describe the processes used by the organization to effectively and efficiently manage financial resources

  - Describe the level of funding received by the organization in the past several years to implement TPP and positive youth development programs

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

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

  - 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 turnover within the organization and the rationale for turnover over the last 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 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:

  o 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

  o 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 the policies are enforced.

Partnerships & Collaboration

- The applicant should document support from key stakeholders in each community(ies) served to develop and implement a plan to prevent teen pregnancy and reduce existing disparities. Applications should include Letters of Support and signed, detailed MOUs in the Appendix.

- The applicant should describe the diversity of partners who will be engaged in the Community Advisory Group and Youth Leadership Council and the various sectors of the community that the partners represent. If there are key representatives from the community who have not yet provided support to the project, the applicant should describe how it plans to obtain their support.

- The applicant should provide a detailed description of the partnerships with existing systems and/or networks in each community served that will provide access to youth and their families to receive the program. The applicant should describe at what level the partnership exists (e.g., district-level vs. school-level vs. classroom-level; network of clinics vs. individual clinic) and how the partnership will enable implementation of the program to scale in the community.

- The applicant should clearly describe the roles and responsibilities for all partners who will be responsible for implementing evidence-based TPP programs in the community.

- For each partner responsible for implementation of evidence-based TPP programs, the applicant should describe:
  - The partner's experience implementing TPP programs in the community.
  - The partner's experience working with the specific target population.
  - The partner's commitment and motivation to the proposed program.
  - The partner's ability to implement programs to scale, serving as many youth as possible in the target population and identified setting.
  - The partner's experience collecting performance measure data and using performance measure data to make continuous quality improvements to programs.
  - How the program aligns with the partner organization's mission and vision.
  - The processes used by the partner organization to effectively and efficiently manage financial resources.
  - The organization's process for measuring staff performance, holding staff accountable, and providing staff professional development.

- o The level of turnover and rationale for turnover within the partner organization over the last several years.

- o The strategies used to ensure high quality program delivery.

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, monitoring implementation partners, 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, coordinating large scale implementation efforts at the community level, mobilizing multiple partners and decision makers to work toward a common goal, providing training and technical assistance to multiple partners, collecting and using performance measure data, and conducting implementation and outcome evaluation. The application should include

resumes or 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 its plans for managing and monitoring all implementation

   partners.

- The applicant should describe its plans for ensuring that all staff responsible for

   implementing the project, including partner staff, 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 with what frequency it will provide

   professional development, and any specific topics for professional development that have

   already been identified. The applicant should also describe how it will work to

   strategically build capacity within each community served to provide training and

   technical assistance.

- 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

You 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, you should develop your

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 amount of funding an applicant may request on an annual basis is linked to the number of youth, on average that the applicant proposes to reach in years 2-5 with evidence-based TPP programs. The award ranges are shown in the following chart.

Annual Budget	Annual Reach
$500,000 - $749,999	At least 700 per year
$750,000 - $999,999	At least 1,500 per year
$1,000,000 - $1,249,999	At least 3,000 per year
$1,250,000 - $1,499,999	At least 6,000 per year
$1,500,000 - $1,749,000	At least 10,000 per year
$1,750,000 - $2,000,000	At least 15,000 per year

The budget narrative should clearly show how the total amount requested for all categories (i.e. Personnel, Fringe, Travel, and 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:

- 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)

- 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)

- Equipment - List only equipment as defined by 45 CFR Part 75.2

- Supplies - Categorize supplies as defined by 45 CFR Part 75.2 according to type, such as office supplies, training materials, etc.

- 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.

- Other - Itemize all costs in this category and explain each in sufficient detail to enable determinations for whether each cost is allowable.

- 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.
- Applicants should budget no more than 3% of the total budget on incentives for recruitment and retention.
- Applicants should budget no more than 10% of the total budget on training and technical assistance, including training and TA support from the program developer.

Grantees 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 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 12 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 Implementation Partners.** The application should include signed, detailed MOUs with partners in the community who will provide access to youth and their families for program implementation through their existing systems (e.g., schools, clinics, existing after-school programs, juvenile detention). The application should also include signed, detailed MOUs with all organizations that will be responsible for implementing evidence-based TPP programs. The applicant is expected to implement evidence-based TPP programs in at least 3 settings. MOUs should include commitment to strategies to implement programs to scale. Each MOU should clearly outline the roles, responsibilities, and expectations of the applicant and the partner.

- **Letters of Support.** The application should include Letters of Support from key decision makers, youth-serving organizations, and members of the community who will be engaged in the Community Advisory Group and Youth Leadership Council. Letters of support are letters that are general in nature that speak to the writer's belief in the capability of an applicant to accomplish a goal/task. Letters of support also may indicate an intent or interest to work together in the future, but they lack specificity.

- **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 <u>exclusive</u> of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to 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. Criteria: Eligible applications will be assessed according to the following criteria:

Target Population and Need (20 points overall)

Points	Target Population and Need – Evaluation Criteria
4	Includes a thorough description of the community or communities that will be served. Demonstrates that the community(ies) served are in need and that the proposed program will enhance and not duplicate existing activities in the community by using credible sources to document: • 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, etc) • Resources and services already available in the community.
3	Extent to which the applicant describes how the proposed program approach and selected evidence-based TPP programs align with the needs of the community and the resources available. Describes how the approach and selection of evidence-based TPP programs have been designed to have the greatest impact on reducing rates of teen pregnancy and existing disparities in the community.
5	The extent to which the applicant describes the number of youth that will be reached each year by the grant, specifically the number reached with evidence-based TPP programs in each setting. The applicant includes specific details on how the estimates were obtained. The estimates appear accurate and reasonable to achieve.
5	Extent to which the applicant describes strategies to implement evidence-based TPP programs to scale in the community, including partnership and collaboration with existing and established systems for serving youth in the community. The strategies described seem likely to result in implementation of evidence-based TPP programs to scale with large numbers of youth.
3	The extent to which the applicant describes strategies to recruit and retain youth in the program that are likely to enable the applicant to reach the targeted number of youth each year and result in high levels (80% or more) of youth engagement and retention.

Program Approach (30 points overall)

Points	Program Approach – Evaluation Criteria
4	Includes a detailed work plan and logic model for the five-year project period. The work plan includes goals, SMART objectives, activities to accomplish each objective, and, for each activity, the person(s) responsible, timeline for completing activities, and measures of success. Extent to which the work plan is aligned with OAH expectations described on pages 13-33 of the FOA. The logic model clearly depicts the inputs, activities, intended outputs, and short- and long-term outcomes of the overall program; is aligned with the work plan; and aligned with OAH expectations described on pages 13-33 of the FOA.
3	Extent to which the applicant describes its focus and activities for the initial planning and readiness period of up to 12 months, including how it will ensure successful completion of all milestones included in Appendix G. The applicant describes plans to establish a Community Advisory Group and Youth Leadership Council during the initial planning period. The Community Advisory Group will include diverse representation from decision makers, champions, and organizations and the Youth Leadership Council will include representation from the target population and provide meaningful roles and engagement for members.
5	Describes the evidence-based TPP programs proposed for implementation in at least 3 settings in each community. Evidence-based TPP programs proposed are eligible for replication under this FOA (pages 11-12 and Appendix D). Proposed settings and proposed evidence-based TPP programs align with the needs and resources of the community. Proposed evidence-based TPP programs appear to be a good fit for the needs of the target population, implementation setting, organizational capacity, and targeted outcomes.

Points	
5	Describes how evidence-based TPP programs will be implemented to scale in each setting by working through existing systems and/or other strategies. Partnerships for implementation through existing systems are established at the highest level possible in the target community (i.e., schools district vs. individual school). The plan seems likely to result in reaching as many youth as possible in each setting.
3	Extent to which the applicant's plans for monitoring fidelity and managing adaptations are likely to result in implementation of evidence-based TPP programs with fidelity. Applicant describes how it will use fidelity monitoring data to make continuous quality improvements to the program and its implementation.
4	Extent to which the applicant describes the process that will be used to ensure all program materials are medically accurate, age appropriate, culturally and linguistically appropriate, and inclusive of LGBTQ youth. The applicant describes its plans for ensuring all programs are implemented in a safe and supportive environment for youth and their families, including ensuring inclusivity, integrating key positive youth development practices, and using a trauma-informed approach.
3	Extent to which the applicant describes how it will establish and maintain linkages and referrals to a network of organizations and healthcare professionals who can provide a range of high-quality, youth-friendly healthcare services for youth participants and their families, and how it will ensure that youth participants are aware of available services and receiving referrals to available services as necessary.
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. Includes a description of its plans for strategic dissemination and communication activities.

Performance Measures and Evaluation (10 points overall)

Points	Performance Measures and Evaluation – Evaluation Criteria
3	Demonstrates a clear understanding of the performance measure data that will be collected and reported.
3	Describes plans for ensuring performance measure data is collected and reported to OAH on a semi-annual basis, 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.
4	Extent to which the applicant describes its plans for conducting an implementation evaluation and an outcome evaluation. The implementation evaluation will identify key successes, challenges, and lessons learned. The applicant identifies the outcome goals and describes how the outcome evaluation will enable the applicant to demonstrate that the outcomes obtained are a result of the program. The applicant describes the data that will be used for the outcome evaluation and demonstrates that the data is collected often enough to provide data during the grant period. The planned evaluations appear feasible and reasonable.

Capacity of Applicant Organization (15 points overall)

Points	Capacity of Applicant Organization – Evaluation Criteria
5	Extent to which the applicant demonstrates that it has the following experience: - Experience implementing evidence-based TPP programs on a large scale (i.e., at least 500 youth per year) - Experience either implementing TPP programs in the target community(ies) **or** working with partner organizations to implement TPP programs in the target community(ies) - Leadership in preventing teen pregnancy and promoting positive youth development in the community(ies), including demonstrating a clear understanding of the needs and resources in the community(ies), and acknowledgement from others in the community of their influence and credibility - Ability to convene diverse stakeholders and decision makers from the community, including youth, to join the Community Advisory Group and Youth Leadership Team
3	Extent to which the applicant describes the organization's ability to support and manage a program of this size and scope by clearly explaining the following: - Existing infrastructure relevant to the proposed project - How the program aligns with the organization's mission and the organization's support and commitment to the proposed program - Ability to effectively and efficiently manage financial resources, including a description of the level of funding received by the organization in the past several years to implement TPP programs - Ability to effectively and efficiently manage staff performance, including a description of the level of turnover and rationale for turnover within the organization over the last several years
4	Extent to which the organization effectively and efficiently: - Manages strategic relationships with partner organizations, including the process used to foster and maintain partnerships, strategies used to ensure effective communication with partners, and strategies used for monitoring partner activities. Provides examples of the types of partners the organization has worked with in the past on TPP programs and the outcomes those partnerships have produced. - Collects and uses data to make decisions and quality improvements, including a description of specific data collected, how the data was used to make improvements to the program, and what specific improvements resulted.
3	Applicant has demonstrated 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 or gender identity

Partnerships and Collaboration (10 points overall)

Points	Partnerships and Collaboration – Evaluation Criteria
4	Extent to which the applicant documents support for the proposed project from key stakeholders in each community that will be served, including: Letters of commitment from key decision makers, youth-serving organizations, and members of the community who will be engaged in the Community Advisory Group

	and Youth Leadership Council • Signed, detailed MOUs with partners in the community who will provide access to youth and their families for program implementation through their existing systems (e.g., schools, clinics, existing after-school programs, juvenile detention) • Signed, detailed MOUs with all organizations that will be responsible for implementing evidence-based TPP programs. The applicant is expected to implement evidence-based TPP programs in at least 3 settings. MOUs should include commitment to strategies to implement programs to scale. Extent to which the applicant proposes a range of diverse of partners (both traditional and non-traditional – see pages 16-17) who will be engaged in the Community Advisory Group and Youth Leadership Council. The application documents support from key partners indicates that the proposed project is welcomed by the community and is likely to be a success.
3	Extent to which the application includes a detailed description of the partnerships with existing systems and/or networks in each community served that will provide access to youth and their families to receive the program. The application documents support and commitment from the partners that demonstrates access to existing systems and likelihood of reaching as many youth as possible with evidence-based TPP programs in each setting.
3	Extent to which the applicant clearly describes the roles and responsibilities for all partners who will be responsible for implementing evidence-based TPP programs in the community. Each implementation partner demonstrates: o Experience implementing TPP programs in the community o Experience working with the specific target population o Ability to implement programs to scale, serving as many youth as possible in the target population and identified setting

Project Management (10 points overall)

Points	Project Management – Evaluation Criteria
3	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. Extent to which the applicant's plan will result in high quality performance, successful accomplishment of project activities, and early identification of challenges or barriers.
3	Extent to which the applicant includes a description of the roles and responsibilities of all staff and partners and how they will contribute to achieving the objectives and outcomes of the grant. The management structure and roles and responsibilities of the proposed project team are likely to lead to accomplishment of program goals and objectives.
4	Extent to which 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, monitoring the activities and performance of partners, collecting and analyzing data to assess program progress (i.e.

Points	Budget – Evaluation Criteria
	performance measure data), using data to make continuous quality improvements, and conducting implementation and outcome evaluation. Applicant describes plans for minimizing staff turnover and ensuring well trained staff.

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 amount of funding requested on an annual basis aligns with the planned annual reach of the project as indicated on page 65 of the FOA. 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 • Budget no more than 3% of the total budget on incentives for recruitment and retention • Budget no more than 10% of the total budget on training and technical assistance, including training and TA support from the program developer • 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 from communities across the country

b. Representation of project sites in communities of varying sizes, including rural, suburban, and urban communities.

c. Representation of diversity in scale of projects (see table on page 65)

d. Diversity of settings and populations served by projects.

e. Representation of diverse eligible evidence-based TPP programs from the HHS TPP Evidence Review.

f. The prevalence of teen pregnancy in the geographic community to be served, as indicated by a current government data source.

g. 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. Grantees 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.

Unfunded 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 grantee 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

Information on program requirements and Letters of Intent should be directed to the program

office at:

Attn: OAH TPP Tier 1B
1101 Wootton Parkway, Suite 700
Rockville, MD 20852
Phone: 240-453-2846
Email: tpptier1b@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 Support, Resumes/CVs,
Job Descriptions, Organizational Chart,
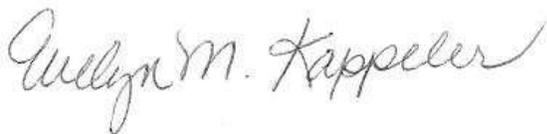
Evelyn M. Kappeler

Evelyn M. Kappeler
Director, Office of Adolescent Health

<u>FOA Appendices</u>

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 – Planning Year Milestones

Appendix H – 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

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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

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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)

Collective Impact – The commitment of a group of individuals from different sectors to a common agenda for solving a complex problem. (28)

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. (29)

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/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/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

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[*] 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

	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:	Person/agency responsible for Accomplishing Activities.	Activity Timeline.
a.	a.	a.
b.	b.	b.
c.	c.	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. <u>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.</u>

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. <u>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.</u>

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. <u>Although we only include a few activities in the example work plan template for each objective, you should list all activities for each objective.</u>

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.

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:

105

Data Sources:

Data Sources:

Data Sources:
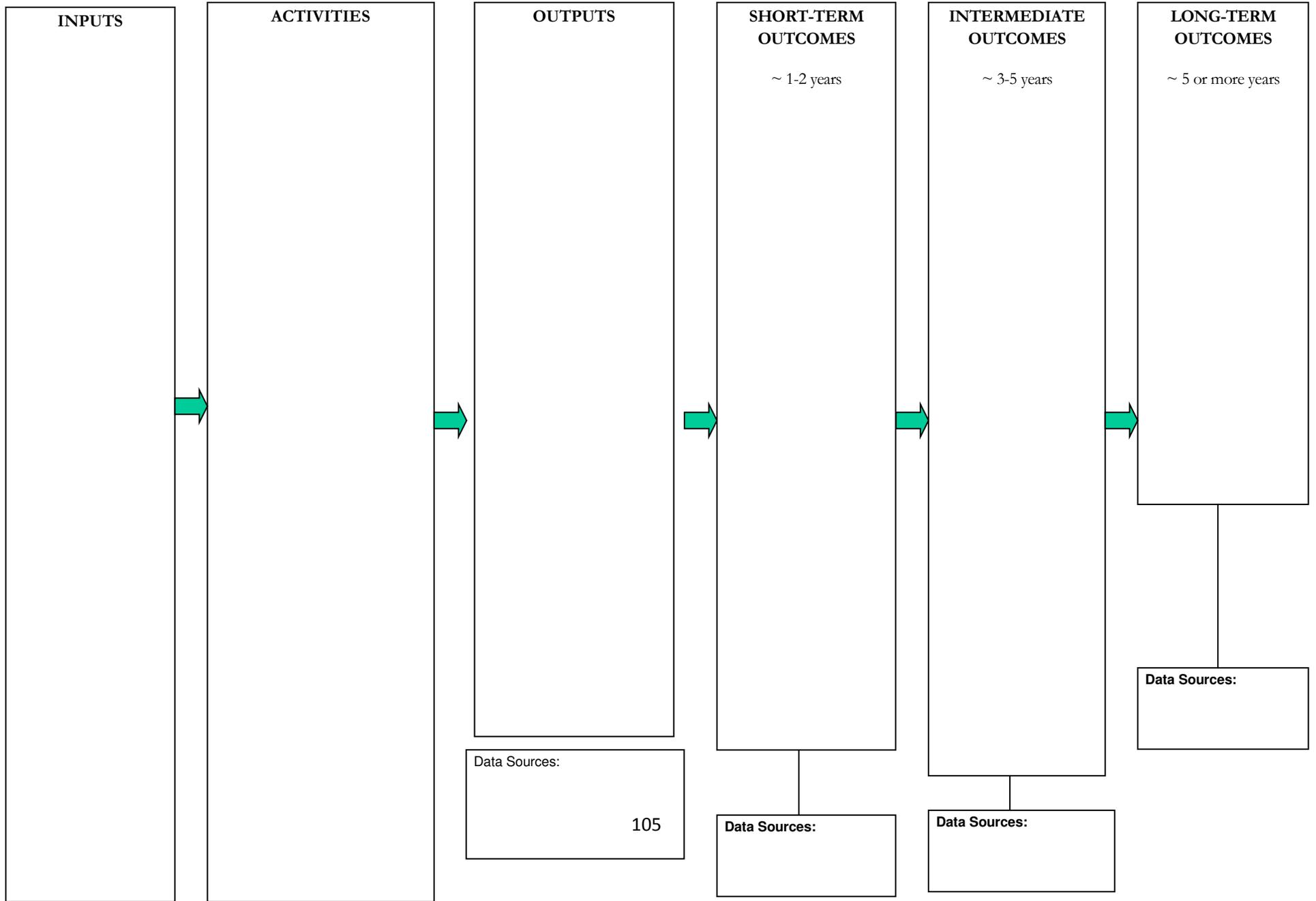
Appendix G - TPP Grantee Planning Period Milestones

All of the following must be completed before OAH will grant approval to begin full implementation:

☐ Hire all key staff (grantee & all implementation partners)

☐ Finalize implementation partners with signed MOUs outlining clear roles and responsibilities

☐ Establish a Community Advisory Group in each community served with clear guidance on goals & expectations

☐ Establish a Youth Leadership Council in each community served with clear guidance on goals & expectations

☐ Develop a plan for preventing teen pregnancy in the community served using the Getting to Outcomes^{TM}

☐ Complete an in-depth Needs and Resource Assessment for each community served

☐ Select Evidence-Based TPP Programs for implementation in at least 3 settings based on needs of community & organizational capacity to ensure fit

☐ Identify need for supplemental materials and propose to OAH for approval (i.e., lesson on reproductive anatomy)

☐ Submit all program materials to OAH for medical accuracy review and complete all required revisions

☐ Review all program materials to ensure age appropriateness and make revisions as necessary

☐ Train all staff involved in program implementation & establish a plan for ongoing training & TA
  ➢ Program planning using Getting to Outcomes^{TM}
  ➢ Training on selected evidence-based TPP programs
  ➢ Positive youth development
  ➢ Using a trauma-informed approach
  ➢ Ensuring inclusivity and creating safe spaces for youth
  ➢ Effective implementation practices (i.e., youth engagement, classroom management, responding to difficult questions)

☐ Pilot test implementation of all selected evidence-based TPP programs with a small number of youth from target population to ensure fit

☐ Purchase materials needed for full-scale implementation

☐ Submit all proposed adaptations and rationale for proposing adaptations to OAH for approval

☐ Establish plan for managing referrals to youth-friendly health care services

☐ Finalize work plan, including activities for implementing and evaluating the program, monitoring program partners, monitoring fidelity, and planning for sustainability

☐ Clear, complete implementation plan submitted for each implementation site

☐ Evaluation plan submitted
  ➢ Plan for process and implementation evaluation
  ➢ Plan for outcome evaluation

Appendix H - 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)
- Age
- Grade
- Gender
- Race
- Ethnicity
- Language spoken at home
- 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?
    - Minimum
    - 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)

(OMB 0990-0390, Expiration May 2015, Renewal Pending)

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