

DEPARTMENT OF HEALTH AND HUMAN SERVICES

**AGENCY:** Office of the Secretary, **Office of Public Health and Science, Office of Population Affairs, Office of Adolescent Pregnancy Programs.**

**FUNDING OPPORTUNITY TITLE:** Announcement of Availability of Funds for Adolescent Family Life (AFL) Demonstration Projects.

**CFDA NUMBER:** 93.995

**ANNOUNCEMENT TYPE:** Initial Competitive Grant

**DATES:** To receive consideration, applications must be received by the Office of Grants Management, Office of Public Health and Science (OPHS), Department of Health and Human Services (DHHS) c/o Grant Application Center, Office of Grants Management Operations Center, 1515 Wilson Blvd., Suite 100, Arlington, VA 22209, Attention Office Population Affairs/Office of Adolescent Pregnancy Programs no later than **11:00 p.m. Eastern Time for electronic applications and 5:00 p.m. Eastern Time for mailed-in applications on June 11, 2008.** The application due date requirement in this announcement supersedes the instructions in the OPHS-1 form.

**Overview:** The Office of Population Affairs (OPA), Office of Adolescent Pregnancy Programs requests applications for Adolescent Family Life (AFL) prevention demonstration grants, as authorized by Title XX of the Public Health Service (PHS) Act, 42 U.S.C. 300z *et seq.* These grants are for projects to develop, implement and evaluate a multi-site primary abstinence education program targeting youth ages 12-18, as compared with a multi-site “enriched” program model.

This announcement defines a primary abstinence education program as 15-25 hours of abstinence education and supportive services and activities conducted within one year with the same participants. OAPP has selected 15-25 hours as a range for a primary abstinence education program based on several studies suggesting that this amount of dosage can have a positive effect on youth [see Connell, D.B., Turner, R.R. & Mason E.F. (1985) Summary of findings of the school health education evaluation: health promotion effectiveness, implementation and costs.” *Journal of School Health*, 55 (8), 316-321) and Moore, D.A. & Sugland, B.W. (1997). Using behavioral theories to design abstinence programs. *Children and Youth Services Review*, 19(5/6), 485-500].

An enriched program model, as defined in this announcement, is a primary abstinence education program integrated with one of three types of program models chosen by OAPP: Intensive parental/family involvement, mentoring, and community service. See section I-4 of this announcement. OAPP is interested in learning if enriched abstinence models provide a stronger effect than a primary abstinence education program. Applications should propose a comparison of a primary abstinence education program to one of these three models.

A primary abstinence education program, delivered through a curricula or a combination of curricula and supportive activities and services, may motivate youth in healthy decision-making. A primary abstinence education program plus an enriched program model could create

an even stronger model to deliver a clear message that abstinence is the healthiest choice. A significant aspect of the proposed demonstration project is that it include a comparison between those individuals served through a primary abstinence education program (comparison group) and those served by a primary abstinence education program integrated with an enriched program model (intervention group). Individuals should be randomly assigned to these two groups. If randomization is not possible, then a tightly woven justification for a strong quasi-experimental design must be made.

Under this announcement, OAPP is interested in comparing primary abstinence education program interventions with one of three enriched program models using random assignment and multi-sites. Sites can be school-based, community-based or both school- and community-based. The grant amount available for each project is in the range of \$600,000-\$800,000 per year and OAPP expects that projects dedicate 20-25% of the Federal portion of the proposed budget to evaluation activities. Applicants are strongly encouraged to propose a randomized design as described in sections I-6 and I-10 of this announcement. Successful applicants will propose 20-25% of the Federal portion of the budget for evaluation activities and will plan on tracking program participants across all sites for at least one year after the intervention. Applications that include measures of program effects on sexual activity are preferred and will be scored accordingly.

All AFL prevention demonstration projects must provide “abstinence education” as defined in section 510(b)(2)(A)-(H) of the Title V of the Social Security Act (“the A-H criteria”). This legislation, enacted in 1996, lists out eight components (or criteria) that define abstinence education. See section I-2 of this announcement. AFL prevention demonstration projects are required to use this definition to develop and implement their abstinence education activities.

Therefore, prevention demonstration projects must clearly and consistently promote premarital abstinence as the only 100% effective way of preventing adolescent pregnancy and sexually transmitted diseases (STDs), including HIV/AIDS. Funds will be available for approximately 4-5 demonstration projects, which may be located in any State, the District of Columbia, and United States territories, commonwealths and possessions. Faith-based and community-based organizations are encouraged to apply.

In this funding announcement, the OAPP is requesting that applicants propose a multi-site demonstration program comparing a primary abstinence education program with an enriched program model. A primary abstinence education program, as defined in this announcement, is 15-25 hours of abstinence education and supportive activities and services conducted within one year with the same participants. An enriched program model, as defined in this announcement, is a primary abstinence education program integrated with one of three types of enriched program models (as defined in section I-4 of this announcement) also implemented within one year with the same participants.

When explaining the rationale for how the applicant will implement a multi-site demonstration program, successful applicants will describe their experience with other youth prevention programs, including experience with state, local or Federal abstinence education grant programs. In particular, successful applicants will choose and describe their selected primary abstinence education program and enriched model of intervention based on experiences and “lessons learned” from previous youth and family oriented activities and services.

Applications under this announcement are expected to include a clear and fully developed evaluation plan that encompasses all sites proposed in a randomized design. The proposed evaluation team's experience, specifically related to conducting program evaluation using randomized experimental designs with multi-sites, should be strong. An evaluator should demonstrate his/her ability to conduct an intensive, randomized, multi-site design as proposed.

A strong evaluation plan should include a commitment and description of capacity to track program participants in both the comparison and intervention groups for at least one year after the intervention. It should also include a commitment and description to utilize a multi-site model comparing one of the three enriched program models to 15-25 hours of a primary abstinence education program described in this Request for Applications. Applicants should also address both capacity and intent to use the AFL prevention core evaluation instrument. A copy of this instrument can be found at [http://www.hhs.gov/opa/familylife/core\\_instruments/index.html](http://www.hhs.gov/opa/familylife/core_instruments/index.html). Data collection and program management protocol and procedures should be explained in the narrative.

Logistical management of multiple sites can be very difficult. A successful applicant should thoroughly detail how this will be done. For additional guidance, see section IV of this announcement. For successful applications, Memorandums of Understanding (MOU) proposed in the application must be updated prior to funding. Please note, updating of MOUs is estimated to take place August, 2008. Applicants should ensure a contact will be available at that time for each MOU.

Successful applicants will also ensure that program staff are prepared to address issues of sexual coercion and exploitation of young teens. In addition, areas of the country with high incidences of adolescent pregnancy, sexually transmitted diseases, poverty rates, as well as existing gaps in services for youth, will receive special consideration. Under this announcement, former AFL grantees and current AFL prevention grantees are eligible to apply.

#### **I. FUNDING OPPORTUNITY DESCRIPTION:**

##### *1. Purpose of Adolescent Family Life Prevention Demonstration Programs*

The primary purpose of AFL prevention demonstration programs, as authorized by Title XX of the Public Health Service (PHS) Act, 42 U.S.C. 300z *et seq*, is to find effective means, within the context of the family, of reaching adolescent children before they become sexually active to encourage them to abstain from premarital sexual activity. Early initiation of sexual activity brings not only the risk of adolescent pregnancy, but also substantial health risks, primarily STDs, including HIV/AIDS. Adolescent sexual activity is also associated with a host of other problems, such as poor school performance, delinquency, substance use and depression.

##### *2. Definition of Abstinence Education*

Proposed primary abstinence education programming, whether educational or supportive, must address at least one component of the definition of abstinence education (components are listed below). Activities in the enriched program model, as defined in this announcement, must also address at least one component of the definition. Because the 15-25 hours of primary abstinence education programming are implemented with all youth program participants (in both comparison and intervention groups), the primary abstinence education program as a whole, must address all eight of the A-H criteria. Successful applicants will describe each service provided and which component of the criteria that activity or service addresses. Under this announcement, "abstinence education" means an educational or motivational program which:

- (A) Has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- (B) Teaches abstinence from sexual activity outside marriage as the expected standard for all school-aged children;
- (C) Teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
- (D) Teaches that a mutually faithful, monogamous relationship in context of marriage is the expected standard of human sexual activity;
- (E) Teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
- (F) Teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;
- (G) Teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and
- (H) Teaches the importance of attaining self-sufficiency before engaging in sexual activity.

3. *Description of a Primary Abstinence Education Program*

A primary abstinence education program, as defined in this announcement, is 15-25 hours of abstinence education and supportive activities and services conducted within one year with the same participants. A primary abstinence education program provided to participants in both the intervention and comparison groups of the proposed project, must be consistent with the definition of “abstinence education,” as set out in section 510(b)(2)(A)-(H) of Title V of the Social Security Act, as amended.

4. *Three Enriched Program Models*

Studies reveal that youth benefit from good relationships with their parents and with other adults or older peers. In addition, studies show that youth that are involved in their communities in a variety of ways make healthier choices. Therefore, OAPP has chosen three enriched program models that address these findings. [Jekielek, S., Moore, K., Hair, E. *Mentoring Programs and Youth Development: A Synthesis*, 2002. Childtrends. <http://www.childtrends.org/files/MentoringSynthesisFINAL2.6.02Jan.pdf>) (*Science Says: Parental Influence and Teen Pregnancy*, 2004. The National Campaign to Prevent Teen Pregnancy. [http://www.thenationalcampaign.org/resources/pdf/SS/SS8\\_ParentInfluence.pdf](http://www.thenationalcampaign.org/resources/pdf/SS/SS8_ParentInfluence.pdf).) (*Youth Volunteering and Civic Engagement Survey*, 2005. Corporation for National and Community Service and the U.S. Census Bureau. [http://www.nationalservice.gov/pdf/06\\_0323\\_SL\\_briefing\\_factsheet.pdf](http://www.nationalservice.gov/pdf/06_0323_SL_briefing_factsheet.pdf).]

Successful applicants will propose that the comparison group receive a 15-25 hour primary abstinence education program (within one year with the same participants) and the intervention group receive one of the three enriched program models as described in this section. These enriched program models should be intricately linked with the primary abstinence education program and should directly tie into one or more program objectives. Each model proposed must be consistent with the definition of “abstinence education,” as set out in section 510(b)(2)(A)-(H) of Title V of the Social Security Act, as amended, and with Title XX. See sections I-2 and I-5 of this announcement. Applicants should choose from one of the following enriched program models identified by OAPP for comparison with a primary abstinence education program.

**Intensive Parental and/or Family Involvement**

Supporting parents in their role as the primary educators of their children on issues involving sexuality, particularly the importance of premarital abstinence, can be an effective way to strengthen a prevention intervention. Research has shown the importance of parental involvement and open communication between parent and child in the prevention of adolescent sexual activity. Parental involvement and communication include monitoring and boundary setting, as well as clearly transmitting values and beliefs.

Helping young people successfully negotiate adolescence and avoid premarital sexual activity, as well as other health risk behaviors, requires not only educating and motivating them—it also requires ensuring that they have adequate support systems to put what they learn into practice. Stronger families can provide considerable assistance in achieving this. An integrated family intervention can be proposed to include factors addressed in parental involvement. A family intervention model must be based on literature related to family strengthening and each activity should tie directly to the objectives of the program.

Successful applicants who choose this enriched model will propose a fully integrated and comprehensive parental and/or family involvement program that is provided in addition to and integrated with a 15-25 hour primary abstinence education program. The enriched program model must be an intricate part of the proposed evaluation design.

Targeted services and resources that strengthen parental capacity to help their child avoid sexual activity and other risk behaviors can take many forms: parent workshops or training sessions; parent-child interactive activities; education newsletters; home-based education; or homework assignments for parents and children to complete together. This is not an exhaustive list of examples; applicants are encouraged to be innovative in what they propose. Program content should reflect specific needs of the population to be served and might include information on parenting practices, communication skills, family life and problem solving strategies, or adolescent development. It is essential that programs effectively communicate to parents the benefits of abstinence to the health and well-being of their children.

Based on the literature about successful parent/family interventions, the applicant should address recruitment and retention of parents/families, specifically how the program will address parental/family time and resource constraints. The description should include how the program will engage parents/families in a comprehensive manner, including what educational materials will be used, define the activities proposed (including dosage), how staff will be trained to recruit and retain parents/families, how the parental/family component will address parent/family differences, and how this component will fully integrate with the youth activities conducted in the 15-25 hour primary abstinence education program. As part of the proposed model of engaging parents and/or families, the project should ensure this enriched model supports and enhances the primary abstinence education program implemented in both the intervention and comparison groups.

The Department of Health and Human Services has developed a website (<http://www.4parents.gov>) and other materials to encourage parents to speak early and often to their children about waiting until marriage to have sex. Applicants are encouraged to use this website and Parents Speak Up National Campaign materials as part of curricula they propose to use.

### **Mentoring**

Mentoring programs have been shown to be an effective strategy to help youth succeed. A mentor could be a senior citizen, a corporate employee, an older peer, or a college student,

among others. Mentoring activities could take place in-school, outside of school, in the community or in a variety of other venues.

Successful applicants who choose this model will propose a fully integrated and comprehensive mentoring program that is provided in addition to and integrated with a 15-25 hour primary abstinence education program. This fully integrated model must be an intricate part of the proposed evaluation design and each activity within this component should clearly link to one or more program objectives.

Based on literature about effective mentoring strategies, an applicant should specifically identify the types of individuals who will be the mentors, identify the type of mentoring the program will be implementing (i.e. one-on-one, group, team, peer), define the nature of the mentoring sessions (including dosage) and how they tie into the primary abstinence programming, discuss when and where the mentoring will take place, and detail how the program will maintain regular contact with both mentors and mentees. Protocols should be in place to screen program mentors. Please include a copy of these protocols in the Appendices of the application. Memorandums of understanding (MOUs) should be included in the Appendices for all outside resources used, including mentors.

In this model, the applicant should describe specifically how a mentor will be trained to effectively implement program activities. As part of the proposed management of mentors and their activities, training and monitoring should ensure that this model supports and enhances the primary abstinence education program services and activities implemented in both the intervention and comparison groups. Applicants are encouraged to be innovative in what mentoring activities they propose.

### **Community Service**

Youth that are involved positively in their community are more likely to refrain from sexual activity. Youth can be involved in their communities in different ways. Community service can be defined as volunteering in service to others and promoting one's community. A recent study of protective factors documents that youth involved in helping activities, such as volunteer community- service or service-learning projects, were less likely to be involved in anti-social behaviors such as teen pregnancy. Youth leadership skills are a part of a strong community service component. (See Doherty, Susan. *A Model for a Community-Based Youth Leadership Program*, 2003. <http://www.effectivecommunities.com/articles.html>) and Rodine, S., Oman, R., Vesely, S., Aspy, C. Potential Protective Effect of the Community Involvement Asset on Adolescent Risk Behaviors, 2006. *Journal of Youth Development*, Volume 1, Number 1.)

Successful applicants who choose this model will propose a fully integrated and comprehensive youth community service program that is provided in addition to and integrated with a 15-25 hour primary abstinence education program. This fully integrated model must be an intricate part of the proposed evaluation design and each activity within this component should clearly link to one or more program objectives.

Based on the literature about effective youth community service strategies, an applicant should specifically identify each activity proposed as part of this model. The applicant should define the nature of community service activities (including dosage), how participants will be recruited and retained, how this component is relevant to the community needs, if the program will be supported by a large segment of the community, how agencies and staff involved in getting youth involved are trained to work with youth, how this component is intertwined into

the primary abstinence education program, and how activities and services will be monitored. Please describe protocols in place to track youth participation.

Memorandums of understanding should be included in the Appendices for outside resources and partners used in community service and involvement projects. Applicants are encouraged to be innovative in what they propose.

5. *Other Supportive Activities and Services*

Projects must provide services to project participants that help adolescents acquire knowledge and skills that seek to instill healthy attitudes, as well as provide services that encourage and support abstinence from premarital sexual activity. Under the statutory requirements of Title XX, applicants for prevention demonstration programs are not required to provide any specific array of services. However, the primary abstinence education program, provided to both the intervention and comparison group, should focus on educational services relating to family life that teach the social, psychological, and health gains to be realized by abstaining from sexual activity. The legislation also permits a proposal to include any one or more of the following services as appropriate:

- (1) Educational services relating to family life and problems associated with adolescent premarital sexual relations including:
  - (a) Information about adoption,
  - (b) Education on the responsibilities of sexuality and parenting,
  - (c) The development of material to support the role of parents as the providers of sex education, and
  - (d) Assistance to parents, schools, youth agencies and health providers to educate adolescents concerning self-discipline and responsibility in human sexuality;
- (2) Appropriate educational and vocational services;
- (3) Counseling for the immediate and extended family members of the eligible person;
- (4) Transportation;
- (5) Outreach services to families of adolescents to discourage sexual relations among unemancipated minors; and
- (6) Nutrition information and counseling.

In order to remain abstinent until marriage, adolescents need to acquire capacity building, coping, and self-sufficiency skills that enable them to remain abstinent in the present and to continue making healthy decisions as they transition into adulthood. Therefore, effective primary abstinence education programs and enriched models should take into account how youth physically and emotionally develop and how this translates into appropriate educational and supportive services. In addition to abstinence education, research shows that building upon positive factors (or assets) in the lives of young people protects youth from many risky behaviors, including sexual activity. Primary abstinence education programming and enriched model services should strengthen both external and internal assets for youth through a variety of methods. Strengthening these factors will help motivate youth to remain abstinent from sexual activity. [Benson, P. L., Scales, P. C., Hamilton, S. F., & Sesma, A., Jr. (with Hong, K. L., & Roehlkepartain, E. C.), 2006. Positive youth development so far: Core hypotheses and their implications for policy and practice. *Search Institute Insights & Evidence*, 3(1) 1.13. ]

6. *Description of Multi-Site Models*

Sites in a multi-site model can be school-based, community-based or a combination of

both school- and community-based. A successful grantee will propose a multi-site design randomizing sites, programs, or individuals into two groups. One group will receive a 15-25 hour primary abstinence education program and will act as the comparison. The other group will receive an enriched model: the same primary abstinence education program integrated with one of three enriched models chosen by OAPP (defined in section I-4 of this announcement).

Randomization should occur at the level of assignment (i.e., if programs are implementing in school sites, then schools should be randomized if possible). Successful applicants will ideally have 7-10 sites in the comparison group and 7-10 sites in the intervention group of the project. The use of matching sites is strongly encouraged. Sites should be matched into pairs that are comparable (i.e., socio-economic status, race, ethnicity) then randomized to a group from within the pair. This will help to promote the even distribution of potentially confounding influences. Individual randomized assignment may be appropriate in some community-based designs, if the youth from the two groups are not likely to have contact with one another. A strong multi-site design will ensure students in the intervention group of the program (enriched model) do not interact with those in the comparison group of the program (primary abstinence education program alone).

Detailed data collection protocols for the multi-site intervention and comparison should be included in the evaluation component of the application. They should include at least: 1) inclusion and exclusion criteria for program participation; 2) how parental consent will be obtained for unemancipated minors; 3) confidentiality procedures; 4) how data will be collected and who will collect it; 5) incentives for participation; and 6) where data will be stored. See section I-10 of this announcement.

#### 7. *Sexual Exploitation*

A 2005 demographic portrait of sex between teens and older individuals found that in young people ages 15 to 24, 13 percent of females and 5 percent of males reported that their first sexual experience occurred at age 15 or younger with an individual who was three or more years older. More than one in four children born to mothers between the ages of 15 and 17 were fathered by someone five or more years older. (Manlove, J., Moore, K., Liechty, J., Ikramullah, E., & Cottingham S. Sex Between Young Teens and Older Individuals: A Demographic Portrait. Childtrends Publication #2005-07, 2005.) Successful AFL prevention demonstration applicants should thoroughly describe current and proposed efforts to prevent sexual coercion and exploitation of teens by older partners, as well as management and reporting that comply with State reporting laws regarding child sexual abuse, sexual assault (including statutory rape), incest, or family violence. These efforts should include staff training on how to handle abuse/coercion disclosures appropriately, the responsibilities as a mandatory reporter, as well as overall sensitivity to the issue (of nonconsensual sexual activity among youth who otherwise would be abstinent) in program activities, services and curricula. For more information, applicants may access the Child Welfare Information Gateway formerly the National Clearinghouse on Child Abuse and Neglect Information at <http://www.childwelfare.gov>.

#### 8. *Curricula Review*

The grantee shall submit all curricula and educational materials for use in the AFL project, whether currently available or to be developed by the grantee, to the OAPP for review and approval prior to use in the project. The review shall ensure that all the information provided to the program participants is medically accurate; consistent with Title XX policies on religion; in compliance with the statutory prohibitions against advocating, promoting,



encouraging, or providing abortions; and consistent with the definition of “abstinence education,” as set out in section 510(b)(2)(A)-(H) of Title V of the Social Security Act, as amended.

NOTE: Curricula and educational materials should be identified for this application. Review and approval of curricula and other educational materials are not done until an application is approved for funding. Successful approval of a grant application does not indicate approval of curricula and educational materials for use in a funded project.

#### 9. *Goals and Objectives*

The Office of Adolescent Pregnancy Programs (OAPP) has two performance measures for AFL prevention demonstration programs: 1) Increase the involvement of parents in the lives of their children; and 2) Increase adolescents’ understanding of the positive health and emotional benefits of abstaining from premarital sexual activity. All grantees will be responsible for reporting on these two performance measures by using the required AFL prevention evaluation core instrument. A copy of this instrument can be found at [http://www.hhs.gov/opa/familylife/core\\_instruments/index.html](http://www.hhs.gov/opa/familylife/core_instruments/index.html).

The applicant should include two program outcome objectives addressing these two performance measures. Please note, up to four additional programmatic outcome objectives should be proposed using additional data collection instruments. Applications that include measures of program effects at least at a 1-year follow-up on sexual activity are preferred. All programmatic outcome objectives should be encompassed by an overarching program goal.

A goal is a general statement of what the project hopes to accomplish. It should reflect the long-term desired impact of the project on the target group(s) as well as reflect the program goals contained in this program announcement. An outcome objective is a statement which defines a measurable result that the project expects to accomplish (e.g., decrease in sexual activity among the treatment group, increase in intent to remain abstinent among the treatment group). All outcome objectives, including the two outcome objectives addressing the above performance measures, should be described in terms that are specific, measurable, achievable, realistic, and time-framed (S.M.A.R.T.):

**Specific:** An objective should specify one major result directly related to the program goal, state who is going to be doing what, to whom, by how much, and in what time-frame. It should specify what will be accomplished and how the accomplishment will be measured.

**Measurable:** An objective should be able to describe in realistic terms the expected results and specify how such results will be measured.

**Achievable:** The accomplishment specified in the objective should be achievable within the proposed time line and as a direct result of program activities and services.

**Realistic:** The objective should be reasonable in nature. The specified outcomes, expected results, should be described in realistic terms.

**Time-framed:** An outcome objective should specify a target date or time for its accomplishments. It should state who is going to be doing what, by when, etc. The Public Management Institute, *How to Get Grants* (1981).

#### 10. *Evaluation of a Multi-Site Approach*

Section 2006(b)(1) of Title XX requires each grantee to expend at least one percent, but not more than five percent, of the Federal funds received under Title XX on evaluation of the project. In cases in which a more rigorous or comprehensive evaluation effort is proposed,

waivers of the five percent limit on evaluation may be granted by OAPP [sec. 2006(b)(1) of Title XX of the Public Health Service Act]. OAPP places strong emphasis on the evaluation of the demonstration projects it supports. To that end, OAPP strongly recommends that applicants budget 20-25% of the Federal portion of the proposed grant project for evaluation activities, and will waive the 5% limit on grant funds for those projects.

Successful applicants will propose a comparison between a primary abstinence education program with one of three enriched program models. (OAPP is recommending the primary abstinence education program be in the range of 15-25 within one year with the same participants.) OAPP has identified three types of enriched program models that applicants can choose from (see section I-4). Applicants can choose to integrate either intensive parental/family involvement, mentoring, or community service with the primary abstinence education program. Projects must be able to track program participants for at least one year after the intervention.

Commensurate with a multi-site, randomized design and increased funding for evaluation, the OAPP expects applications to include a clear and fully developed evaluation plan. Evaluation plans that do not address the following criteria will be scored accordingly during the grant review process.

1. Evaluations will include a clear description of a process evaluation. This entails a clear description of process objectives (aims of the process evaluation) including a list of what is being assessed to evaluate implementation and fidelity of key program inputs and activities. Measurement of dosage must be included. Evaluations in their first year will focus on determining that the intervention is in place, that it is adequately and appropriately staffed and that it is reaching its intended population. The first six months of the grant should be used for development and planning and the first year of programming should be focused on process evaluation.
2. Evaluations will include a clear description of the outcome evaluation. This description should include how the program will assess the impacts/benefits/changes to both the intervention and comparison groups (as a result of the program(s) efforts) during and after their participation in the programs. Outcome evaluations must examine these changes in the short-term, intermediate-term and long-term (at least one year after the intervention). The evaluation should include a logic model (in Appendices) that visually ties the program interventions to the program objectives. The logic model should include: activities, outputs, outcomes (short, intermediate, long term), goals, and moderating effects/assumptions.
3. Evaluations will have clear research objectives and hypotheses. Research objectives should be in S.M.A.R.T. terms (see section I-9). The objectives and hypotheses included should be clearly aligned with the intervention activities and should be related to the proposed theory of change.
4. Evaluations will have a randomized design that does not allow self-selection into the intervention or comparison groups of the project. Projects can randomize individuals, classrooms, schools, after-school programs, community organizations, or geographic locations. If randomization is not possible, then a tightly woven justification for a strong quasi-experimental design must be made. Randomizing individuals within schools or

- programs is not acceptable due to issues of contamination.
5. Evaluations will address how threats to validity of the design (i.e. factors that permit alternative explanation of program outcomes) will be assessed and controlled for.
  6. Evaluations will have an adequate sampling strategy and sample size estimation. A power analysis should be conducted to indicate the proposed sample is sufficient to detect statistically significant differences in outcomes between the intervention and comparison groups. Methods of selecting sample size, sample sites and participants from the population should be detailed and provide a reasonable basis for generalization of program effects.
  7. Evaluations will have a detailed recruitment plan that describes steps taken by project (and evaluation staff if applicable) to increase the likelihood that participants in both the intervention and comparison groups of the project will agree to participate in the program and stay in the program. This recruitment plan should also address site recruitment and retention strategies.
  8. Evaluations will include two of the AFL prevention performance measures (section I-9) and up to four additional outcome objectives. Applicants should propose using additional instruments in addition to the required AFL prevention evaluation core instrument. Information on the validity and reliability of the additional instruments and/or surveys must be provided. When possible, the use of scales is preferable to single item measures. All proposed data collection instruments must align directly to the proposed intervention strategies. The proposed evaluation plan must include measures of program effects at least at a 1-year follow-up after the intervention. Measures on sexual activity are highly recommended. All programmatic outcome objectives should be encompassed by an overarching program goal.
  9. Evaluations will include a detailed data collection plan. A data collection schedule should directly align with program activities. It is expected that a research assistant will be budgeted as part of the program staff to handle data collection procedures. Proposed data collection for the intervention and comparison group participants must be identical. Participant data should be anonymous (no names linked to data) or confidential (names linked to data are kept private). The data collection plan should also include a description of how active parental consent and participant assent will be obtained to participate in the evaluation. It should also describe data management protocol, data security measures, evidence of thorough training of data collectors, and include a statement as to what procedures are proposed that are least likely to introduce bias or promote non-response.
  10. Evaluations will include a detailed quantitative and qualitative data analysis plan that includes a description of the multivariate statistics proposed to assess program effects (it is recommended applicants consult with a statistician). The statistical approach should be matched to the characteristics of the evaluation design and the data being collected. Analyses should handle attrition bias, missing data, and subgroups (potential indicators for specifying sub-groups include demographic and socioeconomic data).
  11. Evaluations will include evaluation training activities for program staff and specific data collection procedures for the research assistant and other staff (if applicable). In addition, consultation from a statistical expert should be proposed.

12. Evaluations will include a follow-up assessment at least one year after the intervention being tested ends. Including follow-up at 24 months (if possible) after baseline data collection will greatly strengthen the proposed project. The follow-up assessment should be in the same format as the pre- and post-testing instrumentation.
13. Evaluations will include a plan to disseminate and publish findings. Preparation for publishing and dissemination should take place in the 5<sup>th</sup> year.
14. Evaluations will include a description of the process for obtaining institutional review board (IRB) review and approval of the proposed program and evaluation plans. A Federal-Wide Assurance must be included in the Appendices of the application. While it is advantageous to seek IRB approval prior to the time of award, it is not mandatory. (See section VIII-1 of this announcement.)
15. The independent evaluator will demonstrate his/her ability to conduct the proposed evaluation as defined in the next section of this announcement.

*11. Evaluator Requirements*

Section 2006(b)(2) of Title XX requires that evaluations of AFL demonstration projects be conducted by an organization or entity independent of the AFL grantee. To accomplish this, applicants should collaborate with an independent evaluator affiliated with a college or university located in their State. OAPP expects each AFL demonstration project to establish a strong relationship with its evaluator and that this relationship be clearly established prior to funding as evidenced in a Memorandum of Understanding. The successful applicant will work with the evaluator as the application is being prepared to ensure that the evaluation plan addresses the criteria listed above.

A Memorandum of Understanding between the evaluator and the applicant organization and a copy of the evaluator's curriculum vitae should be included in the Appendices of the application. The memorandum should describe the responsibilities of the evaluator in addition to anticipated time commitments and schedule.

*12. AFL Prevention Evaluation Core Instrument*

The AFL prevention core evaluation instruments have been developed for use in AFL prevention demonstration project evaluations. The prevention instruments were designed to reflect requirements in the Title XX statute, the A-H criteria for abstinence education, and the two AFL prevention performance measures. The Office of Management and Budget has approved these instruments and all AFL demonstration projects funded in fiscal year 2004 and beyond are required to use them in their evaluation design. Prevention demonstration projects funded under this announcement will be included in this requirement. Additional instruments are necessary to measure additional outcome objectives proposed and they should be used to supplement the core instrument. Copies of the AFL prevention core evaluation instruments can be found at: [http://www.hhs.gov/opa/familylife/core\\_instruments/index.html](http://www.hhs.gov/opa/familylife/core_instruments/index.html).

**II. AWARD INFORMATION:**

This notice announces the availability of \$2.5 million to support an estimated 4-5 new prevention demonstration grants, funded at \$600,000-\$800,000 per budget year (maximum five budget years per grant cycle). The estimated start date for these new prevention demonstration grants is September 30, 2008. Any application that proposes funding over the maximum of \$800,000 will not be considered. Applicants that have been considered for funding and are not

funded in Fiscal Year (FY) 2008 may be considered for FY 2009 awards.

OAPP expects that 20-25% of the Federal portion of the budget be allotted for evaluation activities. Funding for all approved budget periods beyond the first year of the grant is contingent upon the availability of funds, satisfactory progress of the project, and adequate stewardship of Federal funds.

### **III. ELIGIBILITY INFORMATION:**

#### *1. Eligible Applicants*

Any public or private nonprofit organization or agency is eligible to apply for a grant. However, only those organizations or agencies that demonstrate the capability of providing and thoroughly evaluating a multi-site model as stipulated in this announcement will be considered for grant awards. Applicants must also propose services that meet the statutory requirements in order to be considered. Faith-based and community-based organizations are encouraged to apply for AFL grants. Please note, however, that AFL funds may not be used for inherently religious activities, such as worship, religious instruction, and proselytization. If an organization engages in such activities, they must be offered separately in time or location from the program funded under the AFL program and participation must be voluntary for program beneficiaries. An AFL program, in providing services and outreach related to program services, cannot discriminate against current or prospective program beneficiaries on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice. Please also note that all adolescents, regardless of race or religion, shall be eligible to participate in an AFL program.

Applications will be accepted from organizations that are currently operating AFL prevention demonstration programs if they propose a multi-site model with a randomized evaluation design (if possible) as stipulated in this announcement.

#### *2. Cost Sharing*

Grantees funded under this announcement will be required to match federal funding provided by OAPP. Section 2005 (c)(2) of Title XX states that an AFL grant award may not exceed 70 % of the total costs of the project for the first and second years, 60 % of the total costs for the third year, 50 % for the fourth year and 40 % for the fifth year. The AFL non-Federal share of the project costs may be provided in cash expenditures or fairly evaluated in-kind contributions, including facilities, donated labor, materials, equipment and services. Cost sharing is a responsiveness criterion and is not a scored evaluation criterion. If needed, technical assistance may be provided to assist grantees with their cost sharing efforts.

Applications should include a detailed budget narrative as directed in the OPHS-1 form. Matching funds and/or specific contributions proposed to meet the cost sharing requirement must be fully identified and described. For in-kind contributions, the source of the contribution and how the valuation of that contribution was determined must also be described. Please contact the Office of Grants Management Operation Center at 1-888-203-6161 for technical assistance, if needed.

Note that the HHS Grants Policy Statement provides that: "Recipient contributions may be derived from any non-Federal source; from Federal sources if received as fees, payments, or reimbursements for the provision of a specific service, such as patient care reimbursements received under Medicare or Medicaid; or from other program income, if authorized by [HHS]."

Otherwise, unless there is specific statutory authority, Federal funds may not be used to match HHS grant funds.”

3. *Other*

Any application that requests more than \$800,000 of Federal funding will not be considered for review.

**IV. APPLICATION AND SUBMISSION INFORMATION:**

*1. Address to Request Application Package*

Application kits may be obtained by accessing Grants.gov at <http://www.grants.gov> or the Grant Solutions system at <http://www.GrantSolutions.gov>. To obtain a hard copy of the application kit, contact the Grant Application Center at 240-453-8822. Applicants may fax a written request to (240) 453-8823 or email the request to [oapp@hhs.gov](mailto:oapp@hhs.gov). Applications must be prepared using form OPHS-1, which can be obtained at the websites noted above.

*2. Content and Form of Application Submission*

In preparing the application, it is important to follow ALL instructions and public policy requirements provided in the application kit. Applications must be submitted on the OPHS-1 form and in the manner prescribed in the narrative enclosure and other components of the application kit provided by OAPP. Applicants are required to submit an application signed by an individual authorized to act for the applicant agency or organization and to assume for the organization the obligations imposed by the terms and conditions of the grant award. The program narrative must be printed on 8½ by 11 inch white paper, with one-inch margins, double-spaced with an easily readable 12-point font. All pages must be numbered sequentially not including appendices and required forms. The application should not exceed 75 double-spaced pages, not including appendices and required forms. All pages, figures and tables must be numbered sequentially. Do not staple or bind the application package. Use rubber bands or clips.

As part of the OPHS-1 form, a budget narrative is required. This narrative should thoroughly describe how the proposed categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. Matching funds and/or specific contributions proposed to meet the cost sharing requirement must be fully identified and described. For in-kind contributions, the source of the contribution and how the valuation of that contribution was determined must also be described.

The narrative description of the project must contain the following using the specified page limits:

**One-page Summary:** Briefly describe the multi-site model proposed including the primary abstinence education program and the enriched model selected for the intervention. Indicate whether it is a local or statewide project, type of organization applying (school, state agency, voluntary agency, etc.), geographic area to be served (urban, rural, suburban), description of target population to be served, and a brief description of the multi-site evaluation design.

**Description of Applicant Organization (2-3 pages):** Describe the decision-making authority and structure (e.g. relationship to the Board of Directors and organizational chart), its resources, experience, existing program units and/or those to be established if funding is

obtained. This description should cover personnel, time and facilities for all proposed sites and outside resources or partners and contain evidence of the organization's capacity to provide the rapid and effective use of resources needed to conduct a multi-site project, collect necessary data from a randomized design, and evaluate it. The description should also cover how the various sites and outside resources/partners chosen will be managed logistically and programmatically. It is recommended that applicants include an organizational chart, a chart detailing the program and who is responsible for what sites, as well as a map providing a visual description of the various sites selected (in the Appendices).

**Need Statement (4-5 pages):** Describe the need for prevention services in the proposed target area by describing the geographic area to be served. Describe specifically how the primary abstinence education program and the enriched program model chosen to test in the intervention group will benefit the target population. See section I-4 of this announcement. Document the incidence of adolescent pregnancy, sexually transmitted diseases, the socio-economic conditions including income levels, existing services and unmet needs in the proposed service area. If the proposed population has unique challenges and barriers, these should be addressed as well.

**Rationale (3-4 pages):** Successful applicants will propose a theoretically based, multi-site demonstration project. Describe the rationale for choosing the multi-site model plus the intervention component proposed and how this approach is based upon previous practice and review of the literature and/or evaluation findings. Describe why this project needs to exist and be evaluated. In addition it should include a discussion of previous multi-site and youth service experiences and how lessons learned from this experience helped develop the rationale for the proposed demonstration model.

**Program Outcome Objectives (4 pages):** Provide a goal and 4-6 cascading outcome objectives that clearly state expected results or benefits of the demonstration project. Two of the outcome objectives must address the required AFL prevention performance measures. Objectives should be specific, measurable, achievable, realistic, and time-framed and contained in the program logic model. See section I-9 for more information.

**Prevention Services Multi-Site Model (10-12 pages):** Thoroughly describe proposed program intervention activities and services as they fit within the randomized multi-site model. The 15-25 hours of the primary abstinence education services and activities, per program cycle, should be thoroughly described. This section should include a description of all proposed primary abstinence curricula and other supportive activities and services provided to both the intervention and comparison groups of the study. It should include a thorough description of the enriched model chosen as stipulated in this announcement. See sections I-3 and I-4 of this announcement. It should also include a clear plan for recruitment and retention of multiple sites, outside resources, partner, and program participants. The description should clearly relate to program objectives and should address intensity of services (dosage). The description should explain how issues of sexual exploitation and coercion will be addressed.

**A-H Criteria (2-4 pages):** All components of the intervention must be consistent with the A-H definition of abstinence education (see section I-2). The 15-25 hour primary abstinence education program, as a whole, provided to both the intervention and comparison group, must

adequately address all eight of the A-H criteria. Please note, individual activities and services may address one or more of the A-H criteria. Successful applicants will describe each service and activity provided and which component of the criteria that activity or service addresses. Applicants must do this in narrative form and complete the “A-H” chart included in the application kit for both the primary abstinence education program and the enriched model chosen.

**Workplan and Timetable (1 page):** Provide a detailed work plan and timetable for the first year of the project. Within this plan include each program activity associated with the intervention and comparison groups of the project and the proposed time frame for the start and completion of each activity. Please note, the first six months of the grant cycle could be used for planning and further development of the program model.

**Target Population (2 pages):** Provide estimates of the overall number of program participants and the numbers participating in each of the treatment and comparison groups of the proposed demonstration project. Please describe how many participants are expected to participate during the first and second year and break out the types of participants into categories (e.g. adolescents and parents, mentorings, family members), **including the race and ethnicity of participants to be served. Estimates should be broken into two tables: one for the comparison group and one for the intervention group of the project. Please specify what year of the program the estimates are referring to.**

**Documentation of Community Support and Commitment (1-2 pages):** Provide documentation of the support from other community agencies. Two or three letters of support should be included in the Appendices. Memorandums of Understanding from each participating site, partner, and outside resources (if applicable) should be included in the Appendices. The Memorandums should detail the exact level of involvement, responsibility and time/resource commitment.

**Continuation Funding (1 page):** Describe the plan regarding continuation of services at the termination of this Federal funding opportunity. The OAPP cannot guarantee that funding will be available annually or at the end of the five-year grant cycle.

**Evaluation Plan (20-30 pages):** Provide a clear and fully developed evaluation plan in accordance with the criteria laid out under section I-10 of this announcement. Include a Memorandum of Understanding and curriculum vitae from the independent evaluator in the Appendices. Discuss how the AFL prevention evaluation core instruments will be included in the evaluation plan, and describe the proposed multi-site project and the randomized comparison design. If randomization is not possible, then a tightly woven justification for a strong quasi-experimental design must be made in this section. Applicants are encouraged to identify anticipated problems with the evaluation and recommended solutions. Applications that include measures of program effects at least at a 1-year follow-up on sexual activity are preferred (one year following the intervention) and will be scored accordingly.

**Proof of Nonprofit Status:** Organizations applying for funds under the AFL Demonstration Projects Program must submit documentation of nonprofit status with their applications. If documentation is not provided, the applicant will be considered non-responsive and will not be entered into the review process. The organization will be notified that the application did not meet the submission requirements.

Any of the following serves as acceptable proof of nonprofit status:



- A reference to the applicant organization's listing in the Internal Revenue Service (IRS) most recent listing of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- A copy of a currently valid IRS tax exemption certificate.
- A statement from a State taking body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- A certified copy of the organization's certificate of incorporation or similar document that clearly establishes nonprofit status.
- Any of the above proof for a State or national organization and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

**Appendices:** Include: 1) Resumes for Project Director and detailed position descriptions (include key staff and positions for sites); 2) A program logic model that ties project objectives and intervention activities and services to expected results; 3) Memorandums of Understanding from all participating sites (both intervention and comparison); 4) 2-3 letters of support from other community agencies; 5) A Memorandum of Understanding with the independent evaluator affiliated with a college or university located in the applicant's State that includes willingness to participate and detailed agreed upon responsibilities and time allotted for those responsibilities; 6) The Curriculum Vitae of the independent evaluator; 7) Memorandums of Understanding from all outside resources and/or partners; 8) An organizational chart, program organization chart and map describing the multiple sites in each group of the project; 9) an "A-H" chart for both the intervention and comparison groups; 10) a copy of the applicant's Federal-Wide Assurance; 11) a detailed workplan for year 2 of the proposed project; 12) a protocol for how mentors will be screened (if applicable) and; 13) proof of nonprofit status. Only the items listed above should be included in the Appendices.

Please note, applicants should be familiar with Title XX of the Public Health Service Act in its entirety to ensure that they have complied with all applicable requirements. In addition, project activities must be consistent with the definition of "abstinence education," as set out in section 510(b)(2)(A)-(H) of Title V of the Social Security Act, as amended. A copy of both sets of legislation is included in the application kit.

A Dun and Bradstreet Universal Numbering System (DUNS) number is required for all applications for Federal assistance. Organizations should verify that they have a DUNS number or take the steps necessary to obtain one. Instructions for obtaining a DUNS number are included in the application package, and a link to information about how to obtain a DUNS number is located on the OPA web site (<http://www.hhs.gov/opa/grants/toolsdocs/toolsdocs.html>).

### *3. Submission Dates and Times*

To be considered for review, applications must be received by the Office of Grants Management, Office of Public Health and Science, Department of Health and Human Services, c/o Grant Application Center, by **11:00 p.m. Eastern Time for electronic applications and 5:00 p.m. Eastern Time for mailed-in applications on June 11, 2008.** Applications will be considered as meeting the deadline if they are received on or before the deadline date. The application due date requirement in this announcement supercedes the instructions in the OPHS-1 form.

### **Submission Mechanisms**

The Office of Public Health and Science (OPHS) provides multiple mechanisms for the submission of applications, as described in the following sections. Applicants will receive notification from the OPHS Office of Grants Management confirming the receipt of applications submitted using any of these mechanisms. Applications submitted to the OPHS Office of Grants Management after the deadlines described below will not be accepted for review. Applications which do not conform to the requirements of the grant announcement will not be accepted for review and will be returned to the applicant.

While applications are accepted in hard copy, the use of the electronic application submission capabilities provided by the Grants.gov and GrantSolutions.gov systems is encouraged. Applications may only be submitted electronically via the electronic submission mechanisms specified below. Any applications submitted via any other means of electronic communication, including facsimile or electronic mail, will not be accepted for review.

In order to apply for new funding opportunities which are open to the public for competition, you may access the Grants.gov website portal. All OPHS funding opportunities and application kits are made available on Grants.gov. If your organization has/had a grantee business relationship with a grant program serviced by the OPHS Office of Grants Management, and you are applying as part of ongoing grantee related activities, please access GrantSolutions.gov.

Electronic grant application submissions must be submitted no later than 11:00 p.m. Eastern Time on the deadline date specified in the DATES section of the announcement using one of the electronic submission mechanisms specified below. All required hardcopy original signatures and mail-in items must be received by the Office of Grants Management, Office of Public Health and Science (OPHS), Department of Health and Human Services (DHHS) c/o Grant Application Center, 1515 Wilson Blvd., Suite 100, Arlington, VA 22209, no later than 5:00 p.m. Eastern Time on the next business day after the deadline date specified in the DATES section of the announcement. Applications will not be considered valid until all electronic application components, hardcopy original signatures, and mail-in items are received by the OPHS Office of Grants Management according to the deadlines specified above.

Paper grant application submissions must be submitted no later than 5:00 p.m. Eastern Time on the deadline date specified in the DATES section of the announcement. The address to be used for paper application submissions is Office of Grants Management, Office of Public Health and Science (OPHS), Department of Health and Human Services (DHHS) c/o Grant Application Center, 1515 Wilson Blvd., Suite 100, Arlington, VA 22209.

The application deadline date requirement specified in the announcement supersedes the instructions in the OPHS-1. Application submissions that do not adhere to the due date requirements will be considered late and will be deemed ineligible, and may be returned to the applicant unread.

Applicants are encouraged to initiate electronic applications early in the application development process, and to submit early on the due date or before. This will aid in addressing any problems with submissions prior to the application deadline.

### **Electronic Submissions via the Grants.gov Website Portal**

The Grants.gov Website Portal provides organizations with the ability to submit applications for OPHS grant opportunities. Organizations must successfully complete the

necessary registration processes in order to submit an application. Information about this system as well as the required registration process is available on the Grants.gov website, <http://www.grants.gov>.

In addition to electronically submitted materials, applicants may be required to submit hard copy signatures for certain Program related forms, or original materials as required by the announcement. It is imperative that the applicant review both the grant announcement, as well as the application guidance provided within the Grants.gov application package, to determine such requirements. Any required hard copy materials, or documents that require a signature, must be submitted separately via mail to the Office of Grants Management at the address specified above, and if required, must contain the original signature of an individual authorized to act for the applicant agency and the obligations imposed by the terms and conditions of the grant award. When submitting the required forms, do not send the entire application. Complete hard copy applications submitted after the electronic submission will not be considered for review.

Electronic applications submitted via the Grants.gov Website Portal must contain all completed online forms required by the application kit, the Program Narrative, Budget Narrative and any appendices or exhibits. Any files uploaded or attached to the Grants.gov application must be of the following file formats – Microsoft Word, Excel or PowerPoint, Corel WordPerfect, ASCII Text, 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, OPHS 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.

All required mail-in items must be received by the due date requirements specified above. **Mail-In items may only include publications, resumes, or organizational documentation.** When submitting the required forms, do not send the entire application. Complete hard copy applications submitted after the electronic submission will not be considered for review.

Upon completion of a successful electronic application submission via the Grants.gov Website Portal, the applicant will be provided with a confirmation page from Grants.gov indicating the date and time (Eastern Time) of the electronic application submission, as well as the Grants.gov Receipt Number. It is critical that the applicant print and retain this confirmation for their records, as well as a copy of the entire application package.

All applications submitted via the Grants.gov Website Portal will be validated by Grants.gov. Any applications deemed “Invalid” by the Grants.gov Website Portal will not be transferred to the GrantSolutions system, and OPHS has no responsibility for any application that is not validated and transferred to OPHS from the Grants.gov Website Portal. Grants.gov will notify the applicant regarding the application validation status. Once the application is successfully validated by the Grants.gov Website Portal, applicants should immediately mail all required hard copy materials to the OPHS Office of Grants Management, c/o Grant Application Center, 1515 Wilson Blvd., Suite 100, Arlington, VA 22209, to be received by the deadlines specified above. It is critical that the applicant clearly identify the Organization name and Grants.gov Application Receipt Number on all hard copy materials.

Once the application is validated by Grants.gov, it will be electronically transferred to the GrantSolutions system for processing. Upon receipt of both the electronic application from the Grants.gov Website Portal, and the required hardcopy mail-in items, applicants will receive notification via mail from the OPHS Office of Grants Management confirming the receipt of the application submitted using the Grants.gov Website Portal.

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

### **Electronic Submissions via the GrantSolutions System**

OPHS is a managing partner of the GrantSolutions.gov system. GrantSolutions is a full life-cycle grants management system managed by the Administration for Children and Families, Department of Health and Human Services (HHS), and is designated by the Office of Management and Budget (OMB) as one of the three Government-wide grants management systems under the Grants Management Line of Business initiative (GMLoB). OPHS uses GrantSolutions for the electronic processing of all grant applications, as well as the electronic management of its entire Grant portfolio.

When submitting applications via the GrantSolutions system, applicants are still required to submit a hard copy of the application face page (Standard Form 424) with the original signature of an individual authorized to act for the applicant agency and assume the obligations imposed by the terms and conditions of the grant award. If required, applicants will also need to submit a hard copy of the Standard Form LLL and/or certain Program related forms (e.g., Program Certifications) with the original signature of an individual authorized to act for the applicant agency. When submitting the required hardcopy forms, do not send the entire application. Complete hard copy applications submitted after the electronic submission will not be considered for review. Hard copy materials should be submitted to the OPHS Office of Grants Management at the address specified above.

Electronic applications submitted via the GrantSolutions system must contain all completed online forms required by the application kit, the Program Narrative, Budget Narrative and any appendices or exhibits. The applicant may identify specific mail-in items to be sent to the Office of Grants Management (see mailing address above) separate from the electronic submission; however these mail-in items must be entered on the GrantSolutions Application Checklist at the time of electronic submission, and must be received by the due date requirements specified above. **Mail-In items may only include publications, resumes, or organizational documentation.**

Upon completion of a successful electronic application submission, the GrantSolutions system will provide the applicant with a confirmation page indicating the date and time (Eastern Time) of the electronic application submission. This confirmation page will also provide a listing of all items that constitute the final application submission including all electronic application components, required hardcopy original signatures, and mail-in items.

As items are received by the OPHS Office of Grants Management, the electronic application status will be updated to reflect the receipt of mail-in items. It is recommended that the applicant monitor the status of their application in the GrantSolutions system to ensure that all signatures and mail-in items are received.

### **Mailed or Hand-Delivered Hard Copy Applications**

Applicants who submit applications in hard copy (via mail or hand-delivered) are required to submit an original and two copies of the application. The original application must be signed by an individual authorized to act for the applicant agency or organization and to assume for the organization the obligations imposed by the terms and conditions of the grant award.

Mailed or hand-delivered applications will be considered as meeting the deadline if they are received by the Office of Grants Management, Office of Public Health and Science (OPHS), Department of Health and Human Services (DHHS) c/o Grant Application Center, 1515 Wilson Blvd., Suite 100, Arlington, VA 22209, on or before 5:00 p.m. Eastern Time on the deadline date specified in the DATES section of the announcement.

#### *4. Intergovernmental Review*

Applications for AFL grants must meet both of the following requirements (each year):

(1) Requirements for Review of an Application by the Governor. Section 2006(e) of Title XX requires that each applicant shall provide the Governor of the State in which the applicant is located a copy of each application submitted to OAPP for a grant for a demonstration project for services under this Title. The Governor has 60 days from the receipt date in which to provide comments to the applicant. An applicant may comply with this requirement by submitting a copy of the application to the Governor of the State in which the applicant is located at the same time the application is submitted to OAPP. To inform the Governor's office of the reason for the submission, a copy of this notice should be attached to the application.

(2) Requirements for Review of an Application Pursuant to Executive Order 12372 (SPOC Requirements). Applications under this announcement are subject to the review requirements of E.O. 12372, "Intergovernmental Review of Federal Programs," as implemented by 45 CFR part 100, "Intergovernmental Review of Department of Health and Human Services Programs and Activities." E.O. 12372 sets up a system for state and local government review of proposed Federal assistance applications. As soon as possible, the applicant (other than Federally- recognized Indian tribal governments) should contact the State Single Point of Contact (SPOC) for each state in the area to be served. The application kit contains the currently available listing of the SPOCs which have elected to be informed of the submission of applications. For those states not represented on the listing, further inquiries should be made by the applicant regarding submission to the relevant SPOC. Information about the SPOC is located on the OMB Web Site <http://www.whitehouse.gov/omb/grants/spoc.pdf>. The SPOC's comment(s) should be forwarded to the OPHS Office of Grants Management, 1101 Wootton Parkway, Suite 550, Rockville, MD 20852. The SPOC has 60 days from the closing date of this announcement to submit any comments.

#### *5. Funding Restrictions*

**Budget Request:** If the total federal amount requested exceeds \$800,000 then the application will be considered non-responsive and will not be entered into the review process. The application will be returned with notification that it did not meet the submission requirements.

Grant funds may be used to cover costs of: personnel, consultants, equipment, supplies, grant-related travel, and other grant-related costs. Grant funds may not be used for: building alterations or renovations, construction, fundraising activities, and political education and lobbying. Guidance for completing the application can be found in the Program Guidelines,

which are included with the complete application kits.

Applicants for discretionary grants are expected to anticipate and justify their funding needs and the activities to be carried out with those funds in preparing the budget and accompanying narrative portions of their applications. The basis for determining the allowability and allocability of costs charged to Public Health Service (PHS) grants is set forth in 45 CFR parts 74 and 92. If applicants are uncertain whether a particular cost is allowable, they should contact the OPHS Office of Grants Management at (240) 453-8822 for further information.

## **V. APPLICATION REVIEW INFORMATION:**

### *1. Criteria*

Eligible competing grant applications will be externally reviewed by a multi-disciplinary panel of independent reviewers and subsequently reviewed by Federal staff. All competing grant applications will be assessed and scored by the panel of independent reviewers according to the following criteria:

- (1) **Evaluation Plan.** The applicant's presentation of a detailed evaluation plan, as described in section I-10 of this announcement. In general, a successful evaluation plan is one that is directly tied to program objectives and includes: a clear process or implementation evaluation; a clear outcome evaluation; a thorough logic model; clear research objectives and hypotheses; a strong randomized multi-site design; an adequate sampling strategy and sample size estimation; an adequate data collection and analysis plan, and a detailed recruitment plan. Additionally, the evaluation plan should describe how the AFL core evaluation instruments will be included in the evaluation plan in addition to other measures. The independent evaluator should demonstrate appropriate experience with similar projects. Points will be provided for applications that propose measures of program effects on sexual activity and propose 20-25% of the Federal portion of the budget for evaluation activities. (35 points).
- (2) **Program Model.** The applicant's thorough description of proposed program intervention activities and services as they fit within the randomized, multi-site model. The primary abstinence education program with 15-25 hours of intervention (per program cycle/year) should be thoroughly described. This section should include a description of all proposed abstinence education curricula and other supportive activities and services provided to both the intervention and comparison groups of the study. It should include a thorough description of the enriched model chosen as stipulated in this announcement (see section I-4). It should also include a clear plan for recruitment and retention of multiple sites, outside resources, partners, and program participants, including those participants in the enriched model. This description should clearly relate to program objectives and should address intensity of services (dosage). The proposal includes a clear description of how issues of sexual exploitation and coercion will be addressed (25 points).
- (3) **Need for Project.** The applicant's presentation of the need for the project, including incidence of adolescent pregnancy, sexually transmitted diseases, a description of socio-economic conditions, existing services and unmet needs in the proposed service area. If the proposed population has unique challenges and

barriers, the applicant's description of these challenges and barriers should be addressed here (10 points).

- (4) Target Population. The applicant's clear description of the target population in each site, an estimate of the number of participants in both the comparison and intervention sites over a period of two years. The applicant demonstrates the program staff's ability to effectively serve the target population, including staff training (10 points).
- (5) Program Capacity and Past Experience. The applicant's clear description of the capacity to implement the program, including personnel and other resources. The applicant's presentation of experience and expertise in providing multi-site programs for youth as related to capacity and how it is linked to the rationale behind the proposed demonstration model (10 points).
- (6) Community Support. The applicant's clear description of the community commitment to, and involvement in, planning and implementation of the project, as demonstrated by letters of commitment and willingness to participate in the project's implementation, acceptance of referrals, etc. The applicant should clearly present commitment and memorandums of understanding (in Appendices) from proposed project sites, partners, and outside resources (as applicable) (10 points).

Please note, the order of the above criteria is based on the score weight of each criteria and is not indicative of how the program narrative should be arranged. Please see the application kit for instructions on how to arrange the narrative.

### *2. Review and Selection Process*

Final grant award decisions will be made by the Deputy Assistant Secretary for Population Affairs (DASPA). In making these decisions, the DASPA will take into account the extent to which applications recommended for approval will provide geographic distribution of resources, the priorities in sec. 2005(a), and other factors including:

- (1) Recommendations and scores submitted by the external review panel;
- (2) Internal review of applications by Federal staff;
- (3) The geographic area to be served including the reasonableness of the estimated cost of the project based on factors such as the incidence of adolescent pregnancy and Sexually Transmitted Diseases (STDs) in the geographic area to be served and the availability of services for adolescents in this geographic area; and
- (4) The adequacy of the multi-site evaluation plan (as detailed in the evaluation criteria listed in the "Evaluation of a Multi-model Approach" section of this announcement) and the demonstrated ability to implement a multi-site demonstration project.

### *3. Anticipated Announcement and Award*

OAPP anticipates announcing and awarding grantees under this announcement by September 01, 2008.

## **VI. AWARD ADMINISTRATION INFORMATION:**

### *1. Award Notices*

The OAPP does not release information about individual applications during the review process until final funding decisions have been made. When these decisions have been made,

the applicant's authorized representative will be notified of the outcome of their application by postal mail. The official document notifying an applicant that the application has been approved for funding is the Notice of Grant Award, signed by the Grants Management Officer, which specifies to the grantee the amount of money awarded, the purposes of the grant, the 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.

### *2. Administrative and National Policy Requirements*

The regulations set out at 45 CFR parts 74 and 92 are the Department of Health and Human Services (HHS) rules and requirements that govern the administration of grants. Part 74 is applicable to all recipients except those covered by Part 92, which governs awards to State and local governments. Applicants funded under this announcement must be aware of and comply with these regulations. The CFR volume that includes parts 74 and 92 may be downloaded from [http://www.access.gpo.gov/nara/cfr/waisidx\\_03/45cfrv1\\_03.html](http://www.access.gpo.gov/nara/cfr/waisidx_03/45cfrv1_03.html).

When issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with Federal money, all grantees shall clearly state the percentage and dollar amount of the total costs of the program or project which will be financed with Federal money and the percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

The applicant must comply with the HHS Protection of Human Subjects regulations (which require obtaining Institutional Review Board approval), set out at 45 CFR part 46. General information about Human Subjects regulations can be obtained through the Office for Human Research Protections (OHRP) at <http://www.hhs.gov/ohrp>, [ohrp@osops.dhhs.gov](mailto:ohrp@osops.dhhs.gov), or toll free at 866-447-4777. Applicants are required to hold a Federal-wide Assurance (FWA) approved by the Office for Human Research Protections (OHRP) within HHS. This must be included in the Appendices of the application. An FWA certifies that a relationship with a registered IRB has been established and that if funded, this IRB will review and approve the research prior to enrolling any participants in the proposed program and evaluation. See section VIII-1 of this announcement.

### *3. Reporting Requirements*

Applicants funded under this grant announcement will be required to electronically submit an End-of-Year Program, Evaluation and Financial report 90 days after the grant budget period ends. Grantees will report annually on program and evaluation progress using the AFL Prevention Demonstration Project End-of-Year Report template approved by the Office of Management and Budget (OMB 0990-300), available at [http://www.hhs.gov/opa/familylife/eoy\\_reports/index.html](http://www.hhs.gov/opa/familylife/eoy_reports/index.html). Grantees are required to submit a continuation application to renew funding for the next budget period before the project period ends.

## **VII. AGENCY CONTACTS**

### *1. Administrative and Budgetary Contacts Requirements*

For application kits, submission of applications, and information on budget and business aspects of the application, please contact: Office of Grants Management Operations Center, 1515 Wilson Blvd., Suite 100, Arlington, VA 22209 at 1-888-203-6161.



2. *Program Contacts Requirements*

For information related to OAPP program requirements, OAPP staff are available at 240-453-2828 to answer questions and provide technical assistance on the preparation of grant applications. Questions may also be directed to OAPP staff via e-mail at [oapp@hhs.gov](mailto:oapp@hhs.gov). If contacting OAPP by e-mail, please include the phrase “AFL Prevention Question” in the subject heading.

**VIII. OTHER INFORMATION**

1. *Required Federal-Wide Assurance and Institutional Review Board (IRB) Review and Approval*

While Adolescent Family Life (AFL) demonstration grants are not generally described as research programs, AFL demonstration projects and the evaluations of the AFL demonstration projects are considered "research" as defined by the U.S. Department of Health and Human Services (HHS) Protection of Human Subjects regulations at 45 CFR part 46. The definition of “research” in this regulation includes demonstration projects and project evaluations that survey children and are attempting to contribute to generalizable knowledge [see, e.g., 45 CFR 46.102(d) and (f)]. AFL demonstration projects and evaluations do both. Applicants are therefore asked to describe: (a) the procedures for protecting the privacy of clients and ensuring the confidentiality of data collected about clients; and (b) the process for obtaining institutional review board (IRB) review of the proposed program and evaluation plans.

Applicants are required to hold a Federal-wide Assurance (FWA) approved by the Office for Human Research Protections (OHRP) within HHS. This must be included in the Appendices of the application. An FWA certifies that a relationship with a registered IRB has been established and that if funded, this IRB will review and approve the research prior to enrolling any participants in the proposed program and evaluation.

General information about the HHS Protection of Human Subjects regulations can be obtained at <http://www.hhs.gov/ohrp>. Applicants may also contact OHRP by email ([ohrp@csophs.dhhs.gov](mailto:ohrp@csophs.dhhs.gov)) or by phone (240-453-6900). A copy of the OAPP policy regarding compliance with the HHS Protection of Human Subjects Regulations is also located in the application kit.

OAPP strongly encourages grantees to also obtain a Certificate of Confidentiality. This is issued by HHS under Section 301 (d) of the Public Health Service Act (42 USC 241(d)). Certificates can be used for research that is sensitive (e.g., collecting information on subjects’ sexual attitudes, preferences or practices) and where disclosure of identifying information could have adverse consequences for subjects or damage financial standing, employability, insurability, or reputation. OAPP considers the data collection proposed under this announcement to be sensitive in nature and believes that it could have adverse consequences if disclosed.

These certificates are intended to protect evaluators and researchers from compelled disclosure of the identities of project participants. By protecting researchers and institutions from being compelled to disclose information that would identify these subjects, Certificates help minimize risks to subjects by adding an additional level of protection for maintaining confidentiality of private information.

The NIH Certificate of Confidentiality Kiosk is a good source of useful information. The

Kiosk Web site is <http://grants.nih.gov/grants/policy/coc/>. There are several institutes and centers within NIH which grant Certificates; each institute and center has a different Coordinator. Additional background information about Certificates of Confidentiality can be found at: <http://grants.nih.gov/grants/policy/coc/background.htm>. [ohrp@osophs.dhhs.gov](mailto:ohrp@osophs.dhhs.gov), or toll free at 866-447-4777.

## 2. *Technical Assistance*

OAPP is committed to providing technical assistance to assist prospective applicants at no cost. OAPP anticipates offering a net-conference workshop that will assist the public in learning more about the purposes and requirements of the AFL program, the application process, budgeting information, and considerations that might help to improve the quality of grant applications. OAPP encourages applicants to have appropriate agency staff members and a financial representative participate. In order to participate, participants must have a computer with internet access and a telephone. Participants will be able to ask questions and receive pertinent feedback during this workshop via the computer.

With respect the interactive on-line workshop, applicants should check the OPA website at <http://www.hhs.gov/opa/>. All participants must pre-register for the workshop using the form at <http://www.hhs.gov/opa/>. Written requests for registration forms may be faxed to 240-453-2829. Completed registration forms should be faxed to ATTN: OAPP RFA Workshop at 240-453-2829, or you may insert OAPP RFA Workshop into the subject line and email the form to [oapp@hhs.gov](mailto:oapp@hhs.gov). Upon receipt of the applicant's request, specific workshop information will be faxed or emailed.

OAPP anticipates conducting one live interactive on-line workshop in April, 2008. If a prospective applicant cannot participate in this workshop, the presentation will be available on-line at <http://www.hhs.gov/opa/> until the closing of this announcement. Applicants should visit the OPA website <http://www.hhs.gov/opa/> or call 240-453-2828 for more information.

## 3. *Annual Conference and Regional Technical Assistance Training*

Each year, the OAPP hosts an annual grantee conference for prevention demonstration grantees. The Terms and Conditions of the Notice of Grant Award specifies that the Project Director and Evaluator are expected to attend the annual conference. Please include this cost in your proposed budget.

## 4. *Evaluation Dissemination and Publishing*

The OAPP anticipates that all Prevention demonstration grantees will disseminate and publish information about their projects, including in peer-reviewed journals, shortly after the 5<sup>th</sup> year. When selecting an evaluator, he/she should have experience publishing and presenting at professional conferences. The evaluator should also have the college/university support to disseminate such findings to the field.

DATED: March 28, 2008

Susan Orr  
Deputy Assistant Secretary for Population Affairs