

FTS-DHHS-OS

Moderator: Amy Margolis
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1:00 pm ET

Coordinator: Welcome and thank you for standing by. All lines will remain on listen-only for today's call. And also, today's call is being recorded. If you have any objections you may disconnect at this time.

I would now like to turn the meeting over Evelyn Kappeler, Director of the Office of Adolescent Health. Ma'am, you may begin.

Evelyn Kappeler: Thank you.

Good afternoon and welcome to the Technical Assistance Webinar for the Teen Pregnancy Prevention Replication of Evidence-based Programs Funding announcement.

Before we begin, I have a few administrative issues that I'd like to cover. Please note that all participants should be able to hear the audio and view the slides. If you are unable to log into the net conference to view the slides, please be assured that the slides and a recording of this Webinar will be available on the OAH Website within the next four to five days.

All participants are currently in a listen-only mode. We ask that you input your questions by typing in the box at the upper left-hand side. It's the fourth box as you go across. If we run out of time answer questions during today's call we'll post the answers to questions on the OAH Website after this call. So please be sure to check back to our Website frequently for additional and updated information.

In addition, you do have permission to print the slides as PDFs, and if you look at the bottom right-hand side of your computer, you see the PDF function and you should be able to print down the slides.

The purpose of today's call is to review the teen pregnancy prevention funding announcement, including the purpose, eligibility, requirements, and how to apply for the funds. Today we will not be answering questions specific to any individual application.

I'd like to also talk about how we are going to be proceeding. We have five major sections for presentation today, which will be led by different members of the OAH staff. Each of these sections will be followed by a Q&A period. And I'd like to introduce the staff who are in the room today -- myself; I'm the Acting Director for the Office of Adolescent Health. I have with me Alice Bettencourt, the Acting Deputy Director for the Office of Adolescent Health. I also have Allison Roper, Amy Margolis, Jennifer Gannon, Miryam Gerdine, and Karen Campbell, who is the Director of our Office of Grants Management.

I'd like to talk a little bit about the role the Office of Adolescent Health, and the role of the Office of Grants Management.

With the enactment of the Consolidated Appropriations Act, the new Office of Adolescent Health was established with two major responsibilities -- responsibility for implementing and administering this new grant program to support evidence-based teen pregnancy prevention approaches and to coordinate broader adolescent health programs and initiatives across the Department of Health and Human Services.

The Office of Grants Management is the official signatory for obligating federal grant funds, and for all grants business conducted by the Office of Public Health and Science. They monitor all the business and financial transactions on grants for compliance to federal regulations, and they maintain the official grant files for all of the projects that are awarded under any funding announcement.

This next slide gives you a sense of the organizational arrangement within the Office of Public Health and Science, and as you can see on the lower left-hand side is the new Office of Adolescent Health.

This next slide gives you a more condensed organizational chart to show where the Office of Adolescent Health and its relationship is with the Office of Grants Management, as located within the Office of Public Health and Science. The Office of Grants Management provides grant support for various OPHS grant programs, including not only the Office of Adolescent Health, but the Office of Minority Health, the Office of Population Affairs, and the Office on Women's Health.

The new teen pregnancy prevention initiative, which was authorized through the Consolidated Appropriations Act, provides \$110 million for the support of evidence-based programming. There are two major funding streams -- \$75

million, which is dedicated to the replication of program models proven effective to rigorous evaluation, and when we have termed this stream Tier 1.

The second stream of funding is \$25 million for research and demonstration grants to develop, replicate, refine and test additional models and innovative strategies. We refer to this stream of funding as Tier 2. In addition, the appropriations act, provides \$10 million for the Office of Adolescent Health to provide training and technical assistance, evaluation, outreach and additional programs support activities for the grants funded through this announcement.

Today's Webinar is focusing on the first funding announcement, Tier 1, replication of evidence-based programs. The purpose of this particular funding announcement is to support the replication of evidence-based program models that are medically accurate, age appropriate, and have been proven through rigorous evaluation to reduce teenage pregnancy, behavioral risks underlying teenage pregnancy, or other associated risk factors.

The target population for this funding announcement is individuals 19 years of age and under at program entry. Applicants should clearly define the target populations by age groups or priority populations within a defined geographic area with high teen birth rates. We're looking at high teen birth rates since this data is more current and more readily available than teen pregnancy rates. In your applications you should be sure the targeted community that you're proposing to serve is clearly defined by geographic boundaries.

The statutory intent for this program is to provide for a wide range of organizations to be eligible and the statute specifically states that public and private entities are eligible. Funds are available for making these grants to a large range of entities, many of which are listed on here. Others are listed in the funding announcement, but not on this slide, include small, minority and

women owned businesses, Alaska native health corporations, urban Indian health organizations, and tribal epidemiology centers.

Within the funding announcement there are four broad ranges. The first range is 400,000 to 600,000 per year; the second range (B) is 600,000 to a million per year; Range C is a million to 1.5 million per year, and range D is a large funding of 1.5 million to 4 million per year. Applicants may only apply for one funding range under this announcement, and projects in Ranges C and D are expected to develop and implement an independent grantee level evaluation.

Under this announcement there is not a requirement for cost-sharing or matching. However, applications are encouraged to include participation by stakeholders in the community as an indicator of community support for their particular project. And if there is additional cost sharing provided it should be in your narrative section of your grant application, and it's an indication of institutional support from the applicant and its collaborators, which indicates a greater potential for success and sustainability of the project.

The awards made under Tier 1 will be in the form of cooperative agreements. We anticipate that we may be making awards of up to 150. The project period for these awards will be up to five years, and the funding range is between 400,000 and 4 million per year. We anticipate the awards will be made no later than the end of September 2010, and I want to remind applicants that they may only submit one application for consideration under this funding announcement.

Are there any questions?

One of the questions we've received is how many cooperative agreements will you fund in each funding range, A through D? At this point OAH has not designated a set of number of awards for each funding range, except for range D, in which we know that we will not be making more than 10 cooperative agreements in that funding range.

Are there other questions?

You can go online. If you look at the upper left-hand, the fourth button over, is your opportunity to submit questions.

There was a question that just came in about the age range that an applicant can serve with these funds. Applicants can serve youth, ages 19 and under, at program entry. And the funding announcement also does allow for services for youth who are not yet teenagers, since many of the evidence-based programs that have been identified target preteens for services.

Allison Roper: And just to let you know, I know many of you have written -- this is Allison Roper -- and many of you have written in some great questions and we will be getting to those other questions momentarily. Right now we're trying to keep the questions within the section that we are talking about at the time.

So right now there are no more questions related to what Evelyn just covered, so most of the questions are related to program and the evidence-based reviews. So we will answer those questions as soon as we cover that topic. And hopefully we'll answer them before while we're doing our presentation. So thank you.

Evelyn Kappeler: Okay, so at this point I'm going to turn this over to Amy Margolis, who's going to cover the identification of evidence-based programs.

Amy Margolis: All right. Hello, everyone.

Next we are going to talk about the identification of evidence-based programs eligible for replication under this funding announcement. Under our contract with the Department of Health and Human Services, Mathematica Policy Research conducted an independent systematic review of the evidence-base for programs to prevent teen pregnancy. This review defined the criteria for the quality of an evaluation study and the strength of evidence for particular intervention.

Based on these criteria, the department has defined a set of rigorous standards that an evaluation must meet in order for the program to be considered effective and eligible for funding as an evidence-based program under this particular funding announcement.

There were four steps to the review -- first, to find potentially relevant studies; then to screen the studies to review; assess the quality of the studies; and then assess the evidence of effectiveness. I'm going to go over each of these steps in more detail in the next several slides, but if you do want more information than what we cover during this Webinar, there is more information available on the Office of Adolescent Health Web site.

The first step of the review was to find relevant studies. Studies were identified before the review by reviewing reference lists from earlier research syntheses, and reviewing relevant research and policy organizations' Websites, publishing a public call for studies to solicit new and unpublished research, and conducting keyword searches of electronic databases. From these four steps, nearly 1000 potentially relevant studies were identified.

Next, each study was screened for inclusion in the review based on a set of criteria defined by the department.

Sorry -- one second. We'll let the slides catch up.

Okay.

So next, each study was screened for inclusion in the review based on a set of criteria developed by the department. Specifically, a study had to examine the impacts of an intervention using quantitative data and statistical analysis, and hypothesis testing. Interventions may have focused on a range of approaches to prevent teen pregnancy, such as encouraging teens to wait to have sex, providing information on contraception, teaching refusal skills, or discussing the health consequences of sexual activity.

However, studies of the interventions lacking such a focus were excluded from the review. Also, studies of state or federal policy changes, including policies affecting access to contraception through Medicaid, were also excluded from the review. And studies had to focus on impacts on at least one measure of sexual risk behavior or its health consequences. Measures meeting this definition included those examining sexual activity, contraceptive use, sexually transmitted infections, pregnancies, or births.

Studies also had to focus on youth in the United States, who were ages 19 or younger at the start of the program. Studies with the subsample outside of this age range were considered for the review if the study established that the majority of sample members met the required age range. And there is no lower bound on age.

And then finally, studies had to have been conducted or published since 1989.

After going through those four screening criteria, a total of 199 studies continue to meet the screening criteria, and moved forward in the process.

Next, the studies that met those four screening criteria were assessed for the quality of the research and its implementation. The assessment included a review of the study design, attrition, baseline equivalence, reassignment, and confounding factors. Studies were assigned a rating of high, moderate, or low, based on the rigor and execution of the research design. A high rating was reserved for random assignment studies with low attrition of sample numbers and no sample reassignment.

A moderate rating was given to quasi-experimental designs with well matched comparison groups at baseline, as well as certain random assignment studies that did not meet the criteria for the high rating. Quasi-experimental and random assignments studies that did not meet the criteria for either a high or moderate rating were assigned a low rating.

All studies that met the criteria for either a high or a moderate rating were considered eligible for providing credible evidence of program impacts. For these studies, the review team documented the impact estimates for all relevant outcome measures, and the information was used to assess a programs evidence of effectiveness.

In order to meet the standard for an evidence-based program to be eligible for replication under the Tier 1 funding announcement, the study had to be supported by at least one high or moderate rated study, and it had to show a positive statistically significant impact on at least one priority outcome, including delay in sexual activity, increase in contraceptive use, decrease in

STIs, pregnancies, or births. For either the full study sample or key subgroup, which was defined by gender or baseline sexual experience.

Evidence from subgroups that were defined by sexual activity at follow-up were not considered when identifying the list of evidence-based programs. As with other subgroups defined by behavior emerging after the start of the program, the composition of those who are sexually active at follow-up may be affected by program participation.

As a result, even when an experimental design, the treatment and comparison groups within such subgroups may lack equivalence, leading to biased estimates of the program impact for these groups.

After going through those four steps, a total of 28 evidence-based program models are currently identified as eligible for replication with Tier 1 funding. A list of the models that are currently eligible is available on the Office of Adolescent Health Web site, as well as in Appendix A of the funding announcement.

Of the 28 programs, 20 had evidence of impact on sexual activity, nine had impacts on contraceptive use, four on STIs, and five on pregnancies or births. In addition, all studies that were reviewed but did not make the Tier 1 list, and the rationale for why the study did not meet the review criteria are available in a searchable database on the Office of Adolescent Health Web site. So you can see all of the studies that were reviewed through the four steps, and which ones made the list and which ones didn't, and why.

This is a list -- this slide just shows you the 28 program models that are currently eligible for replication. This is the list that you can find on the

adolescent health Web site, as well as in Appendix A of the funding announcement.

And to learn more about the 28 program models, we're encouraging you to visit the Office of Adolescent Health Web site where we have an intervention implementation report available for each of the 28 program models. The report includes the intervention name and the developer, a description of the program, the target population, how to obtain curriculum materials, any information about available training and technical assistance, and the research evidence.

One question that we know a lot folks have is can an organization apply to replicate program models that are not on the list in Appendix A. The answer is yes, but only if all of the following criteria are met.

First, the research or evaluation of program models has to have not been previously reviewed. Previously reviewed evidence will not be reviewed. And again, you can get the list of all of the studies that had been reviewed through the evidence review process on the Office of Adolescent Health Web site in a searchable database.

Next, the research or evaluation must meet the screening and evidence criteria that I just talked about a few slides ago.

Third, the application must include all relevant research and evaluation to support your claim that the program model you want to replicate is an evidence-based model that meets the screening and evidence criteria. This information should be included with your application in the appendices, and will not be counted in the 100 page limit.

Fourth, the application must be received by May 17. This will give us enough time to review the program model that you're proposing to make sure that it meets the evidence criteria. If it's determined that the study meets the evidence criteria, the application will be considered for review. If the study does not meet the evidence criteria the application will be rejected and will not be considered. Applicants that wish to replicate a model that is not listed on Appendix A need to carefully consider whether the evidence related to the program's effectiveness will meet the rigorous standards applied in the evidence review.

Applicants are encouraged to consider whether the proposed project is better suited for the teen pregnancy prevention research and demonstration funding announcement that we're referring to as Tier 2.

And at this time, we will take questions related to the identification of evidence-based programs.

Again, please type your questions into the question-and-answer box, on the top left-hand corner of the net conference portion. And we will answer your questions as they come in.

So one of the first questions we received is why aren't more of the evidence-based programs eligible for replication specific to teenage pregnancy prevention? The evidence review looked at program models that demonstrate an effect on sexual activity, contraceptive use, STIs, or pregnancies or births.

While several of the programs are specific to teenage pregnancy prevention, many other programs demonstrated positive outcomes related to the outcomes we were looking at that may have been originally developed for an area such

as HIV prevention. So that's why there's a range of programs eligible on the list.

Another question we received is how do I know which model to replicate in my community? Every community has unique needs and these should be considered when determining which evidence-based model you want to replicate.

Each of the models on the list is different and should be reviewed to determine how well it meets a community's specific needs. For additional information you can visit the Office of Adolescent Health Web site and/or contact the curricula developers. The implementation reports on the Office of Adolescent Health Web site will provide a lot of the information that you need to look to see if the program model will meet your community's needs.

Another question is can an organization choose more than one of the evidence-based programs for the same geographic area? And the answer is, yes. We've actually received a lot of questions on this topic; and need to be very clear -- we went back and looked, reexamined the program announcement and the intent of the program announcement.

And the answer is, yes, if you carefully look at the needs of your community, and more than one program model will meet the needs of your community, you can very clearly in your application write down who the target audience is, how you're going to evaluate, how you're going to implement for different program models, then you are eligible to apply to use more than one program model in your target community.

Another question is what types of studies were screened out of the review process? To be included in the teenage pregnancy prevention research

evidence review for Tier 1, again, interventions had to have primary focus on preventing teen pregnancy and/or one of the associated behavioral risks that we talked about earlier. Studies of interventions that were lacking such a focus, including research on dropout prevention, job training, early childhood education, and home visiting programs for adolescent mothers were not included in the review.

These types of interventions could be eligible for funding under Tier 2 of the teenage pregnancy prevention initiative, and in addition, home visitation programs will be eligible for funding under a separate funding opportunity announcement that will be released by the Administration for Children and Families, in coordination with the Health Resources and Services Administration.

And those awards will be made by September 30. Additional information on that funding opportunity for home visitation programs will be available on the Administration for Children and Families Web site, so you should check there in the future.

Another question is why are some commonly used programs not on this evidence-based list, but appear on other lists that I've seen? And the answer is that many evidence-based or promising practice lists of program models have different screening criteria. And so while many of the programs on our list in Appendix A are also found on other lists, the lists may not completely overlap because there were different screening criteria applied.

Another question is what if an organization would like to do one of the evidence-based interventions as well as other programs? Does that change the due date? The answer is no. The due date would be the same.

And the due date if two models, one in Appendix A and one not, the one that is not in Appendix A, if you're proposing to use Tier 1 funding for that and it's not currently on our list, you would have to submit that application by May 17, with all of the evidence to support why you think the new proposed program model would meet the evidence criteria.

Okay, if you have any further questions please keep typing them into the question-and-answer box. But at this time we are going to move forward with the presentation.

Allison Roper: Okay. Good afternoon, everybody. This is Allison Roper. I am one of the public health analysts here with the Office of Adolescent Health. And I'm going to talk to you today about program expectations. And I may have talked to several of you over the phone or via email. And if I haven't and you're waiting for a callback from me, just be patient because I'm here on this call.

So to get started we're going to talk about the overview of our program expectations for the Tier 1, teenage pregnancy prevention programs funding opportunity announcement.

Our basic expectations are that you're going to implement an evidence-based program model. You're going to maintain fidelity to that program model. You need to be able to address the target population or target populations, plural, that you intend to provide service to.

You need to make sure that in your application and in your implementation that you ensure medical accuracy and age appropriateness of the materials that you're providing. And you need to engage in phased in implementation period -- and with that phased in implementation period, we'll talk about that a little bit more in-depth in a minute -- but that will be over the first 6 to 12 months.

And that works along well with the cooperative agreement where there will be a lot of interaction with the federal office here, the Office of Adolescent Health to help you get to the point of being ready to implement, to get ready for full implementation.

We also are going to have expectations that you collect and report performance measurement data, whether or not you apply under Range A, B, C, or D, and that you do adhere to all evaluation expectations.

So let's talk about maintaining fidelity to program model. This has been a big question that has come up for many people, and it's one that I think that is a really excellent question that individual organizations need to address, as you're thinking about what you're going to do.

All applicants through the Tier 1 funding need to maintain fidelity to the core components of the original evidence-based models that led to the outcomes associated with that program. So core components are those parts of the curriculum or its implementation that are determined by the developer to be a key ingredient that were related to achieving the outcomes associated with the program.

So the best way to find out those core components is going to be to call the developer of the curriculum and the program model, because they're the ones who are going to be able to tell you what those components are that led -- that they believe, led to the positive outcomes that they found that led their study or their model to be evidence-based.

So fidelity is not only relevant to the content in a program, but also to those core elements of the teaching methods and of the implementation. So when you're thinking about fidelity you need to think about a lot of different ways

of maintaining fidelity. It's not just the implementation of the specific curriculum in the order. It's also, you know, who's implementing, how they're implementing it, what setting, and all of those things, if you are intending to make any kind of minimal adaptation, you need to talk with the developers, so that you can ensure that you're not affecting the core elements.

So when we talk about can program models be adapted, they can, to a certain degree. But again, this funding announcement is specifically to replicate evidence-based models. So minimal adaptations are allowed - changing names or details in role play, updating outdated statistics, adjusting reading and comprehension levels, and making activities more interactive. Those are absolutely allowable minimal adaptations.

And you can certainly propose adaptations to make the program more relevant to ethnic, racial, or linguistic characteristics of the population to be served, as long as those core components are not affected. So that is something that you would want to talk with the developers about to make sure. In a lot of cases, that would be fine and there are some programs that, that would not be okay to make those kinds of adaptations.

Significant adaptations that would include adding activities, changing the sequence activities, or replacing some of the materials, are not allowed under Tier 1. That would not be a true replication of the model.

The addition of reasonable components related to the curriculum-based or youth development teenage pregnancy prevention programs, will be considered appropriate to any program model as long as it is well integrated, it works in concert with the underlying program model, and it does not significantly alter the core components of this program.

So you can propose to make some -- to add on some reasonable components to the model, as long as you're not significantly affecting the core components of the underlying program. And prior to implementation there is the requirement that the Office of Adolescent Health provides approval of any adaptation that you propose to make. So that will be something that will be discussed during that phased in period of implementation once an award is made.

The demonstrating ability to replicate the program models with fidelity, we do want you to, when you're writing your application, to be able to show us that you can demonstrate or that you can replicate the program models with fidelity. So you want to demonstrate the effectiveness of the replication strategy. You need to ensure that facilitators delivering program have been or will be formally trained, and that is an allowable cost under this grant. We do think that it's very important that people are trained in the specific model that you're selecting.

You need to have received training on acceptable adaptations or proposed adaptations for approval from the Office of Adolescent Health. You need to be able to monitor and document program implementation to ensure fidelity. So that's something that you're going to need to be able to show us that you can do once implementation starts. And that is very important that you will be tracking that fidelity to ensure that you are replicating appropriately.

You also need to be able, in your application, to provide MOUs stating that all partners to implement with fidelity, so that there's no surprises down the road that somebody has chosen not to.

Applicants should identify how they're going to access implementation materials and training and evidence-based intervention they seek to replicate.

And we recognize several questions that I received via email and over the phone, have been related to receiving some of the materials. And we're doing the best that we can to give you as much information as we can on the different program models on our Web site and to lead you to people and to Web sites so that you can access those materials more fully.

We're going to also talk about medical accuracy and age appropriateness. Funded programs need to ensure that information provided is age appropriate and is also scientifically and medically accurate. All materials are going to be reviewed by our office to ensure that medical accuracy piece is in fact intact and updated.

Please note that your full curriculum that you're proposing should not be submitted with the application. The program materials will be submitted to us, for review and approval during the phased in implementation period, but they do not need to be submitted in the very beginning.

And then in terms of review, again, OAH will be reviewing for medical accuracy, but in terms of age appropriateness that's something that individual applicants need to think about with their partners and with their collaborations that they're working with to ensure that the materials are age appropriate. So the onus is on the applicant and the award, the grantee, to make sure that the materials are age appropriate.

So with the phased in implementation period funded recipients are going to engage in a planning, piloting, and kind of a readiness period for the first 6 to 12 months of funding. So it's really important that you recognize this, that this is an important period of time. We know that everybody that's going to apply and receive funding are going to be well established organizations and ones that are ready to go, and to, you know, get out there and start implementing.

But we need you to understand that the expectation is not that you're going to be funded at some point in September and then turn around and start implementing in a school or community setting the next day or in October; that there will be a period of time where grantees are going to -- we're going to work together as a cooperative agreement with the Office of Adolescent Health -- we will work together to ensure we're going to assess needs and resources, finalize goals and objectives.

We're going to make sure that there's a good program fit and make sure that there's organizational capacity in place, finalize all implementation plans and pilot test the program. So this is a very key time that you will be working with your project officer on, to make sure that you are ready for full implementation.

And again, the length of the phased in implementation period is going to vary by grantee, depending on your readiness. Some people -- some organizations may be ready in less than six months, and some that may take up to 12 months depending on many, many factors.

We're also, during this time, going to -- before you get into full implementation, we're going to use that time to look at all of your materials to make sure that they're medically accurate, and help you to make sure you can maintain fidelity to the program model and have proposed acceptable adaptations. So this is a period of time where OHA approval is going to be required before full scale implementation can occur.

Evaluation strategies -- this is another big question. As you know, we have four funding ranges that we have put out through this FOA, or this funding announcement, -- Ranges A, B, C, and D. For all ranges, monitoring and

reporting on program implementation and outcomes to performance measures are relevant. So all of those ranges do need to have those strategies in place to make sure that you can monitor and report on program implementation and outcomes, and ensure that fidelity to the program.

Grantee level evaluations for projects funded should only be proposed for Ranges C and D. So I've had several questions come to me regarding if you're coming in, in Range B, can you go ahead and propose to conduct an evaluation, a grantee level evaluation. And really we are asking for rigorous, independent grantee level evaluations to occur only in Ranges C and D. Ranges A and B will be responsible for evaluation strategies related to monitoring and reporting on program implementation and outcomes, but not for a rigorous evaluation.

There will be a federal evaluation that's going to be conducted of a selected subgroup of all grantees and we will select 8 to 12 grantees across tiers 1 and 2. So we anticipate funding many grants across tiers 1 and 2, and only 8 to 12 will be selected to be a part of the federal level evaluation.

With that federal level evaluation, when that does happen, if you are selected then your evaluation funds just simply be redirected into, if you are a part of Range C or D, your evaluation funds would be redirected to help support the federal level evaluation...Not just your funds; I'm sorry. Your resources as well, including your evaluators, the evaluation team, so that you can help support that federal level evaluation. But you will no longer be expected to have a grantee level evaluation if you are one of those 8 to 12 sites selected.

Performance measures -- performance measures are not yet developed, but we do have an outline in our funding opportunity announcement of the five broad categories that we're going to be focusing on for the performance measures.

We will be developing the performance measures through our office during the first year of the program, and all applicants need to describe their capacity to report on these performance measures.

By the end of the first year, final performance measures will be distributed to grantees and all funded recipients will be required to report on these measures. So they are not yet developed, but we do expect that in your application you will be able to indicate that you will be able to report on those.

Training and technical assistance will be provided by OAH related to the performance measures and related to the data collection tools that are selected. So the anticipated categories that I mentioned earlier that are also listed in our funding opportunity announcement for performance measures, are output measures, fidelity or adaptation, implementation and capacity building, outcome measures and community data.

So going back to evaluations, evaluation for funding Ranges A and B -- again, funding Range A is \$400,000 to \$600,000, funding Range B is \$600,000 to \$1 million per year. And for these two funding ranges we expect that you would be able to demonstrate the ability to collect and report on a common set of performance measures to assess program implementation and outcomes. You are not expected to conduct a rigorous independent grantee level evaluation for funding Ranges A and B.

For funding Ranges C and D, however, we do have much higher expectations in terms of evaluation. We do expect a rigorous, independent grantee level design unique to the proposed project. You need to be able to use either a random assignment or quasi-experimental design. Our office, the Office of Adolescent Health, will review and assess all the proposed evaluation designs over that first year of the phased in period. And we will require approval from

our office before implementation can occur, both for the program, but also for the evaluation plan.

We will provide training and technical assistance on evaluation, both general and project specific. So that's something that we will work with you very closely on once funded, related to your evaluation.

I encourage everybody to look at Appendix C in the funding announcement, for detailed guidance on the evaluation, and evaluation expectations. It's important to note that the budget should be 20% to 25% to support evaluation activities in Ranges C and D, but not more than \$500,000 per year.

So again, I just want to stress that we are asking for Ranges C and D for evaluation, a rigorous independent grantee level evaluation. And when I say independent, we do ask that, you know, you clearly identify how you're making your evaluation design independent and it's not your own applicant organization who is conducting the evaluation.

Going back to the federal level evaluation of the teenage pregnancy prevention program, grantees from all those funding ranges that we discussed earlier are required to participate in the federal evaluation if selected. Please remember, there will only be between 8 and 12 grantees selected to participate in the federal evaluation across ranges - or across Tier 1 and Tier 2 funding opportunities.

You need to be able to, in your application agree to follow all evaluation protocols established by HHS, if you're selected as a part of the federal evaluation. And you will no longer be expected to have that separate grantee level evaluation under Ranges C and D, but you would be required to redirect

those evaluation budget and resources to support those activities related to the federal level evaluation.

The decisions on which grantees are going to participate in this federal evaluation will be made by the end of the first grant year.

So items requiring Office of Adolescent Health approval prior to full implementation, include the curriculum and program materials. We will be approving those for medical accuracy. Any proposed adaptations that you have to the evidence-based model, you evaluation plans and also your full scale implementation plan. And all of those items are required prior to full implementation.

Again, just another point that we are asking that full curricula should not be submitted with the application because we're not reviewing them at this time. You do need to indicate which model, obviously, you're going to be using and which model and curricula you'll be using in your program, but you do not need to submit the full curricula. And that obviously would take up a lot of space in your 100 page limit.

So, we are going to move on to some questions now. I know that there have been many questions coming in. I see everybody buzzing around me trying to print off all the questions.

The first question that I have here is how do I identify the core components of the program model, and I think we did address that. Those core components are those program characteristics that need to be kept intact when the intervention is being replicated or adapted in order for it to produce program outcomes similar to those demonstrated in the original evaluation research. So please contact the curriculum developers for specific core components for

each program model; they're going to vary by each model, and we encourage you to find out exactly what they are before committing to replicating a particular model.

Okay, another question I have is can this funding announcement be used to fund subsequent pregnancy prevention? And the answer is yes, if they meet the evidence criteria. So right now we do not have any evidence-based programs on our Appendix A list that are specific to subsequent pregnancy prevention. So if you have a program that has not been reviewed or you have new evidence for a program, then you can submit that under the evidence criteria portion of the Tier 1 pregnancy prevention funding announcement by May 17 along with your application.

One question that came in was how do I maintain fidelity to program model? And again, it goes back to that issue of core components. Applicants really need to consult the developers to determine what the core components of the proposed program are.

Maintaining fidelity is going to require that any minimal adaptations to the model do not affect those core components. And training is really key to maintaining fidelity to a model and should be planned for accordingly. So we want to see that you recognize the importance of that in your application. And we recognize the importance of that, and definitely have allowed for training to occur as a part of your budget related to fidelity.

Another question that came in is will an organization be able to use multiple curricula? For example, if we are hosting a program for middle school aged youth versus high school aged, may our project use two different curricula for the appropriate population? There's nothing to preclude applications that propose to replicate more than one model at a site, or in multiple sites. Such

approaches are acceptable, but they must be justified in the program narrative and applicants are advised to consider the fit for their target populations, their communities, their capacity to implement multiple models and the evaluation challenges of such an approach.

So yes, you may, but you also need to definitely, very clearly, justify why you're doing it, the target populations, how it fits, and also thinking about the evaluation challenges of implementing more than one model.

I know we've got more questions here. Let's see -- let me see if I can read this one -- because data analysis is an important part of fidelity, experimental or quasi, the concern or question is around the number of researchers and how to achieve consistency. What guidance can HHS give to align the research in those markets to get the best data? How can you avoid redundancy with the Mathematica study?

The same approach is not required, but you need to have a rigorous evaluation. If you're thinking about Ranges C and D, you know -- and I know this question is a little bit challenging...

Okay.

So we don't anticipate that there's going to be any kind of redundancy with the Mathematica study, because each organization is going to propose a unique evaluation design for their own proposed project. So you don't have to have the exact same study criteria. You don't have to have the exact same evaluation design that Mathematica used. You just have to have something that is under Ranges C and D; an evaluation design that is rigorous; and it meets the criteria that are outlined in our funding announcement.

Can you please elaborate on the character of the grantee level evaluation required in Level C and D, level awards versus that required of the A and B awards? So in Levels A and B, performance measures are something that you need to have the capacity to collect data for performance measures. There's not evaluation at a grantee level for this.

You need to be able to collect data for the performance measures and make sure that you're maintaining fidelity to the program model; and also indicate that you're willing to participate in the federal level evaluation if selected. Again, there will be 8 to 12 grantees across the two tiers selected for the federal level evaluation.

Another person has asked what is the definition of independent evaluation, and I think that we have answered that, but that is again, I think it's an important question. And that is that an independent evaluation is going to be an evaluation that's conducted independently from the funded organization. So the applicant organization should not be -- the applicant organization that is funded, should not be the one who is actually conducting the evaluation. Should not be the primary evaluator on this program.

Is the state considered a geographic area? You know, geographic areas, a very good question, and that is going to be defined by the applicant. So there are many -- I've heard many, many different ways of defining geographical area and that's going to be defined specifically by the applicant. So if you have specific questions you can always call us or email us on your particular program, but in general, it needs to be defined by the applicant.

Can you submit a grant for Tier 1 and Tier 2? Why yes, you can. There are two different funding streams, two different funding announcements so you may submit a grant or an application for Tier 1 and an application for Tier 2.

Please keep in mind that they have very different requirements. They have very different intents, so obviously you would want to have two different types of programs that you are submitting applications for.

What if a program says the target population is African American children, can we use it with Caucasians or Latinos? Again, let's go back to that idea of adaptation and that you can propose adaptations to make the program that is on Appendix A more relevant to ethnic, racial, or linguistic characteristics of the population to be served, as long as those core elements are not affected.

So you need to talk with your curriculum developers that they've indicated that, no, actually this program was specifically designed for African American children and cannot be replicated with Caucasians, then that would be your answer. But there are programs that say no, actually you know, we just tested it with this particular population, but you can certainly try it with another one. So do you need to go back in, and check with the curriculum developers.

We're looking for other questions on here. It seems that you need to have already been implementing an approved curricula. How long do you have to have been doing this? And that is actually not the case, and I apologize if we're giving out conflicting information. You do not have to have already been implementing one of the 28 models that are on our list. You know, this is something that you can actually jump in right now and say, oh, this looks great. This gets at my target population and I intend to implement it now. So you do not have to have been implementing a model already.

Can one organization participate in several different applications? That's an excellent question. So an organization can only be the lead on one application in Tier 1. You can also come in as a subcontractor, or a partner, you know, or

in a different capacity on other applications, in Tier 1, but you can only be the lead on the one application in Tier 1.

And one last question that we have is what are reasonable add on components? Reasonable add on components are ones that are well integrated, work in concert with the underlying program model, and ones that do not significantly alter the core components of the underlying program.

And I think that might be it for our questions for now. Any others?

No?

Okay, I'm going to turn it over to Alice now. Thank you.

Alice Bettencourt: Thanks, Allison.

Hello, everyone. This is Alice Bettencourt. I am the Acting Deputy Director of the Office of Adolescent Health. And I'm going to take some time to go through the application contents.

The contents of the application submission include an abstract that is one page, the project narrative that should not exceed 50 pages, the appendices, and the budget narrative or justification. The maximum length allowed for the project narrative is 50 pages. And the maximum length of the entire application including all of the appendices is 100 pages. Applications that exceed the 50 page limit for the narrative or the total limit of 100 pages, including all attachments will be considered nonresponsive and will not be reviewed.

The 100 page limit does not include the grant application forms. And remember that the announcement, the funding opportunity announcement as it's posted on grants.gov, is the official guidance for all programmatic and application requirements. Do not use these slides as your ultimate guide. In some cases we have summarized or condensed to get through all the materials. So you should make sure that you are following the funding opportunity announcement.

Okay, the project abstract -- this should be one page in length. It should be clear, concise description of the project that can be understood without reference to the other parts of the application. The reason for this is that we often use the project abstracts for other purposes. They might be distributed the public or to Congress, or to other policy makers under Freedom of Information Act requests. We may also post them on our Web page.

So you should write these with those points in mind and make sure that you include all the necessary information on the abstract, including your project title, contact information, the type of organization you are, your overarching goals, the model that you're choosing to replicate, your geographic area to be served and your target populations.

This is also very important - is the formatting of your narrative. It needs to be double-spaced on 8-1/2 by 11 inch paper; 1 inch margins or larger; if you want to go larger and provide us more white space that's fine too; on the top, on the bottom, and both sides. The font needs to be at least 12-point; again, if you want to go larger, you can do larger, but do not go smaller. And all pages, charts, figures, and tables should be numbered so that a reviewer can easily reference them while they're breathing through your narrative.

And that gets us to the project narrative. The first section is organizational capability. In this section you need to describe the current capability to organize and operate effectively and efficiently; your decision making authority and structure; your organizational experience, expertise and previous accomplishments in this specific program area of teen pregnancy prevention; should also describe previous partnerships and strategies used to address teen pregnancy prevention.

And the final thing is how your various sites and outside resources will be managed logistically and programmatically.

The next section in the project narrative is project management. And in this section you need to cover your plans to govern and manage the execution of the overall program. You need to describe your governance structure, roles and responsibilities, operating procedures, your committees, work groups and other things, terms and associated leaders and your communication plans. This is especially critical as you bring in collaboration partners to your project.

You need to discuss how your plans and decisions are developed and documented and discuss your issues and risk management approach.

You also need to specify the mechanisms to ensure accountability among community participants and incremental progress in achieving milestones. These are five-year grants, so we need a description of how you are going to incrementally achieve those milestones.

The next section of the project narrative is the need statement. And here is where you will describe the geographic area to be served. As we previously answered, this is a self-defined geographic area, so it is up to you in your

application to clearly describe it and make a justification for that area to be served.

You need to describe the benefit for the target population; the incidence of teen births in the area to be served; provide documentation of sexually transmitted disease rates, socioeconomic conditions including income levels, existing services and unmet needs in the service area. This is not a finite list. You can, you know, provide additional documentation of conditions or statistics that you believe support your need for this grant.

You should also describe any unique challenges or barriers facing the proposed population.

The next section is the model to be replicated. And here is where you should discuss your rationale for choosing the program model for replication and how the approach is based on previous practice and community needs assessment. So this is regardless of whether you are using - choosing a program from Appendix A or a program for which you will be submitting the documentation for review.

You need to describe the lessons learned from the previous projects of this type; the implementation sites -- these would be the specific sites within the geographic area where you are implementing the program; your plans to implement the model with fidelity to the original; your proposed adaptations to the program model; your plans to train staff and obtain implementation materials.

As we previously answered, you do not already have to be implementing the model you choose, so this is where this comes into play -- especially is how

you are training your staff and others on the materials that you are choosing to implement.

You should also describe your plans to coordinate, integrate and link to existing services within your geographic area. And you should also include your program management plan.

The next section is the target population itself. Who are you going to be serving? In this section you need to describe the target population using statistical data and other community factors. And this is the data that you feel is relevant to describing the population and why it is in need of the services.

You should provide realistic estimates of the overall number of program participants and the number participating in the proposed project sites. So if you have multiple sites, you should be telling us how many youth are going to be served in each of those sites.

You should describe the expected number of participants during the first and second year of implementation and break them out by age, race and ethnicity.

You should also describe the age appropriateness of the program model you have chosen for the target population.

Okay. The next section of your project narrative is program goals, objectives and activities. And in this section you have to describe your specific program goals and up to six outcome objectives.

And your outcome objectives should be smart objectives. And that is they should be specific, measurable, achievable, realistic and time framed. And we

do ask that you come up with six overall outcome objectives for the project -- so not six outcome objectives for each goal, but six total outcome objectives.

You should also need to include your five-year logic model, and this is a visual representation of the relationships between the proposed resources, the planned activities and the desired outputs and outcomes. In other words this is the roadmap -- how are you going to get from your grant application to the grant award provided to the actual outputs and outcomes that you are predicting.

The next section is your work plan and timetable. You need to have a detailed five-year work plan. It should be concise; have easy-to-read overview of the goals, strategies, objectives, measures, activities, timeline and those who will be responsible for each. You need to include each activity associated with the replication, the proposed timeframe for the activity and the responsible staff.

And what we are asking for in the application is your timetable for the first year of the project. And please note that this first 6 to 12 months of your project's funding cycle will be used for planning and pilot testing the selected program model. As we discussed earlier there are some approvals that you will need before you can move to full implementation, and that's why we have included 6-to-12-month planning period in your grant.

The next section is collaborations. And I want to be clear, then, that this is a description of the collaborations related to your project. This is not where you would put the MOUs themselves.

And what you need to describe here is the detail on the intent to coordinate with other community agencies and that this is not duplicating existing efforts. You need to describe the expertise and capabilities of other partnering

agencies, identify community stakeholders. And you would include a listing or description of the MOUs from each participating site, stakeholder and outside resources if applicable. Put the actual MOUs in the appendices.

And then you also need to detail the specific nature of involvement and level of commitment of each stakeholder. So this is where you describe it in a summary form. And, again, put the MOUs themselves in the appendices.

The next section is performance measurement. And here is where you describe how you will monitor progress on a uniform set of process and outcome performance measures and describe the capability to implement monitoring and reporting systems to aid in internal data collection around metrics for successful achievement of performance measures.

We, at the Office of Adolescent Health, we will develop performance measures for this program and uniform performance measures data collection instrument. When it's approved, all grantees will be responsible for reporting on these measures and using those data collection instruments.

Okay. The next section is evaluation. And this is - this part is specific to Ranges A and B, which do not require the 20 or 25% funding of their own evaluation.

So for those of you who are applying in Ranges A and B, you should describe your capacity to collect and report on a common set of performance measures to assess the program implementation and outcomes.

You should also describe how data will be used for ongoing program improvements. So as you are getting data in once it's being collected, how

will you use that, analyze it and then apply it to your program implementation?

Okay. For those of you applying in Ranges C and D, you need to provide a clear and fully developed grantee level independent evaluation plan in accordance with the criteria and Appendix C of the funding opportunity notice. You need to describe the proposed project, experimental design, processes to be tested, the theory upon which the intervention is based, proposed questions or hypotheses, the data collection instrument, sampling and data collection plan and your data analysis plan.

You need to describe how data will be used for ongoing program improvements. You need to describe the plans to ensure the confidentiality of your data, and you should include in your appendices an MOU and a CV from your independent evaluator.

Okay. And the final section related to evaluation is the federal evaluation. And here is where you need to state that you will agree -- if you are awarded a grant and then selected for the federal-level evaluation -- that you will participate in that evaluation conducted by a independent contractor that will be awarded through a separate competitive award process.

And as we noted earlier, this federal-level evaluation will only be a subset of the programs. But we need everyone to be including this agreement in their application that if selected they will participate.

Okay. Now we get to the appendices. And here is where you would put the resumés for your project director and detailed position descriptions; your program logic model -- we have an example in the application kit on our Web site; your MOUs from all your participating sites; your MOU with your

independent evaluator for those of you applying in Ranges C and D; the CV of your independent evaluator -- again, for those of you applying in Ranges C and D; your MOUs from all of your partners; an organizational chart; your organization's federal-wide assurance; your proof of nonprofit status if applicable; and for those of you who are seeking to replicate a program model not on the list in Appendix A, all the materials that support the claim that the model meets the evidence-related criteria.

And those materials only related to that submission to support a model not in Appendix A are not counted towards your 100-page limit.

Okay. Your budget narrative and justification: This is where you need to specifically state the funding range requested. We will not place you into a funding range. You need to be clear on your application which funding range for which you are applying.

You need to outline your proposed costs that support all project activities. You need to thoroughly describe how the proposed costs are derived, break down each line item and provide an explanation of the costs.

Your personnel cost should include salary per person and the percent of time each person will spend on the project funded by this grant.

You also need to specify the source of in-kind contributions and how the valuation of that contribution was determined. There is not a matching requirement for this grant. But where you are - or have stakeholders or other partners providing in-kind contributions, you need to address those here.

If your funding requested is an amount greater than the ceiling of the award range, your application will be considered nonresponsive and will not be reviewed.

Okay. For your budget line item, those are on the Form 424A. And those are your personnel costs -- fringe benefits, travel. And in this line you need to include an annual meeting and three regional trainings. You need to include equipment, which is items over 5000 per unit; supplies -- those items under 5000 per unit; any contracts you have, which likely for those of you in Ranges C and D may include your independent evaluator. Construction is not allowed in these grants, so you would - should have no costs on that line. And then any other costs that do not have a specific line item.

Funding restrictions: As I mentioned in relation to the form, construction is not allowed. That includes building alterations or renovations, full-scale construction. You may not use them for fundraising, political education or lobbying.

You may also not use these funds to supplant or replicate current public or private funding. If you already have funds to carry out these activities, you cannot apply for this grant to replace those funds.

You - funds may not be used to supplant ongoing or usual activities of any organization involved in the project.

You cannot use them to purchase or improve land or to purchase, construct or make permanent improvements to any building.

And you cannot use them to reimburse pre-award costs. The money you spend to create your application or if you are doing other things to get ready to be up

and running should you be awarded a grant, you cannot be reimbursed for those costs.

Okay. The other required forms: the application for federal assistance, the standard Form 424; the budget forms as previously described; project abstract; your project narrative attachment form; your assurance for non-construction programs, the 424B; your disclosure of lobbying activities, the SF-LLL; and the HHS certifications. All forms are available on grants.gov.

Okay. At this point we will stop and ask for questions.

And one of the questions we have is, "Does the page limit include the grant forms?" And no, it does not include the grant forms.

Okay. Another question we received is, "What is the difference between a grant and a cooperative agreement?" A cooperative agreement is a form of a grant. They - grants and cooperative agreements are quite similar. When there is likely to be substantial involvement in the planning and implementation of the programs funded on the part of the federal agency, a cooperative agreement is used.

The interaction between the department and the recipient is the major practical difference between the two award instruments.

Okay. "Do you need to state the funding range in your letter of intent?" Yes. We need to know for planning purposes which funding range for which you are applying.

"Is the range requested in the letter of intent binding on the agency?" No. Should you choose by the time you submit your application to change the

funding range, the letter of intent is not binding. However, you need to be sure to state clearly in the application as noted in this section which funding range for which you are applying.

Okay. "On Page 23 of the announcement there is a reference to a federal-wide assurance. The information I found on federal-wide assurances mentions an IRB. We are a nonprofit health group that does not have an IRB. Do we still need to submit the federal-wide assurance? If so, how do we fill out the IRB section?" Yes, you are required to do so. You should go to the Office of Human Research Protections Web page for assistance.

"If a state-level applicant wanted to utilize the funds to subcontract with community-level organizations, are we limited to utilizing just one evidence-based program?" And I think we have covered this from a few different angles this afternoon, and the answer is no. You can choose multiple programs. You need to make sure that if they are not all on the list of Appendix A, you need to submit the - all of the evidence to support the selection of the model. And the due date for those would be the May 17 due date.

Okay. "Are proposals expected to be in whole hundreds -- such as \$400,000, \$500,000 -- or can we budget for other amounts such as \$425,000?" Yes, you can request the amount that you feel you need for your project, but you'd need to explain that in your budget justification.

Okay. "Page 5 of the application kit, Question 18 appears to specify an annual grantee conference plus three face-to-face workshops annually. Therefore in budgeting are we planning for two attendees for the annual grantee conference plus three staff times three workshops times five years? Location DC trip plan, budgeting for how many days?" Yes -- an annual plus three conferences, and the location is DC.

Everyone here is shaking their heads.

Alice Bettencourt: For budgeting purposes. That may change -- but yes, for budgeting purposes.

Woman: For one year. And that's for one year?

Alice Bettencourt: Yes. In this application you are providing the budget for the first year, so that is for one year. You are not costing out the full five years of the grant should it be awarded.

Okay. "Can we submit a multistate application?" Yes. As we said earlier, the geographic area is up to the applicant to define and justify.

"Is there any advantage for programs with regional collaboration? In other words, will there be a geographic limit to the number of awards within a state or geographic region?" There is no advantage with the regional collaboration, but we encourage partnerships and collaboration.

Okay. "Do the pages in the appendices need to be double spaced?" No. They do not need to be double spaced, but 12-point font is required.

Yes. And on resumés that would be the one case where you are not in control of the document. So whatever someone submits to you for their resumé or their CV is what you should submit. Let's hope they are submitting to you in 12-point fonts.

Okay. "On Page 23 there is a description of the appendices that does not list project performance site locations. Yet in Appendix B it does." That is not a form. Your justification just needs to include the information in that section of the project narrative.

Okay. And I think we have answered the rest of these.

Okay. “How detailed do the MOUs with partners need to be for the grant due June 1? Can MOUs be finalized in the planning stage?” The MOUs should be detailed. And they can be finalized and confirmed during the planning stage. But you should be using these to demonstrate the commitments that your partners have made to you. So they should detail all of those commitments.

“If I am included as an expert in an application submitted by the state, can I still submit an application in a different range for the agency of which I am the executive director?” And the answer is yes.

“Is there a set limit on the number of applications in a state?” No.

“Or is there a limit on the level of funding in a state?” The answer is no.

“Will you consider any applications for amount under Range A?” No. We are not accepting applications below the minimum of \$400,000 for Range A.

Okay. And I think that’s it. And so now I will be turning it back over to Allison to discuss application submission and review.

Allison Roper: Thank you very much Alice.

Okay, hopefully we are answering all your questions and you are getting ready to start writing.

We are going to go over a few of just the details regarding the application submission process. For our receipt deadlines please note that we - these are strictly adhered to, so we really need you to adhere to these deadlines.

Our letter of intent for the Tier 1 Teen Pregnancy Prevention Program initiative is due on May 3 at 5:00 pm. Please include the - your information on this - in the funding announcement. So you can see where that is. There is no template for the letter of intent, but you do need to include some key pieces of information: the descriptive title; the program model that you are intending to use, or models if you are choosing to use more than one model; the funding range that you are coming in under; and your contact information -- the key contact information.

You can submit the letter of intent via fax at the number there or via e-mail. We also do have those in the funding announcement. You can also submit in writing. You can mail it in to us -- and our address is listed in the funding announcement -- in Rockville, Maryland.

For the Tier 1 application -- so that's a letter of intent -- the Tier 1 applications, the electronic submissions are due on June 1 by 11:00 pm Eastern Time. It can't come in any later. They are dates - they are time stamped when they enter into grant solutions or grants.gov, so it's very critical that -- if you are submitting electronically -- that you do submit on time. If they do come in late they will be deemed ineligible or nonresponsive.

Paper submissions, however, are due on the same day -- on June 1 -- by 5:00 pm Eastern Time. So you do need to ensure that those do get to the address listed in the funding announcement at the Office of Grants Management Grant Application Center by 5:00 pm on June 1 for paper submission.

Applications: When - if you are intending to replicate a program that's not on the list in Appendix A -- so you are going to be submitting your new evidence -- you need to have that application and the new relevant evidence in by May 17 by 5:00 pm for paper applications. And please note that while there is a - and I believe it's 11:00 pm for - on May 17 for electronic submissions for the same process here.

Please note that the 100-page limit does not include the evidence. The 100-page limit is just for the application. So the evidence will be a separate document.

In terms of electronic submissions, we have two mechanisms to submit electronically: grants.gov -- the e-mail - the Web address is listed on your screen -- and Grant Solutions; their - the Web address is also listed on your screen. Please register well in advance for these systems. We want to make sure that this is an easy process for you and that everything goes smoothly. So if you are not familiar with the systems, we encourage you to go ahead and register and become familiar with them so that there are no unforeseen difficulties later on.

Again, all electronic submissions must be submitted by 11:00 pm Eastern Time for your regular replication application on June 1. And if you are submitting electronically you do need to send in required hard copy original signatures of the mail-in items, and they need to be received by the Office of Grants Management Grant Application Center no later than 5:00 pm Eastern Time on June 2. So those do need to be sent in - mailed in -- the items that require signatures -- and they do need to be in by June 2 -- that's the next day - next business day no later than 5:00 pm.

And applications are not considered valid until all of the components -- including the electronic components, the hard copy original signatures and any mail-in items -- are received.

Please, again, don't wait until the last minute to upload your application, because any application submitted after the deadline will not be reviewed.

Paper submissions: They need to be received no later than 5:00 pm Eastern Time on June 1. Please address all materials to the address listed there, and that is our Grant Application Center. And you can include in the - on the left - lower left corner of your mailing envelope, "Attention: Office of Adolescent Health, Tier 1 New Grant Application." That will just help to cut down any confusion on where your application should go.

Applicants who have a grantee business relationship with a grant program that has been serviced by the OPHS Office of Grants Management, you can apply as part of an ongoing grantee-related activity. You can access Grant Solutions. So you can apply -- if you are not doing paper submission, you want to apply via electronic - electronically -- you can - if you have worked with the Office of Grants Management before you can apply via Grant Solutions.

The application tracking form is Appendix D in our funding announcement. And applicants are strongly encouraged to complete and submit this form at the time of the application submission. So you can fax it to the number there or e-mail it to us.

Please note that this form will - using this form is going to help us to track grant applications so that we can make sure that all grant applications get to where they need to go and get to us in order to be reviewed if they are deemed eligible. So please do use that form if you can and either fax it or e-mail it to

us when you have submitted your application. The - again, the form is available in Appendix D of the funding announcement, or it's on the OAA - OHA Web site under Current Grant Announcements under the Application Kits.

Application Tips: There are just a few tips that we have. If you are submitting a hard copy by mail or hand delivering -- as some people choose to do if they are in the area -- please do not staple or otherwise bind your application because we do have to make copies, and we will just have to take everything apart.

Do not send any extraneous materials -- videos, books, et cetera. Do not send double-sided information or pamphlets.

Do not submit the proposed curriculum or educational materials. Just include the program model that you are intending to use in the table of contents so we know that - what you are intending to implement.

Please do double space for your project narrative on 8-1/2 by 11 paper using 12-point font.

And do submit with hard copies - one original and two copies.

Additional application tips that we have is to read the entire funding announcement and applications kit before arriving. It's really important that you're very familiar with all of the ins and outs of the funding announcement and that you are responsive to everything that's in there.

I think it's a 45-page -- or something like that -- funding announcement so we know it's large, but there's a lot of good information in there and hopefully all of your questions can be answered by reading it.

Please write the one-page summary, the abstract, after the entire narrative is complete so that you can make sure that you're really capturing what the application is about, what you intend to do.

Make sure you read the review criteria. It is located in the funding announcement. Read the application instructions. It is important that you follow the specific outline that we have in the funding announcement for how to write your application in terms of the different sections to include.

Please do not write based on the review criteria. We don't want you to write your application with the review criteria headings. We do want you to follow the project narrative outline that we have - that we've created for you.

Please do not exceed the 50-page limit for the project narrative or the total page limit of 100 pages for the full application. If you do, then your application will not be reviewed. It will be deemed ineligible and non-responsive.

Make sure you do turn in your applications no later than 5:00 pm Eastern time, for hard copies, or 11:00 pm for electronic copies, on June 1. And make sure you allow any time for unforeseen difficulties with the online application process and mailing, etcetera.

You know, obviously we would love to get all of these things done early, early, early. I recognize that. And it's oftentimes we end up at the last minute.

But we do encourage you to submit as early as you can so that you can insure that you don't have any unforeseen difficulties.

The funding announcement is the primary guide to programmatic requirements so please, please follow what the funding announcement says. We can't stress that enough; that you really do need to pay attention to what the funding opportunity announcement says. And you need to follow that.

And I think - are we stopping for questions? I think we have one question. "If an entity is included in an application as a sub-grantee, can any member of that entity apply to be a reviewer as long as they are reviewing applications in a different level of funding than what they have applied for?"

If you are interested in being a reviewer, please submit your info - information to the OAH email address and we will - we'll contact reviewers later. Once we have all of our pool of potential reviewers and we have all of our applications, we'll determine who is going to be on what panel and who we need to use for the review process. So you can submit your information and we'll make determinations later on, who's eligible for a review - for reviewing.

Any other questions? We'll move on. Okay. One more question? "What constitutes a high teen birth rate?"

So basically, the applicant is going to define a high teen birth rate. I know - I've had this question come up a couple of times where people have said, "Can I compare it to - do I have to compare it nationally - my teen birth rate nationally? Do I have to compare it to another county; another state; regionally?"

You know, you can compare it to another zip code. It's really about how the applicant is defining their target population, their location; their geographic area. So that would help - that would determine how they apply - or how they define a high teen birth rate.

Okay. So now we're going to move on to review and selection criteria. And again, this is all in your funding opportunity announcement.

The application review process; for the review criteria we will be reviewing your - your applications will be reviewed based on several areas. The project approach and work plan will receive 35 points. Your organizational capacity and experience will receive 25 points. Your project management and staffing will receive 15 points. Evaluation plans and performance measurement will receive 15 points. And your budget will receive ten points.

The selection process; this is very important and this relates back to the reviewer question we had just a minute ago. For those of you who are not familiar with this process, the selection process will occur initially through the objective review committee. And we sue the objective review committee to review all of our applications via panels.

We have expert peer reviewers who are on these committees, and we also have federal staff who are on these committees, and they review your applications, score them based on the review criteria, and then they - so - they score them and they also give comments in terms of what was done properly, what was - could have been improved upon. And they are all reviewed according to that published review criteria that we discussed just a moment ago.

Now, the final award decision comes out of that objective review committee. So the score on the rank order is given to the Office of Grants Management and then sent over to the Office of Adolescent Health by the objective review committee.

We determine how we're going to make the final award based on the availability of funds. We also look at the representation of programs across communities, including varied types of interventions and evidence-based strategies.

We look at geographic distribution of projects, including of communities of varying sizes, the feasibility of the evaluation plan, the inclusion of range of populations that are disproportionately affected by teenage pregnancy. So there's a lot of different factors that we take into consideration, including the score and rank order that's given by the objective review committee.

Notification of funding will occur - notice of grant award, also known as an NGA, notifies successful applicants of their - of selection of funding - or the funding award.

This notice of grant award is very key. It's very important that recipients do read the notice of grant award because it includes conditions on the award. If there's any condition, then it's important that you are very familiar with those as well.

So at this point, I think we're going to take more questions. And I'm going to turn it over to Evelyn Kappeler and she's going to handle some of these questions.

Evelyn Kappeler: One of the questions is, “Is the range exclusively 19 years and under?” And the answer is yes. It’s in the funding announcement. Another question we have is, “Could we use teen pregnancy rates if they are as current as teen birth rates we have access to?” I would suggest that you then include information based on the teen birth rates and the teen pregnancy rates that you have access to.

Another question is, “What is the average unit cost per participant expected under this group competition?” We recognize that there are differing costs for each of these interventions and, therefore, that’s the reason we have different funding ranges. So we don’t have any predetermined cost per participant in any of the projects that would be funded.

The next question is, “School districts are not listed as eligible in the RA. Please confirm.” Actually, school districts are eligible. They were not included in the list, but the statute is clear that public and private entities are eligible and school districts and schools are, indeed, eligible to compete for funds under this announcement.

Another question is, “Why were studies for services from Medicaid excluded?” In the screening process studies of state or federal policy changes, such as policies affecting access to contraceptions through Medicaid, were excluded as part of the screening process for the evidence review.

Next question is, “What is meant by age-appropriateness? How do we know the criteria for each grade/age level? Who is determining what is age-appropriate?” Each applicant needs to assure in their application that the interventions they’ve selected are age-appropriate.

And if you look at Slide 34, we've included information about what constitutes age-appropriateness; topics, messages, and teaching methods suitable to particular ages or age groups of children, adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group.

Let's see. Additional question, "Is the curriculum already chosen medically accurate? Is that one of the reasons that it was chosen?" The interventions that are listed in Appendix A that are eligible for replication under this funding announcement were reviewed for the evidence of effectiveness, not for medical accuracy.

There may be materials or curriculum that may be outdated and that - therefore we'll be conducting a review for medical accuracy of materials before they're used in the program. And that will be part of the planning period in the first year of the grant cycle.

"Do we need to purchase the curricula to obtain any details needed for the proposal?" You will want to take a look at the implementation, reports that are available on the Office of Adolescent Health Web site.

I will tell you that we cannot reimburse for costs before an award is made, so if you do indeed purchase the materials yourself, we would actually suggest that you do so after the award. But you would definitely want to talk with the developer or others about the details that are needed in order to develop your proposal.

The next question is, "Is there a requirement to show maintenance of effort from previous years?" And no, there's no such requirement in this funding announcement.

Let's see. Another question is, "My state mandates abstinence-until-marriage education. Are there any programs that fit this criterion? I can't legally implement comprehensive curricula." Also, "Do you anticipate changes to the list of approved programs? Will curricula be added/removed?"

The list on Appendix A are youth development and - there are youth development and abstinence programs on that list so you may want to take a very careful look at the listing in Appendix A.

The next question is, "Many models demonstrated were in urban areas. How can these be adapted for rural areas?" Applicants will need to discuss the core components with the developers to ensure that this would be an appropriate adaptation.

Another question is, "Should we contact the program developer to obtain materials and training?" And the answer is yes. And as part of your application you should be budgeting for training on a particular model that you've selected for implementation.

One of the other questions is, "Will the Office of Adolescent Health be recommending instruments for use in any of the evaluations or is that up to the grantees?"

Grantees may propose their own instruments for their own grantee-level independent evaluation. The Office of Adolescent Health will, in the first planning year, be reviewing all of the evaluation plans to ensure that they are indeed of quality and ready to be implemented. And at that point, the Office of Adolescent Health may also be looking at whatever instruments are being proposed by the grantee for use in the evaluation.

In addition, performance measures will be defined for all grantees. And then an evaluation instrument will be developed, for the federal evaluation only, for that small subset that would be selected to participate in the federal evaluation.

And they're continuing to hand me some more questions. Next question is, "Have the developers of the replicable programs been notified that their programs were chosen for this funding announcement and are they aware that they can be contacted for questions during this application period?"

We have not directly contacted any of the program developers but yes, they should be aware of the announcement at this point given the interest and the outreach and communication that has already gone out with regard to the release of this funding announcement.

Are there other questions? Well, we had a question as to whether a faxed application will be acceptable and the answer is no. It must be either submitted in hard copy or an electronic submission through grants.gov or grants solutions.

Here is a question. "Will there be any TA assistance for the independent evaluation that has to be written?" I believe that question is asking will there be technical assistance provided for the independent evaluations that are being conducted by grantees in Range C and D. And the answer is yes. The Office of Adolescent Health will be providing training and technical assistance on those independent evaluations.

Okay, the next question here, “Are any of the evidence-based interventions for working with individuals?” Yes, all of these interventions work with individuals in very different settings with different target populations. It would be - depend on whether it’s school-based, community-based approaches, but they’re all working with individuals in these interventions.

Okay, they’ve got some more questions coming for me. There’s a question here, “Will any information for Tier II be covered in this presentation or will there be a separate call?” This call is only focused on the Tier I funding announcement.

We will be conducting a separate Webinar call on April 23 from 1:00-3:00 pm and if you visit the Office of Adolescent Health Web site, you’ll find that information posted there.

Next question is, “Our program, and I expect many others, are geared to an academic year model. How can we wait six months for implementation and then the school year is almost over?”

This is an issue that will be addressed as part of the first year planning phase so that we can make sure that each of our funded grantees are actually ready for implementation. For those that are targeting a school year, we’ll be working with them to ensure that they’re ready at the next semester or the start of the next school year to be in a position to implement their intervention.

Okay, the next question is, “What is the difference between grants.gov and grants solutions?” These are two different electronic systems for submitting grant applications.

Grants solutions can be used only for those who have an existing program relationship with the Office of Public Health and Science. If you have never had a previous grant relationship with OPHS, then you should be submitting your application, electronically, through grants.gov.

“When will these slides be available online?” The slides will be available on the Office of Adolescent Health Web site in the next four or five days, along with the transcript from this Webinar, but you should be able to go in and print out the slides today. If you look at the lower right-hand side of your screen, there’s a function that should allow you to do a PDF printout of the slides.

There are a few more being handed to me. Let’s see. “Can you provide more clarification about the redirection of funds for evaluation to the federal evaluation for grantees in Range C or D who are selected for the federal evaluation? Specifically, if one of these grantees was - has contracted with an evaluator to conduct the evaluation, should the evaluator be prepared to lose the contract because the grantee has been selected for the federal evaluation?”

What happens when a grantee is selected for participation in the federal evaluation is that their funding in their own budget, the 20% to 25% that’s been dedicated for evaluation, would be redirected, now, from supporting the individual grantee level evaluation to efforts that will support the federal evaluation.

So that’s something the grantee will need to think about in terms of how they would redirect those funds, including continued support for an evaluator or data collector at your site, but in support of the federal evaluation rather than your own grantee-level independent evaluation. This is instead of losing - or not using the evaluation piece at all at the grantee level.

“Is the letter of intent optional?” Yes, it is optional. It’s not binding, but they do really help us to plan for the review process and are very much appreciated.

Let’s see. “Are the program models noted in the letter of intent binding?” No, but we do encourage you to be careful in planning early on. This helps us manage the review process.

“Will you answer my questions at a later date through email?” Yes. Please continue to email or call us and we’re happy to answer your questions. The Office of Adolescent Health email address is oah.gov@hhs.gov and you can also call 240-453-2806 and we will be responding to individual questions.

I encourage everyone to continue to go back to the Office of Adolescent Health Web page on a frequent basis for updates and additional FAQs that will be posted, as they come in, that have not already been posted.

I would also encourage folks to go back and look in the application kit because there are - is a set of frequently asked questions that I think will be very helpful to each of you as you begin to write your grant applications.

I would also suggest that in writing your applications you be clear, concise, and very concrete. And keep in mind that you’re writing for an audience who may be reviewing multiple proposals. So the crisper and more concise your application, the easier it is for the reviewers.

And so if there are additional questions, please be sure to click on the upper left-hand side and submit those questions. We’ll continue to take them. We have, I think, another ten minutes.

I would also like to clarify, because the question is continuing to come into us, that yes, you may apply for a Tier I and for a Tier II. They are two separate funding announcements and there's nothing to preclude an organization from applying to both announcements.

Are there some more questions coming in? Well, they're checking on the questions and should get back to me in just a few minutes. There's a question that's come in.

“What's the difference between Tier I and Tier II cooperative agreements in these funding announcements?” And I'd like to distinguish the two. Tier I funding is specifically for replicating programs that have been proven to be effective through rigorous evaluation.

Tier II funding is for projects that are research and demonstration in nature that are looking to develop, replicate, refine and test new models or innovative strategies for preventing teen pregnancy.

Okay, there are some more questions coming in. Let's see. Question is, “Is the grant application for the trainee and/ or evaluation piece, i.e. the \$10 million, separate from the other funding?”

In the - the response is that in the appropriations bill that authorized funding for the teen pregnancy prevention program, there was funding for two levels, Tier I and Tier II. Tier I is the \$75 million. Tier II is the \$25 million.

In addition, Congress appropriated \$10 million for program support to the Office of Adolescent Health to help support activities such as ongoing training and technical assistance for our grantees, evaluation and outreach efforts with

our grantees, and, yes, this is a totally separate process from these two funding announcements.

Okay, another question just got handed to me. “Is there a minimum and/or maximum number of youth to be served by this grant? In reviewing the accepted programs we didn’t identify any youth development programs, as opposed to curriculum-based programs. Can you specify which youth development programs are allowable or is the funding opportunity requesting that youth development programs implement a curriculum?”

No, the answer here is that all of the programs that are in Appendix A are either curriculum-based programs or youth development programs. And there are a number of them on there. And these are the programs that are eligible for replication under the Tier I funding announcement.

I did get a question a little bit earlier about whether any of the programs that are listed on the national campaign site are eligible for funding under this announcement. And the answer is that it is the funding announcement, and the listing in Appendix A, that govern this funding announcement.

So if you’re looking to write a proposal, you should be looking through this funding announcement and looking at Appendix A and the information that is posted on the Office of Adolescent Health Web site.

There’s another question here. “Can you provide information regarding scheduled calls for the Tier II funding announcement?” Again, the Tier II call is scheduled for Friday, April 23, from 1:00-3:00 pm. And I also encourage you to visit our Web site for details. There is a separate set of frequently asked questions posted for the Tier II funding announcement along with the call information. So take a look at the Web site for that information.

“Is it possible to implement a year-round, after school, weekend and summer teen pregnancy evidence-based program?” Again, I’d like to reiterate that the models that are eligible for replication are listed in Appendix A. And again, if you’re proposing adaptations, minor adaptations to programs on that list, you should be working with the developer to make sure that those adaptations are consistent with the underlying core elements of the program.

Are we - the next question is, “Are we planning on making any adjustments to Appendix A?” The funding announcement provides an opportunity for applicants who think they may have new evidence that was not previously reviewed to submit that evidence along with their application proposal with a due date of May 17. So if there is something that organizations believe was overlooked or there’s some new evidence that has come to light, and that is the opportunity to submit it along with your grant application. It will be reviewed by (Mathmatica) using the same criteria that were used for determining the list that’s currently in Appendix A.

Okay. Let’s see. The next question is, “Is the - what is the date when grant awards are made?” If you look at Page 3 of the funding announcement, the notice of grant awards will be made by - or the grant decisions will be made by September 30 of 2010, hopefully a little bit earlier than that, but that’s the latest that they can be made.

Are there other questions? Well, we’re very close to the five o’clock mark. I want to thank all of you for joining us for this Webinar. I look forward to seeing letters of intent and please, if you do have additional questions, submit them to the Office of Adolescent Health email or give us a phone call and we will do our best to respond to those directly.

Continue to look at the Web site. We will be posting updated questions and answers in the very near future. And the transcript and the slides from this particular Webinar will be available on the Office of Adolescent Health Web site within the next four to five days, so come back and visit us there soon.

Is there one more question here? “How do we get more clarification as to what constitutes a significant adaptation versus a minor adaptation?” If you look at Page 7 and 8 of the funding announcement, we’ve provided some more detailed information about the distinctions between the two.

Please review that and use that as guidance in preparing your proposals. Or you might want to talk with the developer directly to ensure that any adaptation that you’re proposing is consistent with the original program model.

Well, I think that’s the last of the questions we’ve received so I want to thank you very much for spending the last couple of hours with us and we look forward to seeing some wonderful proposals. Thank you very much.

Coordinator: And that concludes today’s call. Please disconnect your lines at this time.

END