# *Frequently Asked Questions and Answers*

# *Teenage Pregnancy Prevention Initiative*

# *Office of Adolescent Health*

# *Research and Demonstration Programs*

# *and*

# *Administration on Children, Youth, and Families*

# *Personal Responsibility Education Program (PREP)*

## General Questions

1.    **Question:**  Who administers the Teenage Pregnancy Prevention Tier 2 Grant Program?

   **Answer:**  The Office of Adolescent Health (OAH) within the Office of Public Health and Science at the U.S. Department of Health and Human Services administers the Teenage Pregnancy Prevention (TPP) Program

2.    **Question**: Who administers the Personal Responsibility Education Program Grant Program?

   **Answer**: The Administration on Children, Youth, and Families (ACYF) within the Administration for Children and Families at the U.S. Department of Health and Human Services administers the Personal Responsibility Education Program (PREP).

3.    **Question**: Why is a single funding opportunity announcement being released for these two separate offices?

   **Answer:** This funding announcement is requesting applications for competitive discretionary grants (to be issued as cooperative agreements) under two similar programs to support innovative youth pregnancy prevention strategies which are medically accurate and age appropriate. The OAH and ACYF have jointly developed this funding announcement.  The two agencies intend to collaborate in soliciting and reviewing grant applications submitted in response to this Funding Opportunity Announcement (FOA), and to collaborate in determining final funding decisions.   This FOA sets forth a common set of requirements for applicants for both programs.  This single application process has been developed to link the two programs which share a common goal and to help potential

applicants by eliminating the need either to determine which program to apply for or to submit two applications.

4. **Question**: Who is eligible to receive a TPP Tier 2 or a PREP cooperative agreement?

   **Answer**: Eligible recipients include public or private nonprofit and for-profit organizations or agencies which demonstrate to the satisfaction of the Secretary the capability to provide the appropriate services. Examples include: Nonprofit organizations with 501C3 IRS status; Nonprofit without 501C3 IRS status; For-profit organizations (other than small business); Small, minority, and women-owned businesses; Universities; Colleges; Research institutions; Hospitals; Community-based organizations; Faith-based organizations; Schools/School Districts; Federally recognized or state-recognized American Indian/Alaska Native tribal governments; American Indian/Alaska native tribally designated organizations; Alaska Native health corporations; Urban Indian health organizations; Tribal epidemiology centers; State and local governments or their Bona Fide Agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau); or Political subdivisions of States (in consultation with States).

5. **Question**: What is the difference between a Tier 1 and a Tier 2 TPP/PREP cooperative agreement?

   **Answer:** The Teenage Pregnancy Prevention Tier 1 funding (FOA # OPHS/OAH TPP Tier1-2010) provides competitive funding for the **replication of programs** that have been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors. The TPP Tier 2 funding addressed in this funding announcement (FOA # OPHS/OAH-TPP PREP Tier2-2010) **provides funding for research and demonstration grants** to implement, develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy.

   The TPP Tier 1 funding announcement makes available $75 million for replication of evidence-based programming. The Tier 2 FOA makes available between $15 million and $25 million for research and demonstration programs. In addition, a total of $10 million is available on a competitive basis to implement innovative strategies utilizing funds available through the Personal Responsibility Education Program (PREP) provisions in the Patient Protection and Affordable Care Act, 2010.

6. **Question**: What is the difference between a grant and a cooperative agreement?

**Answer:** A cooperative agreement is a form of a grant. 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. Departmental-recipient involvement is the major practical difference between the two award instruments.

## Application Submission Questions

7. **Question**: May an individual submit a grant application?

   **Answer**: Grants are awarded to organizations rather than individuals. An application may be submitted by an individual authorized to act or sign for an organization and to assume the obligations imposed by the legislation and any additional conditions of the grant. However, the award will not go directly to that individual but to the organization which the individual represents.

8. **Question**: How should applications be submitted?

   **Answer**: The Office of Public Health and Science (OPHS) provides multiple mechanisms for the submission of applications. While applications are accepted in hard copy, the use of the electronic application submission capabilities provided by the Grants.gov and GrantSolutions.gov systems is encouraged.

   **Electronic grant application submissions must be submitted no later than 11 p.m. Eastern Time on June 8, 2010**. **Paper grant application submissions must be submitted no later than 5 p.m. Eastern Time on June 8, 2010.** All required hardcopy original signatures, mail-in items, and hardcopy applications (if applicable) must be received by the Office of Grants Management, Office of Public Health and Science (OPHS), U.S. Department of Health and Human Services (DHHS) c/o Grant Application Center, 1515 Wilson Blvd., Suite 100, Arlington, VA 22209, no later than 5:00 p.m. Eastern Time on the next business day after the deadline date. Applications will not be considered valid until all electronic application components, hardcopy original signatures, and mail-in items are received by the OPHS Office of Grants Management according to the deadlines specified above.

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

9. **Question**: Should the application narrative be submitted in a specific format?

   **Answer:** Yes. A suggested outline is provided in the Funding Opportunity Announcement. The typed, double-spaced, 50-page limit for the program narrative must be strictly observed. The 100-page application limit when

appendices are included must also be strictly observed. Applications that exceed the 50-page limit on the narrative or the 100-page total page limit will be deemed non-responsive and will not be reviewed. **All pages in the application should be numbered.** Applications should be submitted on the required application forms. Only the appendices listed in the Funding Opportunity Announcement should be included in the submitted application.

10. **Question**: What is the latest date the awards can be issued?

    **Answer**: Cooperative agreement awards under this program announcement must be issued no later than September 30, 2010.

11. **Question**: What documents need to be signed?

    **Answer**: An authorized representative of the organization should sign the face page of the Application (Form 424). Signing this form indicates the applicant's agreement to all of the Certifications and Assurances within the application forms. The application forms should be reviewed for any additional signatures needed.

12. **Question**: Are applications subject to Intergovernmental Review under Executive Order 12372?

    **Answer**: Applicants under this announcement are not subject to the review requirements of Executive Order 12372, "Intergovernmental Review of Federal Programs," as implemented by 45 CFR Part 100.

13. **Question**: What is the Catalog of Federal Domestic Assistance number?

    **Answer**: All Federal domestic assistance programs are assigned an identifying number by the Office of Management and Budget. The CFDA number for the number for the TPP program is 93.297. A request for a CFDA number for the PREP program is in process. These numbers are used as a reference to available programs and are published in a complete catalog for easy access (https://www.cfda.gov/) by any interested organizations or members of the public.

14. **Question**: Will OAH or ACYF extend the deadline for submission of applications?

    **Answer**: No. Any applications submitted after the deadline will not be reviewed for possible funding.

## Funding Decision Questions

15. **Question**: Who will make the funding decision?

**Answer**: Applications in response to this solicitation will be reviewed on a nationwide basis and in competition with other submitted applications. Eligible applications will be reviewed by an Objective Review Committee which will apply the above review criteria in order to derive priority scores. The review may include both expert peer reviewers and Federal staff who will review each application that meets the responsiveness and screening criteria. Additionally, the review results may form the basis for development of the programmatic terms and conditions of the cooperative agreement. Applications will be provided to the Director of the Office of Adolescent Health (OAH) and the Commissioner for the Administration on Children, Youth and Families (ACYF) in order by score and rank determined by the review panel.

Final award decisions will be made collaboratively by the Director, OAH and the Commissioner, ACYF. In making the award decision, the Director and the Commissioner will take into account the score and rank order given by the Objective Review Committee, and other considerations as follows:

- The availability of funds.

- Representation of teenage pregnancy prevention programs across communities, including varied types of interventions and evidence-based strategies.

- Geographic distribution of grants nationwide.

- Inclusion of communities of varying sizes, including rural, suburban, and urban communities.

- Inclusion of populations disproportionately affected by teenage pregnancy.

- Feasibility of evaluation plan.

HHS will provide written justification for any decision to fund out of rank order.

16. **Question**: Will only one organization from a particular state or city be eligible for funding?

**Answer**: Funding decisions will be made based on the merit of the application being reviewed as well as the needs of the community. It is possible that more than one organization will be awarded in a particular state or city. Organizations in a given area can form collaborations or partnerships and apply for funding together to expand the reach of services across their community; however only one organization can serve as the applicant entity. Applicants should provide evidence in Memoranda of Understanding (MOUs) stating that all partners (e.g.,

schools, community-based organizations, others) have agreed to implement programs with fidelity.

17.   **Question:** How many applications is the OAH and ACYF expecting and how many awards will be made under this funding announcement?

**Answer:** OAH does not know how many applications will be received in response to this funding announcement. OAH and ACYF estimate that a large number of organizations will apply for funding. Successful applications will result in the award of an **estimated 45 cooperative agreements**. OAH will make available approximately $15,000,000 to $25,000,000 to fund approximately 30 cooperative agreements and ACYF will fund approximately 15 cooperative agreements for a total of $10 million. These cooperative agreements will be made across all funding ranges requested under this announcement.

## Technical Assistance Questions

18.   **Question:** Does HHS provide any technical assistance to prospective applicants for this funding opportunity?

**Answer:** Yes.  HHS will facilitate a webinar for interested applicants to learn more about this funding opportunity.  The net conference workshop will be recorded in its entirety and will subsequently be available on the Internet for prospective applicants to view until the closing date of this announcement. Please see the OAH website (http://www.hhs.gov/ophs/oah) for more information regarding the technical assistance workshop and for access to the webinar recording.

HHS Project Officers are also available to answer specific questions via phone or email. Please contact the OAH office at (240) 453-2806 or the FYSB office at (202) 205-8102. You may also send an email to Oah.gov@hhs.gov.

19.   **Question:**  If a program receives technical assistance from HHS during the application process, does this assistance give the applicant priority for funding?

**Answer:**  No.  An applicant who receives technical assistance from HHS during the application process will not receive any special consideration for funding.

20.   **Question:**  Does HHS provide any technical assistance to grantees who have been awarded a TPP Tier 2 or PREP cooperative agreement?

**Answer:**  Yes.  After an award is made, Project Directors and Program Evaluators are required to attend an annual meeting which provides assistance in program development, evaluation, policy and many other areas of interest.  Travel and logistics for initial and annual orientation meetings must be estimated and included in the applicant's budget.  OAH and ACYF, as applicable, also provide technical assistance opportunities for grantee staff during the course of the

cooperative agreement.  Funded projects should plan and budget for three people to attend three face-to-face workshops each project year.  On-site technical assistance is available for grantees as requested.  Additionally, each grantee will have access to a Project Officer who will provide one-on-one technical assistance via phone, site visit, and email.

## Program Selection and Implementation

**21.**    **Question**: What is the target population for this funding announcement?

**Answer**: The target population for funded projects are individuals 10-19 years of age at program entry for the TPP Tier 2 program. The target population for PREP funded projects is youth ages 10-19 and pregnant women and mothers under age 21 and their partners. In addition, PREP funded projects target high-risk, vulnerable and culturally under-represented youth populations, including immigrants, Hispanic, African American, or American Indian teenagers, those in foster care or in the adjudication system, males, runaway/homeless teenagers, out of school youth, youth with HIV/AIDS, and youth residing in areas with high birthrates for youth.  TPP funds also can target high risk populations. Individuals who are not yet teenagers, including those under age 10, may participate in the TPP projects since many programs include pre-teens as a target audience for program interventions.  Applicants are encouraged to serve specific priority populations as long as there is a sound rationale with supportive statistical data provided.   Identifying target or priority populations permits a variety of developmentally- and age-appropriate interventions to be replicated or tested. Applicants should clearly define the target population by age groups (e.g., 10-14; 15-17; 18-19) and priority populations when appropriate (e.g., those in foster care, homeless teenagers, rural settings, immigrants, school-based populations, racial or ethnic groups, and pregnant and parenting women up to age 21, etc.) within geographic areas with high teen birth rates.  Geographic areas to be served should be based on high teen birth rates since these data are more current and available than teen pregnancy rates.  Statistical data on other correlating variables may be used to substantiate the need to serve specific priority populations.  For example, immigrant, Latino and Native American teens have high teen birth rates within pockets of the U.S.  Additionally, older adolescents 18-19 years old, account for most teen pregnancies and are the most underserved in programs.

**22.**    **Question**: Can these funds be used to support interventions for the prevention of repeat pregnancies?

**Answer**: Yes, the prevention of repeat pregnancies is a fundable intervention under TPP and PREP.  The PREP program specifically focuses on youth pregnancy prevention strategies and services that target services to high-risk, vulnerable, and culturally under-represented youth populations, including youth in foster care, homeless youth, youth with HIV/AIDS, pregnant and parenting

women who are under 21 years of age and their partners, and youth residing in areas with high birth rates for youth.

23. **Question**: Are programs required to provide full contraceptive services or to provide an abstinence only model?

    **Answer**: A wide range of approaches will be eligible for funding under this announcement. Applicants are not required to use any particular model, but may propose to implement, document and evaluate an innovative approach or strategy to teen pregnancy prevention. Applicants will need to decide the type of program approach that is most appropriate for their community and for the target populations to be served. Applicants should propose theory-based programs that will directly impact teenage pregnancy prevention. Since TPP Tier 2 and PREP funds are specifically allocated for research and demonstration projects, each proposed project will incorporate a different model to address the issue of teenage pregnancy prevention. Successful applicants will be awarded based on the strength of their program model or strategy, and evaluation designs.

24. **Question**: How are research and demonstration projects being defined?

    **Answer**: Research and demonstration programs should develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy under the TPP program, and implement innovative strategies for preventing teenage pregnancy and target services to identified populations under PREP. Funded projects must show that the proposed intervention is (a) based on some preliminary evidence of effectiveness, (b) a significant adaptation of an evidence-based program, or (c) is a new and innovative approach to teenage pregnancy prevention. Applicants should describe a strong theory of change framework and tie this framework to specific and detailed program activities, which are then linked to expected goals and sexual behavioral outcomes. Funded projects are expected to generate lessons learned so others can benefit from these strategies and innovative approaches. Successful applicants will demonstrate that they can carefully document the intervention for possible replication by others, demonstrate the capacity to conduct a process and outcome evaluation, and plan for the dissemination of findings through various means, including but not limited to, publication of an article in a peer-reviewed journal. Funded projects are expected to address teenage pregnancy prevention and related risk behaviors in youth in communities with high need as demonstrated by high rates of teen birth or pregnancies or other associated sexual risk behaviors. Applicants are expected to conduct a rigorous evaluation using either random assignment or a quasi-experimental design. Applicants should review carefully the guidance on evaluation included in the appendix to the FOA.

25. **Question**: Can I use a project model that has some evidence already demonstrating its effectiveness under this funding announcement?

**Answer**: HHS is interested in applications that propose to study a broad range of approaches to teenage pregnancy prevention with a focus on program interventions that are most likely to demonstrate a change in sexual risk behaviors. This may include programs that are popular in the field, but may not have been rigorously evaluated. HHS is particularly interested in applications that propose to address gaps in the field of teenage pregnancy prevention including, but not limited to the following areas:

- Evaluating programs that have some evidence of effectiveness (e.g., programs that had some evidence of impact, but are not included in the list of programs eligible for replication in the Tier 1 Teenage Pregnancy Prevention Program).
- Testing significant adaptations to an evidence-based program identified by the Department as eligible for Tier 1 Teenage Pregnancy Prevention Program funding. (The list of evidence-based programs that are eligible for replication funds are listed in Appendix A.) More detailed information about the evidence review process, the list of programs that were reviewed and those that meet the standard to be eligible for replication funding under Tier 1 can be found at: http://www.hhs.gov/ophs/oah.
  - o Significant Adaptations are changes to program or curriculum activities that alter one or more core components of the program. Applicants should review the underlying behavioral and health education theory of the intervention when proposing these types of changes. Such changes are sought in applications under this announcement. Examples include changing sequence of activities; adding activities; adding activities to address additional risk and protective factors; replacing videos; modifying instructional activities; using other models/tools that cover same ground (e.g., decision making).
  - o Minor Adaptations are changes to program or curriculum activities to better fit the age, culture, and context of the priority population. These changes are allowable under a separate competitive funding announcement issued by OAH to address the first component of the teenage pregnancy prevention initiative, replicating evidence-based program models (See FOA# OPHS/OAH-TPP Tier1-2010) and should not be submitted for consideration under this announcement. Examples of minor adaptations include: replacing videos (with other videos or activities); updating data/statistics; tailoring learning activities and instructional methods to youth –culture development; making activities more interactive; and customizing role-play (e.g., names).
  - o Other adaptations such as deleting one or more core components of a program or adding core components may be considered new or innovative strategies, not an adaptation of an existing model. Such applications may be submitted under this announcement.

(The above guidelines are adapted from "Promoting Science-Based Approaches: Adaptation Guidelines," Centers for Disease Control and Prevention (CDC),

Division of Reproductive Health (DRH) in collaboration with Education Training and Research Associates (ETR), April 1, 2010.)

- Testing innovative programs for 18-19 year olds, who have the highest rate of births among teens.
- Testing program approaches for priority populations, including but not limited to high-risk, vulnerable and culturally under-represented youth populations, immigrants, Hispanic, African American, or American Indian teenagers, those in foster care or in the adjudication system, males, runaway/homeless teenagers, out of school youth, youth with HIV/AIDS, and youth residing in areas with high birthrates for youth.
- Programs that seek to reduce repeat-pregnancies and target pregnant and parenting women under the age of 21 and their partners.
- Studying other innovative program models, including the use of new social media.

26. **Question**: How can we select the best "fit" for our community and environment?

**Answer:** Selecting the best curriculum and program model for an organization can be challenging. Organizations face difficult issues that must be addressed (mixed ethnic and racial classes, restricted time to engage teens, community norms, and so forth). Applicants should carefully consider what program elements are needed in and make the most sense for their communities. This process should be thoughtful and intentional in nature in order for the organization to be successful in fully demonstrating and testing a program model.

## Evaluation Questions

27. **Question:** Are applicants expected to evaluate their projects?

**Answer**: All applicants who request funding are expected to conduct an individual, rigorous, grantee-level evaluation. Applicants should plan to allocate 20-25 percent of their budget towards this rigorous evaluation.

28. **Question**: What other evaluation expectations should grantees be aware of in addition to the individual level evaluation requirement?

**Answer:** All grantees will have two primary evaluation expectations in addition to the individual level evaluation requirements:
1. A rigorous large-scale evaluation will be implemented through Federal-level evaluation efforts. As a condition of the grant award, all funded grantees will be required to participate in a Federal evaluation, if selected, and agree to follow all evaluation protocols established by HHS or its designee. Decisions regarding participation in the Federal evaluation are expected by the end of the planning year.

2. All grantees will be expected to monitor and report on program implementation and outcomes through performance measures. Performance measures are intended for monitoring purposes and to provide feedback to programs about whether they are implementing programs as intended and seeing outcomes as expected.

29. **Question**: How rigorous of an evaluation design is expected?

   **Answer**: Grantee-level evaluation designs are expected to be rigorous using either random assignment or a quasi-experimental design. Applicants should review carefully the guidance on evaluation included in the appendix to the FOA.

30. **Question**: Will evaluation-related technical assistance be provided to funded projects?

   **Answer**: All funded projects will have their evaluation designs reviewed and assessed. Targeted feedback will be provided by evaluation experts to help strengthen the evaluation approach as necessary. Funded projects will be expected to follow this guidance to strengthen their evaluations.

31. **Question**: Who should evaluate a project?

   **Answer**: Applicants are expected to partner with an independent evaluator. A signed Memorandum of Understanding with the identified evaluator should be included in the application. Evaluators should play a collaborative role in drafting the evaluation design as part of the application process.

## Curricula and Materials Review

32. **Question:** If we propose a particular curriculum in our application, should we go ahead and purchase the materials now?

   **Answer:** HHS recommends that you wait to purchase any materials until after funding announcements have been made by September 30, 2010.

33. **Question:** If an applicant is awarded grant funds based on its application, does that mean that the curricula and educational materials that were proposed for use in the application are also approved for immediate use?

   **Answer:** No. Programs funded under this announcement must provide information that is age appropriate, and scientifically and medically accurate. Therefore, in order to ensure that the most current science is reflected in the program materials, a review for scientific and medical accuracy will be necessary for all program materials. Successful applicants will be required to submit all core curriculum materials for use in the project to the OAH or ACYF for review and approval prior to use in the project. Review and approval of core curricula materials will be conducted after an application is approved for funding.

34. **Question**: How is HHS defining "age appropriate" and "medically accurate and complete" materials?

**Answer**: The term "age-appropriate", with respect to the information related to pregnancy prevention, means topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group.

The term "medically accurate and complete" means verified or supported by the weight of research conducted in compliance with accepted scientific methods; and published in peer-reviewed journals, where applicable or comprising information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete.

35. **Question:** How much time does it take for materials to be approved?

**Answer:** Projects should plan for an estimated eight weeks from the time HHS receives the materials to the time the grantee is notified of the material's status. It is the grantee's responsibility to submit all materials and any proposed adaptations to their respective Federal program office.

36. **Question:** Can grantees include the cost of curricula and educational materials in their grants?

**Answer:** Yes, projects may include the cost of the materials as well as other costs associated with using a particular curriculum or educational materials.

37. **Question:** Can projects include the cost of staff training for curriculum in their grants?

**Answer:** Yes, funded projects may include the cost of the training in their budgets. Many of the developers of the curricula have training available to assist programs in implementing their curriculum materials. Training to maintain fidelity to a program model is crucial and should be planned for in the first year of funding.

38. **Question:** Should an applicant submit the proposed curriculum with the application?

**Answer:** No. While the applicant should identify the core curriculum proposed for use in the project, actual materials should not be submitted with the grant application. The curricular review and approval process will occur during the planning phase of the first grant year. The review shall ensure that the materials are age appropriate, scientifically and medically accurate, complete, and up-to-

date.  All funded grantees must receive approval of curriculum materials prior to use in the fully implemented project.

**39.**     **Question**: Do applicants have to propose to use an already developed curriculum?

**Answer:** No.  Funding under the Tier 2 FOA is to develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy under the TPP program, and to implement innovative strategies for preventing teenage pregnancy and target services to identified populations under PREP. Funded projects must show that the proposed intervention is (a) based on some preliminary evidence of effectiveness, (b) a significant adaptation of an evidence-based program, or (c) is a new and innovative approach to teenage pregnancy prevention.

## Funding Questions

**40.**     **Question**: What are the minimum and maximum amounts of funding allowed under this funding announcement?

**Answer:** The minimum amount of funding is $400,000 per year and the maximum amount of funding is $1,000,000 per year. Applicants who request below the minimum amount or above the maximum amount will not be eligible for funding and will not be reviewed.

This funding announcement has been defined by two funding ranges:
- Range A:       $400,000 to $600,000 per year
- Range B:       $600,000 to $1,000,000 per year

**41.**     **Question**: How many applications can an organization submit under this funding announcement?

**Answer:** Applicants may only submit <u>one</u> application under this funding announcement. **If an applicant submits more than one application under this funding announcement all of the applications will be deemed non-responsive to the funding announcement and will not be eligible for review.**

**42.**     **Question**: Under this funding announcement, can an applicant receive an award for both the TPP Tier 2 and the PREP funding streams?

**Answer:** No. Applicants may only submit one application under this FOA. Applicants will be considered for an award under both programs. However, a successful applicant will receive an award only from one program. All applicants will be considered for both the TPP and PREP funding unless the applicant specifies that it does not want to be considered for funding under one of the programs, as described in the Intervention to be Tested and Project Approach section of the funding announcement.

**43.**     **Question**: Can an organization apply for both Tier 1 and Tier 2 funding?

**Answer**: Since the TPP Tier 1 and TPP/PREP Tier 2 funding announcements are separate announcements, organizations are eligible to apply for both. It is crucial that organizations read each funding announcement carefully as they are two separate documents with different programmatic and evaluation requirements. TPP Tier 1 funding focuses on the replication of evidence-based program models, while the TPP/PREP Tier 2 funding announcement focuses on research and demonstration of promising teenage pregnancy prevention models.

**44.**     **Question:** How many years of funding can a grantee receive?

**Answer:**  Cooperative agreements may be approved for project periods of up to five years.  Projects are funded in annual increments (budget periods).  Funding for all approved budget periods beyond the first year of the grant is contingent upon the availability of funds, satisfactory progress of the project, and adequate stewardship of Federal funds.

**45.**     **Question**: Will agencies that apply for funding be able to use the funds to provide small contracts and grants to other organizations for service provision or evaluation?

**Answer:** Yes. The work plan should include an organizational chart that demonstrates the relationship between all positions (including consultants, sub-grants and/or contractors) to be funded through this grant.

## Budget Questions

**46.**     **Question:** What is a project period and a budget period?

**Answer:** The project period is the total time for which support of a project has been programmatically approved.  Under this funding announcement, projects will be awarded for a project period of five year. For budgetary and reporting purposes, funding is provided in annual increments called budget periods.

**47.**     **Question:** What are indirect costs (IDC)?

**Answer:** Indirect costs are costs incurred by an organization that are not readily identifiable with a particular project or program but are nevertheless necessary to the operation of the organization and the performance of its programs.  The costs of operating and maintaining facilities (utilities) and administrative salaries are examples of the types of costs that are usually treated as indirect costs.

**48.**     **Question:** Are indirect costs allowable under this program?

**Answer:** Yes, provided that the applicant has a negotiated indirect cost (IDC) rate agreement with HHS or any other Federal agency, or, if not, the applicant submits a proposal to establish an indirect cost rate agreement no later than three months after the beginning date of the grant budget period. IDC proposals are submitted to the Division of Cost Allocation in the appropriate HHS Regional Office. Applicants which have a negotiated IDC rate should submit a copy of the agreement with the application.

49. **Question:** How detailed should a budget be?

    **Answer:** Applicants should include a budget narrative justifying each of the budget categories and describing each personnel position, annual salary, percent of time on the project, and total Federal funds requested.

50. **Question**: Are matching funds required?

    **Answer:** No, matching funds are not a requirement for awards. While there is no cost sharing requirement included in this FOA, applicant institutions, including any collaborating institutions, are welcome to devote resources to this effort. This is considered in the scoring criteria section, Organizational Capacity and Experience. Any indication of institutional support from the applicant and its collaborators indicates a greater potential of success and sustainability of the project. Examples of institutional support could include: donated equipment and space, institutional funded staff time and efforts, or other investments. Applicant organizations that plan to provide support should indicate institutional support by outlining specific contributions to the project and providing assurances that their organization and any collaborators are committed to providing these funds and resources to the project.

51. **Question**: Must projects charge fees for services?

    **Answer:** No, projects are not required to charge fess for their services. If a project does charge fees for services, these monies should be treated as program income.

52. **Question**: If a program is not able to show positive effects, could the funding be revoked or need to be paid back?

    **Answer**: Successful applicants will be required to develop and implement a strong evaluation. The full effect of programs funded under this FOA will not be known until the end of the program cycle (up to five years) or the evaluation cycle. If an evaluation finds that the program did not have positive impacts, the grantee will not be required to pay back the funding and this is not a basis for program termination under this FOA. During the program cycle, continued funding is contingent upon the strength of the program and evaluation design and implementation, as well as proper stewardship of Federal funds. As a research and demonstration project, it is important that program findings and the program

process is documented so that we understand through rigorous evaluation why a particular approach did or did not produce the desired outcomes.