Teenage Pregnancy Prevention:
Replication of Evidence-based Programs

Funding Opportunity Announcement

and

Application Instructions

Office of Adolescent Health
Office of Public Health and Science
U.S. Department of Health and Human Services

2010

DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGENCY: Office of the Secretary, Office of Public Health and Science, Office of Adolescent Health

FUNDING OPPORTUNITY TITLE: Teenage Pregnancy Prevention: Replication of Evidence-based Programs (Tier 1)

ANNOUNCEMENT TYPE: New Competitive Cooperative Agreement

FUNDING OPPORTUNITY ANNOUNCEMENT (FOA) NUMBER: OPHS/OAH-TPP Tier1-2010

CFDA NUMBER: 93.297

DATES: To receive consideration, applications must be received by the Office of Grants Management, Office of Public Health and Science (OPHS), Department of Health and Human Services (DHHS) c/o Grant Application Center, 1515 Wilson Blvd., Suite 100, Arlington, VA 22209, no later than 5:00 p.m. Eastern Time on **June 1, 2010,** for hard-copy applications and no later than 11:00 p.m. Eastern Time for electronic applications submitted via Grants.gov Website Portal or the GrantSolutions System on the same deadline date. A letter of intent is recommended and should be received no later than 5:00 p.m. Eastern Time on **May 3, 2010**. The application due date requirement in this announcement supercedes any instructions in the application forms. Please refer to the Submission Dates and Times section for the full application submission requirements.

Applications submitted for programs that are not on the list of programs in Appendix A – the list of program models that have been found by an independent review to meet specified evidence and programmatic standards - must be submitted no later than 5:00 p.m. Eastern Time on **May 17, 2010**, for hard-copy applications and no later than 11:00 p.m. Eastern Time for electronic applications submitted via Grants.gov Website Portal or the GrantSolutions System on the same deadline date. The earlier submission date reflects the additional review step, described in the section "Evidence-based Programs Shown to be Effective" that will apply to those applications.

Overview: Applicants will undergo screening for completeness and responsiveness. Applications that pass this initial screening will then be evaluated through an objective review process. Successful applications will result in the award of an estimated 150 cooperative agreements. Award decisions for teenage pregnancy prevention replication grants are anticipated to be made in September 2010.

Funding Available	Letter of Intent Due	Applications Due	Cooperative Agreements Awarded
$75 million	**May 3, 2010 5:00 PM ET**	Hard Copy Applications **June 1, 2010 5:00 PM ET http://www.grants.gov** Electronic submissions **June 1, 2010 11:00 PM ET** *Applications proposing to replicate models that are not listed in Appendix A: Hard Copy Applications **May 17, 2010 5:00 PM ET** Electronic Submission **May 17, 2010 11:00 PM ET***	September 30, 2010

Executive Summary

The Office of Adolescent Health (OAH) announces the availability of Fiscal Year (FY) 2010 funds to support medically accurate and age appropriate programs that reduce teenage pregnancy. Under this announcement, a total of $75,000,000 is available on a competitive basis for the purpose of replicating evidence-based programs that have been proven through rigorous evaluation to reduce teenage pregnancy, behavioral risks underlying teenage pregnancy, or other associated risk factors. Funding is available for two broad program types: 1) curriculum-based programs that seek to educate young people about topics such as responsible behavior, relationships, and pregnancy prevention and 2) youth development programs that seek to reduce teenage pregnancy and a variety of risky behaviors through a broad range of approaches. Youth development programs usually incorporate multiple components, such as service learning, academic support, or opportunities to participate in sports or the arts. They also collaborate with multiple networks and/or provide youth with development-focused activities. In both cases, funding under this announcement can only be provided to applicants who seek to

replicate evidence-based programs that have been shown to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors.

Applications are encouraged from entities that currently have the capability to replicate identified evidence-based programs with fidelity. Mathematica Policy Research, Inc. (MPR) conducted an independent review for the Department of Health and Human Services (HHS) and identified evidence-based programs that have been proven to be effective through rigorous evaluation. The products from that review can be found at http://www.hhs.gov/ophs/oah. Materials available on this website include: 1) the individual interventions identified as curriculum or youth development models that meet the evidence-based standard required for funding under this FOA, 2) an executive summary, 3) a technical review summary with includes a detailed explanation of how the review was conducted and the criteria used, 4) individual implementation reports for each program identified as meeting the evidence base, and 5) a searchable database of studies that were reviewed.

Programs identified on this website as curriculum or youth development models that meet the evidence-standard are eligible for funding under this FOA. If an applicant wants to apply to replicate a program model that is not on the list in Appendix A, it may do so under specific criteria described in section, Evidence-based Programs Shown to be Effective. Potential applicants who wish to replicate a model that is not listed in Appendix A should consider carefully whether the evidence base will meet the rigorous standards applied in the evidence review conducted by MPR. Potential applicants are encouraged to consider whether the project is better suited for the teen pregnancy prevention research and demonstration funding announcement (See OPHS/OAH-TPP Tier2-2010).

Awards in the form of cooperative agreements will be made for a period of five years.

I. Funding Opportunity Description

Authority: The statutory authority for awards under this Funding Opportunity Announcement is contained in Division D, Title II of the Consolidated Appropriations Act, 2010 (Public Law. 111-117).

Background

The President's budget for Fiscal Year (FY) 2010 proposed a new Teenage Pregnancy Prevention initiative to address the high teen pregnancy rates by replicating evidence-based models and testing innovative strategies. On December 16, 2009, the President signed the Consolidated Appropriations Act, 2010 (Public Law 111-117). Division D, Title II of the Act provides $110,000,000 for making competitive contracts and grants to public and private entities to fund medically accurate and age appropriate programs that reduce teenage pregnancy and for the Federal costs associated with administering and evaluating such contracts and grants. The statute states that of the funds made available, (a) not less than $75,000,000 shall be for funding 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; and (b) not less than $25,000,000 shall be for funding for research and demonstration grants to develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy. Any remaining amounts are to be available for training and technical assistance, evaluation, outreach, and additional program support activities.

This funding announcement is the first component of the teenage pregnancy prevention initiative. OAH is issuing a separate funding announcement for research and demonstration projects to develop, replicate, refine and test additional models and innovative strategies for preventing teenage pregnancy (See FOA # OPHS/OAH TPP Tier2-2010). A third funding announcement related to community-wide approaches to teen pregnancy prevention may be released at a later date.

In the Conference Report (House Report 111-366) accompanying the Consolidated Appropriations Act, the conferees direct the Secretary to establish an Office of Adolescent Health, as authorized under section 1708 of the Public Health Service Act and as proposed in the Senate Report 111-66. (The Senate Report stated an expectation that the Secretary place this office within the Office of Public Health and Science, as authorized.) The conferees stated their intention that the OAH be responsible for implementing and administering the teenage pregnancy prevention program. The conferees also expressed an intention that the OAH coordinate its efforts with the Administration for Children and Families, the Centers for Disease Control and Prevention, and other appropriate HHS offices and operating divisions.

A. Purpose and Approach

The purpose of this FOA is to support the replication of evidence-based program models that have been proven through rigorous evaluation to be effective in preventing teenage pregnancy. Under this announcement, funds are available for projects operating in one or multiple sites with an emphasis on replication of evidence-based models that have demonstrated impacts on key sexual behavioral outcomes. Programs eligible for funding under this announcement must either be: (1) curriculum-based interventions that seek to educate young people on issues such as responsible behavior, relationships, and pregnancy prevention, or (2) youth development programs that seek to reduce teenage pregnancy and a variety of risky behaviors through a broad range of approaches. Youth development program usually incorporate multiple components, such as service learning, academic support, or opportunities to participate in sports or the arts. They also collaborate with multiple networks and/or provide youth with development-focused activities. The FOA seeks to fund programs that will increase the capacity of communities to implement and evaluate evidence-based interventions to prevent teenage pregnancy. Applicants are encouraged to target communities with high rates of teenage pregnancy. All adolescents shall be eligible to participate in program services without regard to race, ethnicity or sexual identity.

1. Evidence-based Programs Shown to be Effective

Under a contract with HHS, Mathematica Policy Research (MPR) conducted an independent, systematic review of the evidence base. This review defined the criteria for the quality of an evaluation study and the strength of evidence for a particular intervention. Based on these criteria, the Department has defined a set of rigorous standards an evaluation must meet in order for a program to be considered effective and therefore eligible for funding under this announcement.

Applicants should review the list of evidence-based curriculum and youth development programs which the Department has identified as having met these standards. A summary listing of these interventions is contained in Appendix A. Program models listed in Appendix A are eligible for replication under this funding announcement. Applicants that wish to replicate a program that is not on the list in Appendix A, may apply to do so, but a set of stringent criteria, described below, must be met. More detailed information about the review process and the programs eligible for replication is available at: http://www.hhs.gov/ophs/oah. This information includes: 1) the individual interventions identified as curriculum or youth development models that meet the evidence-based standard required for funding under this FOA, 2) an executive summary, 3) a technical review summary with includes a detailed explanation of how the review was conducted and the criteria used, 4) individual implementation reports for each program identified as meeting the evidence base, and 5) a searchable database of studies that were reviewed.

If an applicant wants to apply to replicate a program model that is not on the list in Appendix A, *all* of the following criteria must be met to qualify for funding under this FOA:

1. **The research or evaluation of the program model that the applicant seeks to replicate was not previously reviewed by Mathematica Policy Research, Inc.** All research evidence on program models already reviewed has been classified as meeting or not meeting the programmatic and evidence standard criteria. Evidence already reviewed will not be re-reviewed at this time and applications that seek to replicate an already-reviewed program that is not listed in Appendix A will be rejected. The OAH webpage contains information on studies that were reviewed but did not ultimately make the Tier 1 list. These applicants are encouraged instead to consider applying for funding to develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy (Tier 2 funding).

2. **There is research on or evaluations of the program model that meet the screening and evidence criteria used by Mathematica Policy Research, Inc. (MPR) as described on** http://www.hhs.gov/ophs/oah. The program and evidence must meet the screening criteria, the standards for "high" or "moderate" quality research design and research implementation, and the standards for program effectiveness used by MPR.

3. **The application must include all relevant research and evaluation information**. Only information submitted with the application will be reviewed.

4. **The application must be submitted by– May 17, 2010 to provide for the time that will be needed to review the evidence submitted.** Applications that seek to replicate a program model that does not meet the evidence standards will be rejected.

Under this process, the applicant's research study will be reviewed by MPR using the same evidence review criteria that was used to identify the programs listed in Appendix A. If MPR determines the study meets the evidence review 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 in Appendix A should consider carefully whether the evidence related to the program's effectiveness will meet the rigorous standards applied in the evidence review conducted by MPR. Applicants are encouraged to consider whether the proposed project is better suited for the teen pregnancy prevention research and demonstration funding announcement (See FOA # OPHS/OAH TPP Tier2-2010).

2. Fidelity to the Program Model

Funded applicants will be required to maintain fidelity to the original evidence-based program model with minimal adaptations. Common adaptations that would be allowable under Tier 1 include changing names or details in a role play, updating out-dated statistics, adjusting reading and comprehensive levels, making activities more interactive or tailoring learning activities and instructional methods to youth culture or development level. Significant adaptations, which would entail applicants applying under Tier 2, include changes such as adding activities, changing the sequence of activities, or replacing supplementary materials (such as videos). Central to the replication of evidence-based programs is the need to maintain fidelity to the core components of the evaluated program that led to the outcomes associated with the program. The "core components" of evidence-based programs are defined as those parts of the curriculum or its implementation that are determined by the developer to be the key ingredients related to achieving the outcomes associated with the program. Fidelity is not only relevant to the content in a program but also to the "core elements" of the teaching methods and implementation. Successful applicants will demonstrate readiness to deliver the selected program model with fidelity. Applicants may also propose adaptations of an evidence-based program to make the program more relevant to ethnic, racial or linguistic characteristics of the population to be served. OAH approval of any adaptation is required prior to use in the fully implemented program.

The addition of reasonable components related to curriculum based or youth development teenage pregnancy programs will be considered appropriate to any program model as

long as it is well integrated, works in concert with the underlying program model, and does not significantly alter the core components of the underlying program.

Applicants should demonstrate that they are prepared to:

- Demonstrate the effectiveness of the replication strategy in reducing rates of teen pregnancy and births, or associated sexual outcome behaviors in the defined setting (e.g., school, school-district, community-based setting, county, target population);
- Ensure that facilitators/educators who will deliver the program(s) have been or will be formally trained in the program model and this training is delivered by professionals who can provide follow-up technical assistance to facilitators;
- Receive training on acceptable adaptations or propose adaptations for approval that are clearly described;
- Monitor and document program implementation to ensure fidelity was maintained; and
- 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.

Applicants should identify how they will access implementation materials and training in the evidence-based intervention they seek to replicate. This should be documented in the applicant's work plan and project budget. To the extent that implementation materials and training are not available for an evidence-based program, an applicant should describe how it will work with the developer or others to design and test an implementation process. If an implementation strategy and training cannot be developed or is not available on a particular program model, the recipient should be willing to select another program model for replication.

3. Scale and Range of Programs

OAH intends to fund a broad range of evidence-based program models. Having multiple funding ranges allows a wide array of evidence-based programs to be funded, by a diverse set of grantees that have varying capacity to implement large-scale or smaller scale projects. Applicants may only apply for one funding range under this announcement. If an applicant applies to more than one funding range, the application will be considered non-responsive and will not be entered into the review. The applicant will be notified that the application did not meet the eligibility requirements. OAH encourages applications in four broad funding ranges dependent on the scope of the program being proposed:

- Range A: $400,000 to $600,000 per year
- Range B: $600,000 to $1,000,000 per year
- Range C: $1,000,000 to $1,500,000 per year
- Range D: $1,500,000 to $4,000,000 per year

Projects funded in Ranges C and D are expected to be implemented in multiple sites within a targeted geographic area (e.g., school district, an urban area, or a county). Successful applicants for funding in Ranges C and D will develop an independent grantee-level evaluation.

4. Target Population(s)

The target population for funded projects are individuals 19 years of age or under at program entry. Youth who are not yet teenagers are eligible since many of the evidence based programs include pre-teens as a target audience for the program intervention. 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. Applicants should clearly define target population by age groups (e.g., 9-14; 15-17; 18-19) or priority populations (e.g., those in foster care, homeless teenagers, urban/rural settings, immigrants, school-based populations, racial or ethnic groups, etc.) within a defined geographic area with high teen birth rates. State vital statistics should be the source used for identifying 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. Targeted communities should be defined by clear geographic boundaries in order to assure that the number of youth to be served can be identified and data monitored throughout the project. Statistical data on other correlating variables may be used to substantiate the need to serve specific priority populations. For example, Latino/Latina and Native American teens have high teen birth rates within geographic pockets of some States that otherwise have lower rates of teen pregnancy or teen births. Additionally, older adolescents, 18-19 year olds, account for most teen pregnancies and are the most underserved in programs.

5. Medical Accuracy and Age Appropriateness

Programs funded under this announcement need to ensure that information provided is age appropriate, and scientifically and medically accurate. Programs that are eligible for replication under this funding announcement have not been reviewed for medical accuracy. These programs were reviewed and found eligible for funding solely on the basis of the research evidence. Therefore, to ensure that the most current science is reflected in the program materials, a review for 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 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. While the applicant should identify the core curriculum proposed for use in the project, actual materials <u>should not</u> be submitted with the grant application. The review and approval process will occur during the planning phase of the first grant year (see below). The review shall ensure that the materials are medically accurate, complete, and up-to-date. All funded grantees must receive approval of curriculum materials prior to use in the fully implemented project. Grantees will be notified of areas within curricula that need to be changed, updated, or corrected. The

curricula materials may not be used until the curricula is approved by OAH. Applicants should budget for staff training on medical accuracy and document the use of appropriate sources (e.g., CDC, NIH, peer-reviewed journals) of information if developing supplemental materials on abstinence, contraceptives, STIs and/or HIV. Applicants should explain how the program is age appropriate to the population being served.

6. Phased-In Implementation Period

During the first 6 to 12 months of the first grant year, funded recipients will engage in a planning, piloting and readiness period. Continued funding is contingent on satisfactory progress and continued availability of funds. This period is devoted to hiring, training, conducting needs assessments, piloting the program, and otherwise ensuring readiness for full implementation. This first year planning period will ensure grantees are prepared to begin full implementation, are using medically accurate information, are able to maintain fidelity to the program model or have proposed acceptable adaptations, and have prepared procedures for evaluation of the program implementation and outcomes/impact, and other key tasks before OAH provides approval for full-scale implementation. This period may be shorter for grantees that demonstrate readiness in less than 12 months. The duration of the length of the planning period is contingent upon each grantee's demonstrated readiness, but will not exceed 12 months. The planning period is designed to assist funded projects to do the following activities:

- Continue to Assess Needs and Resources: Applicants are expected to justify needs based on data in their application. The planning period provides additional time for grantees to continue summarizing or conducting a needs and resources assessment of their target population using new or existing data sources as appropriate; identify the specific youth to be targeted; identify resources and partners and use this information to inform program goals and objectives.
- Finalize Goals & Objectives/Logic Model: Applicants are expected to propose goals, objectives, and a logic model in their application, describing the behaviors and determinants (risk factors) they plan to change with the programming. The planning period will enable OAH and funded entities to refine and finalize goals, objectives, and the logic model, using additional needs assessment information.
- Assess Program Fit: Applicants are expected to assess evidence-based programs models for fit with the site(s) selected for implementation. The planning period is an opportunity for reassessment after piloting the program to confirm appropriateness of the model to the implementation site(s). Modest modifications or adaptations might be needed to make the program a better fit for the target group. All adaptations will require OAH approval prior to full program implementation, or a more appropriate evidence-based intervention may be selected from the approved list of program models.
- Build Organizational Capacity: Applicants are expected to describe their organizational capacity to implement proposed program(s) models to identify additional capacity needs or other resources needed to implement successfully and to obtain necessary capacities. During the planning period, grantees will have an

opportunity to provide training for staff to be certified to deliver the proposed program model(s).

- Finalize Implementation Plans: Funded recipients will have the opportunity to finalize program implementation plans; solidify evaluation plans if appropriate and procedures that include both process/fidelity measures and outcomes; have materials reviewed for medical accuracy; and engage partners in program implementation, as necessary.
- Pilot Program Implementation: During the planning period, funded recipients are expected to pilot the program and evaluate procedures prior to full-scale implementation so that quality improvements or serious implementation challenges can be identified and resolved in a timely manner. This period will also be used to assess program fit and to ensure that system processes (e.g., data collection) are operational.

7. Evaluation and Performance Measurement

The OAH plans for a mixture of evaluation strategies to address the question of whether replications of evidence-based programs are effective. The evaluation strategies include: (a) Federal evaluation of a selected subgroup of all grantees and (b) grantee-level evaluations (with Federal training, technical assistance, and oversight) for projects funded in Ranges C and D. In addition, 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.

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. OAH anticipates that up to a total of eight projects from both Tiers may be selected to participate in the Federal evaluation. Projects selected for participation in the Federal evaluation will no longer be expected to have a separate grantee-level evaluation and will be required to direct their evaluation budget to support evaluation activities related to the Federal level evaluation. Decisions regarding participation in the Federal evaluation are expected by the end of the planning year.

All applicants who apply under funding ranges C and D are expected to include a plan for a rigorous independent grantee-level evaluation design unique to their project. Applicants should plan for approximately 20-25 percent of their budget, but not more than a total of $500,000, to support evaluation activities. Appendix C includes detailed guidance for applicants about the standards and criteria for conducting high-quality, rigorous, grantee-level, independent evaluations. Grantee-level evaluation designs are expected to be rigorous using either random assignment or a quasi-experimental design. During the first year planning period, OAH will review and assess evaluation designs proposed by funded recipients. The evaluation funds will be restricted unless and until a grantee has an approved evaluation plan. Those deemed to have high-quality rigorous

evaluation plans will be given approval to continue to budget for an independent evaluation and will receive additional training and technical assistance to ensure the implementation of a sound evaluation plan. If a grantee does not receive approval for evaluation implementation, those funds in the current year would be reflected as offsets in the program budget for the following year.

All funded grantees will be expected to collect and report on a common set of performance measures to assess program implementation and whether the program is observing intended program outcomes. Generally, there are five broad categories of performance measures that OAH anticipates all grantees will be required to track: (1) output measures (e.g., number of youth served, hours of service delivery); (2) fidelity/adaptation; (3) implementation and capacity building (e.g., community partnerships, competence in working with the identified population); (4) outcome measures (e.g., behavioral, knowledge, and intentions); and (5) community data (e.g. STIs, birth rates, etc.). Applicants should describe their capacity to report on such performance measures. In the first year of the program, OAH plans to develop performance measures that could be uniformly collected across grantees. (Data collection and reporting on these measures will require the Department to obtain approval under the Paperwork Reduction Act.) By the end of the first grant year, final performance measures will be distributed to grantees and funded recipients will be required to report on these measures. OAH will provide training on how to implement performance data collection and reporting.

Future funding is contingent both on availability of funds and readiness to implement. OAH will undertake a review of the program on an annual basis. If the grantee is consistently not meeting performance targets, OAH may determine to discontinue funding based on lack of satisfactory performance.

8. Access to Health Care and other Services

As appropriate and allowable under Federal law, applicants may provide teenage pregnancy prevention related health care services and/or make use of referral arrangements with other providers of health care services(e.g., substance abuse, alcohol abuse, tobacco cessation, family planning, mental health issues, intimate partner violence), local public health and social service agencies, hospitals, voluntary agencies, and health or social services supported by other federal programs (e.g., Medicaid, SCHIP, TANF) or state/local programs.

B. Project Structure

Approach

Substantial Federal involvement in the program will be required, including OAH's close collaboration with recipients to ensure adherence to project aims, review and approval of curricula and educational materials, ongoing technical assistance and troubleshooting,

and coordination with the other agencies and offices within HHS.   Funds will be obligated and disbursed after a competitive application process resulting in up to 150 cooperative agreements with various public and private entities.

A successful applicant will have one "lead applicant" organization serving as the point of contact for the application process and become the recipient of the award. When necessary, the lead applicant organization will be permitted to make sub awards (sub grants) for approved activities to stakeholder organizations and/or other appropriate organizations according to all applicable federal regulations and guidelines.

Applicant organizations will be expected to implement programs in communities with demonstrated high rates of teen births. Applicants are expected to detail their plans to advance their current capabilities within their identified area. Applicants should include plan for project sustainability.   Funded applicants will be entities that meet the selection criteria below and can replicate, with fidelity, specific evidence-based programs for teenage pregnancy prevention identified in this announcement.

Use of Funds - Operational Costs and Overhead

Funds may be used to support operational costs and overhead, which will enable or support the teen pregnancy prevention program. Any of the funds expended in this category must be directly allocable to the project and associated activities. If the applicant organization/consortium has a current indirect cost rate negotiated with HHS or any Federal agency, that rate should be included in the application, and the applicant must further ensure that, if successful, no charges in the indirect cost pool will be charged directly. Allowable expenditures include:
   a.   Staffing and Personnel Costs;
   b.   Fringe Benefits;
   c.   Travel;
   d.   Equipment; and
   e.   Supplies.

Funding in each of these categories may complement, but must not be duplicative of, other Federal programs.

II.   Award Information

The OAH anticipates making available $75,000,000 to fund an estimated 150 projects. Awards will range from $400,000 to $4,000,000 per year. OAH anticipates funding up to 10 projects in Range D. Cooperative agreements will be funded in annual increments (budget periods) and may be approved for a project period of up to five years. Funding for all 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.

1. Summary of Funding

Type of Award	Cooperative Agreement
Total Amount of Funding Available in FY2010	$75,000,000
Average Award Amount	
Range A:	$500,000
Range B:	$800,000
Range C:	$1,250,000
Range D:	$2,700,000
Award Floor	$400,000
Award Ceiling	$4,000,000
Approximate Number of Awards	150
Project Period Length	5 years
Successful Applicants Selected	9/2010
Cooperative Agreements Issued	9/2010
Anticipated Start Date of the Agreement	9/30/2010

2. Type of Award

Awards will be in the form of a 5 year cooperative agreement with each recipient. A cooperative agreement is an award instrument where "substantial involvement" is anticipated between the awarding agency and the recipient during performance of the project or activity. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between OAH and the recipient during the performance of the project.

3. Funding Description

Timing of Milestones:
A competitive award process will be used beginning with the release of this Funding Opportunity Announcement. Following the application period and objective review by a panel of Federal and non-Federal experts, cooperative agreements are expected to be awarded in September, 2010.

Accountability: The following steps will be taken by OAH and the awardees to increase program accountability and minimize financial risk:

- The strength of each applicant's leadership team and project management structure and the demonstrated success of the applicant in previous teen pregnancy prevention initiatives will be key factors in the selection criteria.
- OAH will ensure that each cooperative agreement will be assigned to Federal grant specialist and a project officer on programmatic activities.
- Grantees should provide a detailed project plan and detailed timeline with measurable milestones relating to establishment of organizational capacity

(including adequate staffing), establishment of data collection and reporting systems, progress towards goals, and appropriate fiscal management.

- OAH will work with grantees through the cooperative agreement process to set performance-based terms and mutually agreeable process and outcomes measures.
- Each grantee will submit yearly program reports on progress to the project officer. A financial expenditure report is due annually to the grants specialist.
- The grants specialist and OAH project officer assigned to each cooperative agreement will meet periodically with the project director to evaluate performance in relation to the project plan to ensure that work is on time, within budget and meeting requirements.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants that can apply for this funding opportunity are listed below:

- Nonprofit with 501C3 IRS status (other than institution of higher education)

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

- For-profit organizations (other than small business)

- Small, minority, and women-owned businesses

- Universities

- Colleges

- Research institutions

- Hospitals

- Community-based organizations

- Faith-based organizations

- Federally recognized or state-recognized American Indian/Alaska Native tribal governments

- American Indian/Alaska native tribally designated organizations

- Alaska Native health corporations

- Urban Indian health organizations

- Tribal epidemiology centers

- State and local governments or their Bona Fide Agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau)

- Political subdivisions of States (in consultation with States)

A Bona Fide Agent is an agency/organization identified by the state as eligible to submit an application under the state eligibility in lieu of a state application. If applying as a bona fide agent of a state or local government, a letter from the state or local government as documentation of the status is required. Attach with "Other Attachment Forms" when submitting via www.grants.gov.

2. Cost-Sharing or Matching

Cost sharing or matching of non-Federal funds is not required. 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. Any indication of institutional support from the applicant and its collaborators indicates a greater potential of success and sustainability of the project. This is considered in the scoring criteria section, Organizational Capacity and Experience. 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. Successful applicants should build on, but not duplicate existing Federal programs as well as state, local or community programs and coordinate with existing resources in the community.

IV. Application and Submission Information

1. Address to Request Application Package

Application kits may be obtained by accessing Grants.gov at http://www.grants.gov. To obtain a hard copy of the application kit, contact the Office of Grants Management, Office of Public Health and Science, Department of Health and Human Services c/o Grant Application Center, 1515 Wilson Blvd., Suite 100, Arlington, VA 22209. Phone: 240-453-8822.

Other Submission Information

Letter of Intent

Prospective applicants are asked to submit a letter of intent as early as possible, but no later than **5:00 p.m. Eastern Time on May 3, 2010**, as indicated in the DATES section of this announcement. Although a letter of intent is not required, is not binding and does not enter into the review of a subsequent application, the information that it contains allows OAH staff to estimate the potential review workload and plan the review. The letter of intent should be sent to Allison Roper at the address listed under the AGENCY CONTACTS section below and received by the date in the DATES section of this announcement. The letter of intent should include a descriptive title of the proposed project including the funding range being requested (Range A: $400,000 to $600,000; Range B: $600,000 to $1,000,000; Range C; $1,000,000 to $1,500,000 or Range D: $1,500,000 to $4,000,000) the name, address and telephone number the designated authorized representative of the applicant organization; and the FOA number and title of this announcement, OPHS/OAH-TPP1-2010 "Teenage Pregnancy Prevention: Replication of Evidence-Based Programs."

2. Content and Form of Application Submissions

Applicants are required to have a Dun and Bradstreet Data Universal Numbering System (DUNS) number to apply for a grant or cooperative agreement from the Federal government. The DUNS number is a nine digit identification number which uniquely identifies business entities. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access http://www.dunandbradstreet.com or call (866) 705-5711.

Applications must be submitted on the application forms and in the manner prescribed in the application kit. Submissions may be either electronic or in hard copy.

- At the http://www.grants.gov website, you will find information about submitting an application electronically through the site, including the hours of operation. OAH strongly recommends that you do not wait until the application due date to begin the submission process through http://www.grants.gov.

- Appendix B includes a checklist for applicants.

- Applicants must submit all Application documents electronically on or before **11:00 p.m. Eastern Time June 1, 2010**.

- Hard copy applications are due on or before **5:00 p.m. Eastern Time June 1, 2010.**

- Applicants who are proposing to replicate a program that is not on the list in Appendix A must submit hard copy applications, including relevant research studies, before **5:00 p.m. Eastern Time May 17, 2010**. Electronic

submissions, including relevant research, must be submitted on or before **11:00 p.m. Eastern Time May 17, 2010**.

- Prior to application submission, Microsoft Vista and Office 2007 users should review the Grants.gov compatibility information and submission instructions provided at http://www.grants.gov (click on "Vista and Microsoft Office 2007 Compatibility Information").

- Applications that exceed the 50 page limit for the narrative or the total limit of 100 pages, including all attachments, will be considered non-responsive and will not be reviewed.

Project Abstract

Successful applicants will include a one-page abstract (no more than 500 words) of the application. The abstract will be used to provide reviewers with an overview of the application and will form the basis for the application summary in grants management documents. The abstract may also be distributed to provide information to the public and Congress and represents a high-level summary of the project. As a result, applicants should prepare a clear, accurate, concise abstract that can be understood without reference to other parts of the application and that provides a description of the proposed project, including: brief statement of the project, whether is it for a local, county-wide or State-wide project; type of organization applying (school, state agency, voluntary agency, etc.); geographic area to be served (urban, rural, suburban); description of target population to be served; evidence-based program model to be replicated; and overarching goal(s). The applicant should include the following information at the top of the Project Abstract (this information is not included in the 500 word maximum):

- Project Title
- Service area included in the application, described by county and USPS zip codes: zip-three code(s) for one or more entire counties, zip-five codes for any partial-county areas included in the proposed service area
- Applicant Name
- Address
- Contact Name
- Contact Phone Numbers (Voice, Fax)
- E-Mail Address Web Site Address, if applicable

Project Narrative

The Project Narrative is the part of the application that will offer the most substantive information about the proposed project, and it will be used as the primary basis to determine whether or not the project meets the minimum requirements for awards. The Project Narrative should provide a clear and concise description of your project. (Note: a concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed via the Web at: http://www.hhs.gov/grantsnet/AppTips.htm) The project narrative should include: a Table of Contents with identifying sections and

corresponding page numbers; a budget justification, a project narrative, position descriptions, and resumes of all professional staff. The Project Narrative must be double-spaced, formatted to 8 ½" x 11" (letter-size) pages with 1" or larger margins on top, bottom, and both sides, and a font size of not less than 12 point. The maximum length allowed for the Project Narrative is 50 pages. A full application with a Project Narrative that exceeds 50 pages <u>will not</u> be accepted. Memoranda of Understanding (MOU), resumes of Key Personnel, and, for those applicants seeking to replicate a program model that is not on the list in Appendix A, a discussion of why the applicant thinks the program has sufficient evidence to meet the criteria and should be replicated. All pages, charts, figures and tables should be numbered. Appendices may include curriculum vitae of key staff and other evidence of organizational experience and capabilities. Please note that appendices are supplementary information and are not intended to be a continuation of the project narrative. Appendices should be clearly labeled.

The narrative description of the project should contain the following:

<u>Organizational Capability Statement</u>: This section describes the current capability possessed by the Applicant to organize and operate effectively and efficiently. Describe the decision-making authority and structure (e.g. relationship to the Board of Directors), its resources, experience, existing program units and/or those to be established if funding is obtained. This description should cover personnel, time and facilities and contain evidence of the organization's capacity to provide the rapid and effective use of resources needed to conduct the project, collect necessary data and evaluate it. The applicant should describe the organization's experience, expertise and previous accomplishments in working in the area of teen pregnancy prevention. The applicant includes specific information about previous partnerships and strategies used to address teen pregnancy prevention. The description should also cover how the various sites and outside resources/partners chosen will be managed logistically and programmatically. It is recommended that applicants include an organizational chart, a chart detailing the program and who is responsible for each site(s), as well as a map providing a visual description of the various sites selected (in the Appendices).

<u>Project Management</u>: The applicant should describe how it plans to govern and manage the execution of its overall program. It will include the applicant's governance structure, roles/responsibilities, operating procedures, composition of committees, workgroups, teams and associated leaders, and communications plans that will provide adequate planning, monitoring, financial management, and control to the overall project. The project management activities should provide details on how plans and decisions are developed and documented, issues/risks managed, and meetings facilitated. Mechanisms to ensure accountability across community participants and incremental progress in achieving milestones necessary for improvement should be specified. The applicant organization should demonstrate how it will effectively and efficiently carry out its program across its geographical catchment area.

<u>Need Statement</u>: Describe the need for services in the proposed target area by describing the geographic area to be served. Describe specifically how the project will benefit the

target population. Using the most recent statistical data, document the incidence of teen births in the area to be served. Other information should also be documented such as sexually transmitted disease rates, socio-economic conditions (disparities) including income levels, existing services and unmet needs in the proposed service area. If the proposed population has unique challenges and barriers, these should be addressed.

Model to be Replicated from the List and Project Approach: Describe the rationale for choosing the program model proposed for replication and how this approach is based upon the applicant's previous practice, and community needs assessment. For applicants applying to replicate a model that is not on the list in Appendix A, describe why this model is better suited to your organization or target population than those on the pre-approved list. Describe how this project will make a positive impact, and if applicable, why it should be evaluated either as part of a grantee-level evaluation or as part of a federal evaluation effort. In addition, include a discussion of the implementation site(s) selected as well as lessons learned from previous projects of this type including how the experience helped develop the rationale for the proposed model. Describe the program model to be replicated and explain how it is age appropriate for the population to be served. Describe how the applicant will implement the model with fidelity and what, if any, minor adaptations are being proposed. If adaptations are proposed, include a justification or rationale for any proposed adaptations. If applicable, describe how the applicant will provide, directly and/or by referral, teenage pregnancy prevention related health or social services. As appropriate, state how the project will be coordinated, integrated and linked to existing services within the service area. The description should clearly relate to program objectives and should address intensity of services (dosage) as well as fidelity to the original program model. Discuss how staff will be trained on the program model and how implementation materials will be obtained.   Describe the program management plan.

Target Population: Describe the target population using a sound rationale based on statistical data and other community factors. If priority populations are proposed (those in foster care, homeless teenagers, urban/rural settings, immigrants, school-based populations, racial or ethnic groups, etc.), statistical data on other associated variables should be included. Provide realistic estimates of the overall number of program participants and the numbers participating in the proposed project site(s). Describe how many participants are expected to participate during the first and second year of implementation, and break out the types of participants by age and the race and ethnicity of participants to be served. Describe the age appropriateness of the model for the target population.

Program Goal(s), Objectives and Activities: Provide a program specific goal(s) statement and up to 6 outcome objectives that clearly state expected results or benefits of the replication of the proposed model. Objectives should be specific, measurable, achievable, realistic, and time-framed and contained in the program logic model. A logic model is a diagram that shows the relationship between the program components and activities and desired outcomes. It is a visual way to present and share your understanding of the relationships among the resources proposed to replicate the selected

program model, the strategies/activities planned for implementation, and the outputs and outcomes you hope to achieve. Applicants should create a logic model that provides an overview of the entire program for the five years of the cooperative agreement.

The applicant should demonstrate in this section the vision, short-term/long-term goals and objectives that it will use to guide its operations. All applicants should include a program goal(s) statement related to the outcome objected based on the evidence-based program model being proposed for replication. The goal(s) statement should mirror the outcomes found to be effective in the original program model. A goal is a general statement of what the project expects to accomplish. It should reflect the long-term desired impact of the project on the target group(s) as well as reflect the program goals contained in this program announcement. An outcome objective is a statement which defines a measurable result the project expects to accomplish. Outcome objectives should be supported with several process objectives. All proposed objectives should be specific, measurable, achievable, realistic and time-framed (S.M.A.R.T.).

- Specific: An objective should specify one major result directly related to the program goal, state who is going to be doing what, to whom, by how much, and in what time-frame. It should specify what will be accomplished and how the accomplishment will be measured.
- Measurable: An objective should be able to describe in realistic terms the expected results and specify how such results will be measured.
- Achievable: The accomplishment specified in the objective should be achievable within the proposed time line and as a direct result of program activities.
- Realistic: The objective should be reasonable in nature. The specified outcomes, expected results, should be described in realistic terms.
- Time-framed: An outcome objective should specify a target date or time frame for its accomplishments.

Work plan and Timetable: Provide a detailed five year work plan and a timetable for the first year of the project. A work plan is a concise, easy-to-read overview of the goals, strategies, objectives, measures, activities, timeline and those responsible for making the program happen. It is a detailed road map for operating the program. Within this plan include each activity associated with the replication, the proposed time frame for the start and completion of each activity and responsible staff. Please note the first six to twelve months of the project's funding cycle will be used for planning and pilot testing the selected program model. Applicants should propose the first year planning, piloting, readiness, and implementation work plans as part of their proposed five-year work plans.

Collaborations and Memoranda of Understanding (MOU) with Key Participating Organizations and Agencies: Funded grantees are expected to coordinate with other community agencies in order to achieve program goals. It is essential that projects detail specifically their intent to coordinate with and not duplicate existing efforts. In this section, the applicant should describe the expertise and capabilities of other partnering agencies to achieve its goals. In this section, identify community stakeholders. Applicable community stakeholders include, but are not limited to: health care providers

and professional organizations, middle/high schools, school districts, community colleges, academic health centers, universities and community groups. Applications will be strengthened by inclusion of credible stakeholder organizations. Stakeholders with substantial involvement as reflected by staffing or financial commitment to their program will naturally contribute more robustly than an organization which is committing only written support for the program's efforts. Memoranda of Understanding from each participating site, stakeholders, and outside resources (if applicable) should be included in the Appendices. The MOUs should detail the exact level of involvement, responsibility and time/resource commitment. In order to evaluate the level of community commitment to the applicant's proposal, applicants should submit, as part of the application appendices, information which details the specific nature of involvement and level of commitment of each stakeholder. This should include information about any financial commitment from the stakeholder, a specific commitment of senior-level executives to the teenage pregnancy prevention leadership team, or any board-level specific commitment of staff to the teenage pregnancy prevention leadership team. Memoranda of Understanding included in the appendices should include all stakeholders substantially involved in the proposed program.

Neither cost sharing nor matching are required for this project. However, applicants are encouraged to include in their application any participation by stakeholders in the community as an indicator of community and organizational support for the project and the likelihood that the project will continue after Federal support has ended. Such participation may be in the form of cash or in-kind (e.g., equipment, volunteer labor, building space, indirect costs, etc.).

Performance Measurement: Each successful applicant will be required to monitor progress on a uniform set of process and outcome performance measures. The performance measures will be developed by OAH and refined through the cooperative agreement process. Cooperative agreement recipients will receive training and technical assistance from OAH and its contractor(s) on data collection protocols, methodologies and analysis. Each applicant should describe its capability to implement monitoring and reporting systems to aid in internal data collection around metrics for successful achievement of performance measures. OAH will develop performance measures for the Teen Pregnancy Prevention Replication Program and a uniform performance measures data collection instrument. When approved, all grantees will be responsible for reporting on these measures and using data collection instruments.

Evaluation: HHS will conduct a separate Federal level evaluation of a subset of programs funded under this announcement. Successful applicants must agree, if selected, to participate in a Federal evaluation, conducted by an independent contractor through a separate competitive award process.

In addition to the Federal evaluation, applications in funding ranges C and D are encouraged from organizations that have the capability to conduct a rigorous local, independent evaluation of the funded project. All applicants who apply for funding ranges C and D are expected to propose a rigorous grantee-level evaluation for the

program model being replicated. OAH strongly recommends that applicants allocate 20-25 percent of the proposed budget for evaluation activities per year. During the first grant year, OAH will review each funded grant's independent evaluation plan to assess the rigor, quality and design of the proposed evaluation. Funds allocated for evaluation will be restricted unless and until OAH has approved an evaluation plan. Grantees will be provided with training and technical assistance for both the development and implementation phase of the evaluation. If a grantee does not receive approval for evaluation implementation, those funds will in the current year would be reflected as offsets in the program budget for the following year.

OAH expects all applicants in funding Ranges C and D to include a clear and fully developed plan for an independent evaluation. Applications should provide a clear and fully developed evaluation plan in accordance with the criteria laid out in Appendix C of this announcement. Include a MOU and curriculum vitae from the independent evaluator in the Appendices. Evaluation plans should describe the proposed project and the experimental design. If randomization is not possible, then a strong justification, based on program design and evaluation techniques, for a strong quasi-experimental design must be made in this section. Applicants are encouraged to identify anticipated challenges with the evaluation and recommended solutions. The evaluation plan should clearly articulate the program interventions and/or processes to be tested; theory upon which the program intervention is based; proposed questions/hypotheses the evaluation will address; data collection instruments, including information regarding reliability and validity of instruments; sampling and data collection plan; and data analysis plan, including statistical tests. Describe how the evaluation is consistent with the program, particularly how data will be used for mid-course corrections and ongoing program improvements. Discuss how the evaluator will ensure confidentiality of the data, protection of human subjects, and institutional review board processes.

Appendices: The applicant should include the following: 1) Resumes for Project Director and detailed position descriptions (include key staff and positions for sites); 2) A program logic model; 3) Memoranda of Understanding from all participating sites; 4) A Memorandum of Understanding with the independent evaluator including information about responsibilities and time allotted for those responsibilities; 5) The Curriculum Vitae of the independent evaluator; 6) Memoranda of Understanding from all outside resources and/or partners; 7) An organizational chart, program organization chart and map describing the multiple sites in each group of the project; 8) A copy of the applicant organization's Federal-Wide Assurance; 9) Proof of nonprofit status; and 10) For applicants seeking to replicate a program model that is not on the list in Appendix A, all materials that support the claim that the model meets the programmatic and evidence-related criteria. Only the items listed above should be included in the Appendices.

Budget Narrative/Justification

If funding is requested in an amount greater than the ceiling of the award range, the application will be considered non-responsive and will not be entered into the review process. The application will be returned with notification that it did not meet the submission requirements. As part of the application form, a budget narrative is required.

The narrative should clearly state the funding range being requested (e.g., Range A, Range B, Range C, or Range D). This narrative should thoroughly describe how the proposed categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. For in-kind contributions, the source of the contribution and how the valuation of that contribution was determined should also be described. All applicants should outline proposed costs that support all project activities in the Budget Narrative/Justification. The application should include the allowable activities that will take place during the funding period and outline the estimated costs that will be used specifically in support of the program. Costs are not allowed to be expended until the start date listed in the Notice of Grant Award. Whether direct or indirect, all costs must be allowable, allocable, reasonable and necessary under the applicable OMB Cost Circular: http://www.whitehouse.gov/omb/circulars (Circular A-87 for State, Local and Indian Tribal Governments and Circular A-122 for Non Profit Organizations). Any fees as program income need to be used as specified in Section I.B Use of Funds.

Tips for Writing a Strong Application

Tips for writing a strong application can be found at HHS' GrantsNet site at http://www.hhs.gov/grantsnet/AppTips.htm.

Proof of the Applicant's Status as a Non-Profit Entity

If an applicant is a US-based non-profit entity it must provide documentation of its 501C status or IRS determination letter, IRS tax exemption certificate, or letter from state taxing body verifying tax-exempt status. If the proposal is on behalf of a consortium, there must be letters of commitment from all members of the consortium which include their tax status.

Application Screening Criteria

This section outlines administrative criteria that are expected of all applicants. Applications will not move forward to objective review unless these screening criteria are met.

- Application demonstrates eligibility requirements addressed in Section III, Eligibility Information.
- Project Narrative does not exceed 50 double-spaced pages. The 50-page limit excludes resumes, letters of support, Program Abstract, and other attachments. Any applications with pages beyond the 50 page narrative limit will be considered non-responsive and <u>will not</u> be reviewed.

- The total page limit for the application, including <u>all</u> attachments, resumes, letters of support, Program Abstract, budget forms and appendices, does not exceed 100 pages. Any applications with pages beyond this limit will be considered non-responsive and <u>will not</u> be reviewed.

- For applicants seeking to replicate a program model that is not listed in Appendix A, the materials in the appendices provided to support a claim that the program model meets the programmatic and evidence-related criteria will not be counted toward the 100 page limit.

3. Submission Dates and Times

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

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

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

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

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

22209. The application deadline date requirement specified in the announcement supersedes the instructions in the application form. Application submissions that do not adhere to the due date requirements will be considered late and will be deemed ineligible, and may be returned to the applicant unread.

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

Electronic Submissions via the Grants.gov Website Portal
The Grants.gov Website Portal provides organizations with the ability to submit applications for OPHS grant opportunities. Organizations must successfully complete the necessary registration processes in order to submit an application. Information about this system as well as the required registration process is available on the Grants.gov website, http://www.grants.gov.

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

Electronic applications submitted via the Grants.gov Website Portal must contain all completed online forms required by the application kit, the Program Narrative, Budget Narrative and any appendices or exhibits. Any files uploaded or attached to the Grants.gov application must be of the following file formats - Microsoft Word, Excel or PowerPoint, Corel WordPerfect, ASCII Text, Adobe PDF, or image formats (JPG, GIF, TIFF, or BMP only).   Even though Grants.gov allows applicants to attach any file format as part of their application, OPHS restricts this practice and only accepts the file formats identified above. Any file submitted as part of the Grants.gov application that is not in a file format identified above will not be accepted for processing and will be excluded from the application during the review process.

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

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

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

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

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

Electronic Submissions via the GrantSolutions System

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

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

materials should be submitted to the OPHS Office of Grants Management at the address specified above.

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

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

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

<u>Mailed or Hand-Delivered Hard Copy Applications</u>

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

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

4. Intergovernmental Review

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.

5. Funding Restrictions

Funds may be used to cover costs of personnel, consultants, equipment, supplies, grant-related travel, and other grant-related costs. Funds may not be used for building alterations or renovations, construction, fund raising activities, political education or lobbying. Funds under this announcement cannot be used for the following purposes:

- To supplant or replace current public or private funding.

- To supplant on-going or usual activities of any organization involved in the project.

- To purchase or improve land, or to purchase, construct, or make permanent improvements to any building.

- To reimburse pre-award costs.

Funds are to be used in a manner consistent with program requirements as outlined in this FOA. Allowable administrative functions/costs include:

- Usual and recognized overhead, including indirect rates for all consortium organizations that have a Federally approved indirect cost rate; and

- Management and oversight of specific project components funded under this program.

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

V. Application Review Information

1. Review Criteria

Each application will be scored according to the following criteria and point system. Scoring criteria applicable only to Range C and D applications are indicated below.

Project Approach and Work Plan (35 points)

- The extent to which the applicant's plan to carry out the activities is feasible and consistent with the stated purposes of this FOA.
- Includes information on the need for teen pregnancy prevention services, a clear description of the geographic area to be served, the age appropriateness of the intervention being tested.

- Priority area(s) and target populations proposed by the applicant is/are well-justified, important, specific and measurable and meet(s) the objectives of the teenage pregnancy prevention program as outlined in this FOA.
- The applicant includes a description of how the evidence-based program model will be implemented with fidelity to the original intervention. The applicant includes a plan and a budget for obtaining implementation materials and training on the program. The applicants demonstrates how they will carefully document the intervention plan for the dissemination of finding through various means, including but not limited to publication of an article in a peer-reviewed journal
- The applicant includes specific objectives and all objectives are S.M.A.R.T.
- The application includes a logic model that provides an overview of the program, and the logic model clearly links program elements to intended outcomes.
- The application includes a five year work plan and timetable. This includes a specific work plan for first year planning and pilot testing of the project.
- Includes detailed information about collaborations and MOUs from key stakeholders.
- Includes an organizational chart that demonstrates the relationship between all positions (including consultants, sub-grants and/or contractors) to be funded through this grant.

Organizational Capacity and Experience (25 points)

- Demonstrates the organizational capacity necessary to oversee Federal grants through a description of the organization's fiscal controls and an explanation of the organization's governance structure.
- The application includes the organization's annual operating budget and a list of any funding sources that support or will support this program.
- The extent to which the applicant demonstrates its current capability to organize and operate the proposed project effectively and efficiently.
- The extent to which the applicant demonstrates that it has the capacity and resources to implement the chosen model with fidelity.
- The applicant includes a clear description of its decision-making authority and structure, financial management experience, and provides evidence of its capacity to provide for the effective use of resources needed to conduct the project, collect necessary data and evaluate the proposed project.
- The applicant clearly describes the organization's experience, expertise and previous accomplishments in working in the area of teen pregnancy prevention. The applicant includes specific information about previous partnerships and strategies used to address teen pregnancy prevention.

Project Management and Staffing (15 points)

- The extent to which the project management structure and design will enable accountability.

- Demonstrates experienced, strong project leadership, including executive sponsorship, governance structures and functions, decision making processes, dedicated coordinator and point of contact for the project.
- Key Staff are clearly identified (e.g., staff members responsible for direct oversight, management, implementation or evaluation of the proposed project). The application provides the name of the person employed in each position or note that the position is vacant. In cases where the position is vacant, a job description is included. The approach and criteria that will be used for selection of the position are clearly described and reasonable.
- Provides a staffing plan that demonstrates a sound relationship between the proposed responsibilities of program staff and the educational and professional experience required for staff positions through a discussion of position descriptions and resumes of key staff, including consultants, which correspond to the organizational chart.

Evaluation Plan and Performance Measurement (15 points)

Range A and B
- The extent to which the applicant demonstrates capacity to collect and report on performance measures to monitor progress, including a clear description of how the grantee would use performance measures to track internal processes.

Range C and D
- **The extent to which the grantee level, independent evaluation plan includes rigorous design based on the criteria outlined in Appendix C.**
- **The extent to which the evaluation appears feasible and the applicant demonstrates capacity to implement the plan.**
- **The extent to which the applicant demonstrates capacity to collect and report on performance measures to monitor progress, including a clear description of how the grantee would use performance measures to track internal processes.**

Budget (10 points)

Range A and B
- The extent to which the applicant provides a detailed budget and line item justification for all operating expenses that is consistent with the proposed program objectives and activities.
- The extent to which the applicant includes a budget for key staff to participate in the annual grantee conference (years 1-5) and includes a budget for at least three staff to participate in person at three training and technical assistance workshops per year.

Range C and D
- **The applicant allocates 20-25 percent of the budget for a rigorous, independent evaluation.**

- **The extent to which the applicant provides a detailed budget and line item justification for all operating expenses that is consistent with the proposed program objectives and activities.**
- **The extent to which the applicant includes a budget for key staff to participate in the annual grantee conference (years 1-5) and includes a budget for at least three staff to participate in person at three training and technical assistance workshops per year.**

2. Review and Selection Process

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 OAH in order by score and rank determined by the review panel.

Final award decisions will be made by the Director of the Office of Adolescent Health. In making decisions, the Director 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 evidence-based teenage pregnancy prevention programs across communities, including varied types of interventions and evidence-based strategies.

- Geographic distribution of evidence-based projects nationwide.

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

- Feasibility of evaluation plan (for applications in Ranges C and D).

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

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

VI. Award Administration Information

1. Award Notice

The OAH does not release information about individual applications during the review process. When a final funding decision has been made, each applicant will be notified by letter of the outcome. The official document notifying an applicant that a project application has been approved for funding is the Notice of Grant Award. The Notice of Grant Award (NGA) contains details on the amount of funds awarded, the terms and conditions of the cooperative agreement, the effective date of the award, the budget period for which support will be given, and the total project period timeframe. This NGA is then signed by the OPHS Grants Management Officer, sent to the applicant agency's Authorized Representative, and will be considered the official authorizing document for this award. Successful applicants will receive an electronic NGA. Unsuccessful applicants are notified within 30 days of the final funding decision and will receive a disapproval letter via e-mail or U.S. mail.

2. Administrative and National Policy Requirements

The award is subject to HHS Administrative Requirements, which can be found in 45 CFR Part 74 (non-governmental) and 92 (governmental) and the Standard Terms and Conditions implemented through the HHS Grants Policy Statement located at http://www.hhs.gov/grantsnet/adminis/gpd/index.htm.

HHS Grants Policy Statement
OAH awards are subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable to the grant/cooperative agreement based on recipient type and purpose of award. This includes, as applicable, any requirements in Parts I and II of the HHS GPS that apply to the award, as well as any requirements of Part IV. The HHS GPS is available at http://www.hhs.gov/grantsnet/adminis/gpd/.

Recipients generally must retain financial and programmatic records, supporting documents, statistical records, and all other records that are required by the terms of an award, or may reasonably be considered pertinent to a grant/cooperative agreement, for requirements to the contrary (as specified in the Notice of Award).

Records Retention

Records must be retained for a period of three years from the date the final annual Financial Status Report (FSR) is submitted and approved. For awards where the FSR is submitted at the end of the competitive segment, the three-year retention period will be calculated from the date the FSR for the entire competitive segment is submitted. Those recipients must retain the records pertinent to the entire competitive segment for three years from the date the FSR is submitted and approved. See 45 CFR 74.53 and 92.42 for exceptions and qualifications to the three-year retention requirement (e.g., if any

litigation, claim, financial management review, or audit is started before the expiration of the three-year period, the records must be retained until all litigation, claims, or audit findings involving the records have been resolved and final action taken). Those sections also specify the retention period for other types of award-related records, including indirect cost proposals and property records. See 45 CFR 74.48 and 92.36 for record retention and access requirements for contracts under grants/cooperative agreements.

Cooperative Agreement Terms and Conditions of Award

This section details the specific terms and conditions applicable to successful awarding of full applications, not preliminary applications. Upon award of a cooperative agreement, the following special terms of award are in addition to, and not in lieu of, otherwise applicable OMB administrative guidelines, HHS grant administration regulations at 45 CFR Parts 74 and 92, and other HHS and PHS grant administration policies.

The administrative and funding instrument used for this program will be the cooperative agreement, in which substantial OAH programmatic involvement with the recipients is anticipated during the performance of the activities. Under the cooperative agreement, the OAH purpose is to support and stimulate recipients' activities by involvement in and otherwise working jointly with the award recipients in a partnership role; it is not to assume direction, prime responsibility, or a dominant role in the activities. Consistent with this concept, the dominant role and prime responsibility resides with the recipients for the project as a whole, although specific tasks and activities may be shared among recipients and OAH as defined below. To facilitate appropriate involvement, during the period of this cooperative agreement, OAH and the recipient will be in contact monthly and more frequently when appropriate. Requests to modify or amend the cooperative agreement or the work plan may be made by OAH or the recipient at any time. Modifications and/or amendments to the cooperative agreement or work plan shall be effective upon the mutual agreement of both parties, except where OAH is authorized under the Terms and Conditions of award, 45 CFR Part 74 or 92, or other applicable regulation or statute to make unilateral amendments.

Cooperative Agreement Roles and Responsibilities

The Office of Adolescent Health (OAH) will have substantial involvement in program awards, including, but not limited to, the elements outlined below:
- Technical Assistance – This includes, but is not limited to, Federal guidance on a variety of issues related to program implementation, data collection, performance measurement, and evaluation.
- Collaboration – To facilitate compliance with the terms of the cooperative agreement and to more effectively support recipients, OAH will actively coordinate with critical stakeholders, including recipients of OAH cooperative agreements, other appropriate HHS agencies and offices, and other entities, as needed.
- Project Officers – OAH will assign specific Project Officers to each cooperative agreement award to support and monitor recipients throughout the project period.

- Conference and Training Opportunities – OAH will provide opportunities for training and/or networking.
- Monitoring – OAH Project Officers will monitor, on a regular basis, progress of each recipient. This monitoring may be by phone, document review, on-site visit, other meeting and by other appropriate means, such as reviewing program progress reports and Financial Status Reports (SF269). This monitoring will be to determine compliance with programmatic and financial requirements.
- Evaluation – OAH will facilitate an external Federal evaluation of the program. OAH will also provide evaluation training and technical assistance to funded recipients in Ranges C and D who have been approved to conduct a grantee-level evaluation and have an approved evaluation plan.
- Review for Medical Accuracy – OAH will review all core curricula materials for medical accuracy prior to use in the implemented program.
- Performance measures – OAH will develop a set of standard performance measures and provide training and technical assistance to all funded recipients on the collection of performance measurement data.
- Review: OAH will review and approve activities completed in the planning phase in order to determine if a grantee can move forward to fully implement the model. OAH will undertake annual reviews of program performance. Continued funding is contingent on funds availability and satisfactory progress in meeting performance targets for program implementation and evaluation plans .

Grantees retain the primary responsibility and dominant role for planning, directing and executing the proposed project as outlined in the terms and conditions of the Cooperative Agreement and with substantial OAH involvement. Responsibilities include:
- Requirements – Recipients shall comply with all requirements of this FOA, the terms and conditions of the Award Notice, and any other requirement specified and approved by the Secretary.
- Collaboration -- Recipients are expected to collaborate with the OAH team and OAH supported initiatives.
- Reporting – Recipients are required to comply with all reporting requirements outlined in this FOA and the terms and conditions of the cooperative agreement to ensure the timely release of funds.
- Program Evaluation – Recipients are expected to cooperate with the Federal evaluation, if selected. Recipients in funding ranges C and D are expected to conduct grantee-level evaluations, as approved by OAH.

HHS Standard Terms and Conditions

HHS award recipients must comply with all terms and conditions outlined in their award, including policy terms and conditions contained in applicable HHS Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable.

3. Reporting Requirements

All reporting requirements will be provided to applicants of successful full applications, adherence to which is a required condition of any award. In general, the successful applicant under this guidance must comply with the following reporting and review activities:

Audit Requirements
The recipient shall comply with audit requirements of OMB Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at http://www.whitehouse.gov/omb/circulars;

Financial Status Reports
The recipient shall submit an annual Financial Status Report. An FSR is due no later than 90 days after the end of the applicable 12 month period and failure to submit these timely could affect future funding. Until HHS has migrated to the SF 425 FFR, award recipients will utilize the SF 269 FSR. The report is an accounting of expenditures under the project that year. More specific information on this reporting requirement will be included in the Notice of Grant Award.

Program Reporting
Each award recipient will report annual progress. An annual end of year progress and financial status report must be submitted to OAH. Applicants must submit all required reports in a timely manner, in recommended format (to be provided) and submit a final report on the project at the completion of the project period. Submissions of all required reports may be either electronic or in hard copy.

VII. Agency Contact(s)

For information on specific research or program requirements, contact Allison Roper, Office of Adolescent Health, 1101 Wootton Parkway, Suite 700, Rockville, MD 20852, (240) 453-2806 or via E-mail at oah.gov@hhs.gov.

For assistance on administrative and budgetary requirements, contact Karen Campbell, Director, OPHS Grants Management Office, 1101 Wootton Parkway, suite 550, Rockville, MD 20852, (240) 453-8822, or via e-mail at karen.campbell@hhs.gov.

VIII. Other Information

Applicant Submission Tracking Information

Applicants are strongly encouraged to complete the application submission mechanism tracking from contained in Appendix D. This form will be used to track grant applications throughout the grant submission and review process.

Applicant Technical Assistance

The OAH anticipates conducting a conference call to assist the public in learning more about the purposes and requirements of this FOA, the application process, budgeting information, and considerations that might help to improve the quality of grant applications. The OAH strongly encourages applicants to participate in the conference call. The OAH recommends that key staff personnel participate such as a program evaluator, a financial representative, a grant writer, as well as the program director. Participants will be able to ask questions and receive pertinent feedback during this conference call. Applicants may refer to the OAH website at **http://www.hhs.gov/ophs/oah** for information on the date/time for the technical assistance conference call and to obtain registration information.

Annual Grantee Conference

Each year, OAH anticipates hosting an annual conference for funded recipients. The Project Director and Evaluator are expected to attend and/or participate in the annual conference. Further, grantees should set aside funds to cover all costs for the Project Director, the evaluator, and one project staff to attend the OAH Annual Conference including transportation and lodging at conference site.

Grantee Technical Assistance

The OAH will facilitate training and technical assistance to ensure quality program and evaluation implementation. Applicants should budget for three staff to participate in person at three training and technical assistance workshops per year.

Appendices

Appendix A – List of Evidence-based Program Models
Appendix B – Checklist for Applications
Appendix C – Guidance for Grantee-level, Independent Evaluation Plan (Range C and D)
Appendix D – Application Submission Mechanism Tracking From
Appendix E – Glossary of Terms

DATED:

_____

Director
Office of Adolescent Health

Appendix A – List of Evidence-based Program Models

Aban Aya Youth Project
Adult Identity Mentoring (Project AIM)
All4You!
Assisting in Rehabilitating Kids (ARK)
Be Proud! Be Responsible!
Be Proud! Be Responsible! Be Protective!
Becoming a Responsible Teen (BART)
Children's Aid Society (CAS)—Carrera
Program
Comprehensive Abstinence and Safer Sex
Intervention
¡Cuídate!
Draw the Line/Respect the Line
FOCUS
HIV Risk Reduction Among Detained
Adolescents
Horizons
It's Your Game: Keep it Real
Making a Difference!
Making Proud Choices!
Promoting Health Among Teens!
Project TALC
Reducing the Risk
Rikers Health Advocacy Program (RHAP)
Safer Sex
Seattle Social Development Project
SiHLE
Sisters Saving Sisters
Teen Health Project
Teen Outreach Program
What Could You Do?

Appendix B – Checklist for Applications

- DUNS Number

- Proof of non-profit status

- Project Abstract

- Project Narrative (50 pages)

  Organizational Capability
  Project Management
  Need Statement
  Model to be Replicated and Project Approach
  Target population
  Program Goal(s), Objectives and Activities
  Work plan and Time Table
  Collaborations
  Performance Measurement
  Evaluation

- Collaborations and Letters of Commitment from Key Participating Organizations and Agencies

  o Narrative

  o Memoranda of Understanding

- Budget Narrative/Justification

  o Application for Federal Assistance SF 424

  o Budget Information for Non-Construction Programs SF-424A

  o Project Abstract

  o Project/Performance Site Location(s)

  o Project Narrative Attachment Form

  o Budget Narrative Attachment Form

  o Assurances for Non-Construction Programs SF-424B

  o Grants.gov Lobbying Form

  o Disclosure of Lobbying Activities SF-LLL

**Appendix C – Guidance for Grantee-level, Independent Evaluation Plans
(Only applicable to applicants requesting funding in Range C or D)**

Evaluation plans should be developed using the following guidance:

(1)   The evaluation plan clearly states the study specific aims, objectives, and hypotheses. Hypotheses identify empirical questions that will be addressed by the evaluation. Research objectives quantify goals the intervention will achieve in meeting its ends and should be in S.M.A.R.T. terms. The objectives and hypotheses should be clearly aligned with the intervention activities. The extent of change anticipated should be based on the literature or existing data where available.

(2)   Evaluation plan includes a clear description of a process evaluation. This entails a clear description of process objectives (specific aims), including a list of elements to be assessed to evaluate implementation, measurement of dosage, fidelity of key program inputs and activities, and detailed records identifying and quantifying services. A high quality process evaluation should be reported every year to assess changes in the program.

(3)   Application includes a clear description of the outcome evaluation plan. This plan should describe how the program will assess the impacts, benefits, and changes to the intervention and control groups during and after their participation in the programs. Outcome evaluations should examine these changes in the short-term (e.g., at 6 months) and longer-term (at least one year after the intervention services have ended). The evaluation plan should include a logic model (in Appendices) that visually ties the intervention objectives and activities to the expected results. The logic model should include: activities, outputs, outcomes (short, intermediate, long term), goals, and moderating effects/assumptions. The logic model should illustrate direct linkages between the intervention and outcomes.

(4)   Applicants propose using instruments that are relevant to the intervention specific outcomes. Information on the validity and reliability of the additional instruments and/or surveys is provided, if available. If measures are not available and the applicant will be developing new measures, the grantee is expected to outline the development process that will be used.

(5)   Evaluations should have an adequate sampling strategy and sample size estimation procedures. An adequate sampling strategy ensures that the sample selected is a reasonable approximation of the underlying population. Sample size estimation is supported by a power analysis that indicates the proposed sample size is sufficient to detect statistically significant differences in outcomes between the intervention and control groups. Methodology used to estimate sample size and select participants should be detailed and provided in the context of the overall study design.

(6)   Evaluation plans have a randomized design that does not allow self-selection into the intervention or comparison group. Projects can randomize individuals or sites. If randomization is not possible, then a justification for a strong quasi-experimental design should be made. It is

incumbent on the grantee to provide ongoing monitoring of the intervention and comparison groups to ensure that the groups are comparable at baseline and have comparable levels of attrition over time.

(7)   Evaluations have a detailed recruitment plan that describes steps taken to increase the likelihood that participants in both the intervention and comparison groups of the project are similar. Detailed plans for recruitment and retention should be included to ensure high levels of participation in all intervention and comparison group sites. The recruitment plan should address site recruitment, informed consent and assent, retention strategies, steps to be taken to maintain adequate sample size, and the use of incentives. The recruitment plan should include a description of how parental consent and participant assent will be obtained.

(8)   Evaluations include a detailed data collection plan. A data collection schedule should directly align with program activities. It is expected that at least one research assistant will be budgeted as part of the program staff to handle data collection procedures. NOTE: Project staff involved in delivering the intervention is not permitted to administer the data collection instruments. Proposed data collection procedures and methods for the intervention and comparison group participants should be identical. Participant data need to be kept confidential (names linked to data are kept private and secure) and detailed plans for maintaining confidentiality must be provided. The plans should describe the data management protocol, data security measures, evidence of thorough training of data collectors, and proposed procedures that are least likely to introduce bias or promote non-response. Evaluations should include evaluation training activities for program staff and specific data collection procedures for the research assistant and other staff, if applicable.

(9)   Evaluations include a detailed quantitative and qualitative data analysis plan that includes a description of the statistical approaches proposed to assess program effects. It is recommended that applicants consult with a statistician. The statistical approaches should be matched to the characteristics of the evaluation design and the data being collected, including stratification and multivariate analysis appropriate for the evaluation design. The analysis should describe methods for handling attrition and missing data.

(10)   Evaluation plans address how threats to validity of the design (i.e., factors that permit alternative explanations of program outcomes) will be controlled and assessed.

(11)   Evaluations include a description of the process for protection of human subjects and institutional review board (IRB) review and approval of the proposed program and evaluation plans. A Federal-wide Assurance should be included in the Appendices of the application.

(12)   Timeline - The first 6 months should be used for development which may include any or all of the following: planning, instrument development, and/or piloting the intervention. During this period, evaluation plans will

be reviewed and approved by the OAH. Evaluations in their first year will focus on process evaluation, including determining that the intervention is in place, that it is adequately and appropriately staffed, and that it is reaching its intended population.

(13)   Evaluations include a plan to disseminate and publish findings. Preparation for publishing and dissemination should occur throughout the life of the grant with direct attention taking place in the 4th and 5th years. OAH must be acknowledged as a funding source in all disseminated materials and presentations resulting from this project, with copies of published papers forwarded to OAH.

(14)   The independent evaluator should demonstrate his/her ability to conduct the proposed evaluation as defined in the next section of this announcement.

Evaluator Requirements

Evaluations should be conducted by an organization or entity independent of the funded organization. To accomplish this, applicants should collaborate with an independent evaluator.   OAH recommends that applicants select a lead evaluator who has knowledge and working experience with conducting and managing intensive evaluations similar to those proposed. Since grantees are expected to disseminate and publish findings about their projects, the selected evaluator should have experience publishing and presenting at professional conferences.

OAH expects each project to establish a strong working relationship with its evaluator. The successful applicant will work with the evaluator as the application is being prepared to ensure that the evaluation plan addresses the criteria listed above. This relationship should be clearly established prior to funding as evidenced in a Memorandum of Understanding (MOU) between the evaluator and the applicant organization and a copy of the evaluator's curriculum vitae, included in the Appendices of the application. The MOU should describe the responsibilities of the evaluator, anticipated time commitments/work plan, and deliverable schedule, dissemination activities and a statement indicating support to disseminate such findings to the field. OAH encourages the lead evaluator to develop a team to assist in conducting the rigorous evaluation. The evaluation team members should not be used for direct program activities in order to maintain their independence.

Application Submission Mechanism

Directions: This form will be used to track grant applications throughout the grant submission and review process. Applicants must complete and submit this form at the time of application submission. Applicants must fax OR email this form to the Office of Adolescent Health.

FAX: 240-453-2801

EMAIL: _oah.gov@hhs.gov_

Applicant Organization (name and address):
Contact Person responsible for application submission: **Telephone:**   **Email Address:**
This application is in response to which funding opportunity?   __   Teen Pregnancy Prevention: Replication of Evidence-based Programs   **This application is requesting funds in which funding range?**   __   Range A: \$400,000 to \$600,000   __   Range B: \$600,000 to \$1,000,000   __   Range C: \$1,000,000 to \$1,500,000   __   Range D: \$1,500,000 to \$4,000,000
How are you submitting your grant application?   __   Grants.gov (Internet-based system)   __   GrantSolutions.gov (Internet-based system)   __   Mailed-in paper application

IMPORTANT NOTE: Agencies that choose to submit applications through either the Grants.gov or GrantSolutions.gov internet-based systems **MUST** provide the application number that was automatically generated during the submission process in the space provided below. (Hand-delivered and mailed-in applications will not be assigned numbers.)   **ELECTRONIC APPLICATION NUMBER:**

If you have questions concerning this form, please call 240-453-2806

Appendix E - Glossary of Terms

Activities – All the actions needed to prepare for and carry out the program. This includes program and financial management, intervention activities, training activities, and staff debriefings.

Adaptation -- The modification of an evidence-based intervention that has been developed for a single, demographic, ethnic, linguistic, and/or cultural group for use with other groups.

Capacity – The resources (i.e., staff, skills, facilities, finances, technology, partnerships capabilities, and other resources) an organization has to implement a program.

Core Components – Program characteristics that must be kept intact when intervention is being replicated or adapted, in order for it to produce program outcomes similar to those demonstrated in the original evaluation research.

Dissemination -- The distribution of program information with the aim of encouraging program adoption in real-world service systems or communities.

Effectiveness -- The impact of a program under conditions that are likely to occur in a real world implementation.

Evidence-based program models – Program models for which systematic empirical research or evaluation has provided evidence of effectiveness. The listing of evidence-based program which the Department has identified has having met the standards to be considered effective and eligible for funding for replication is available on the OAH Web page at: http://www.hhs.gov/ophs/oah/.

Fidelity -- The degree to which an intervention is delivered as designed. Faithfulness with which a curriculum or program is implemented; that is, how well the program is implemented without compromising its core content which is essential for the program effectiveness.

Fit – Compatibility between a program and the youth and community to be served.

Implementation - The process of introducing and using interventions in real-world service settings, including how interventions or program are adopted, sustained and taken to scale.

Memorandum of Understanding (MOU) - A written statement from a stakeholder organization or individual describing a commitment, including possibly a financial role, in supporting the implementation of a program.

Objectives – The specific changes expected as a result of the program.

Quasi-experimental study - Evaluation design in which subjects are not randomly assigned to an intervention and control groups.

Randomized assignment study (also known as random controlled trial (RCT) and experimental study). Evaluation design in which individuals, families, classrooms, schools, communities are randomly assigned to groups.

Replication – Reproduction of evidence-based program models that have been proven to be effective through rigorous evaluation.

S.M.A.R.T. Objectives -- Objectives that are Specific, Measurable, Achievable, Realistic and Time-framed.

Stakeholders – Individuals and organizations that have a shared interest in the program results. Stakeholders include participants, families, staff and volunteers, funders, and community organizations that share the program vision and are actively committed to the program through a Memorandum of Understanding (MOU).

Systematic review -- A literature review that tries to identify, appraise, select and synthesize all high-quality research evidence relevant to a research question.

Training and Technical Assistance -- For the purposes of this FOA, technical assistance refers to the provision of advice, assistance, and/or training pertaining to the initiation, operation or implementation of the proposed program model.

Work plan – A written list of all of a program's activities, broken down by resources, personnel, delivery dates and accomplishments.