

# **Teenage Pregnancy Prevention Tier 2 and Personal Responsibility Education Program Grant Application Kit Table of Contents**

**The following information is included in the enclosed grant application kit:**

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April 8, 2010

Dear Colleague:

Thank you for your interest in the funding opportunity announcement (FOA) for Teenage Pregnancy Prevention (TPP) Research and Demonstration Program and the Personal Responsibility Education Programs (PREP) from the Office of Adolescent Health (OAH) and the Administration for Children, Youth, and Families (ACYF). The enclosed kit contains the necessary forms and information to complete the application for TPP Tier 2 and PREP projects. Under this announcement, between \$15,000,000 and \$25,000,000 is available for TPP Tier 2 projects and up to \$15,000,000 is available for PREP. All funding is available on a competitive basis for the purpose of implementing and testing a broad range of approaches to teenage pregnancy prevention with a focus on program interventions that are most likely to demonstrate a change in sexual behaviors.

A letter of intent is recommended and should be received no later than **5:00 p.m. Eastern Time on May 10, 2010**. Applications must be received no later than **5:00 p.m. Eastern Time on June 8, 2010** for hard-copy applications and no later than **11:00 p.m. Eastern Time on June 8, 2010** for electronic applications. Applications that exceed the 50 page limit for the project narrative, or the total page limit of 100 pages, including all attachments, will be considered non-responsive and will not be reviewed.

All HHS applicants, grantees and contractors must obtain a Data Universal Numbering System (DUNS) number from Dun & Bradstreet when applying for Federal assistance. Organizations should verify that they have a DUNS number or take the steps necessary to obtain one. 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.

The OAH and ACYF anticipate conducting a webinar 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. Applicants are strongly encouraged to participate in the webinar. HHS recommends that key personnel participate, usually a program evaluator, a financial representative, a grant writer, and the program director. Participants will be able to ask questions and receive pertinent feedback during this webinar. Applicants may refer to the OAH website at <http://www.hhs.gov/ophs/oah> for information on the date and time for the technical assistance webinar and to obtain log-in instructions. The workshop will be recorded in its entirety and will be made available on the OAH web site for prospective applicants to view until the closing date for this FOA.

If you have any questions concerning the financial or budgetary aspect of your application, please contact the OPHS Grants Management Office at (240) 453-8822. For programmatic questions, please contact the OAH Program Office at (240) 453-2806 or the ACYF Program Office at (202) 205-8102.

We appreciate your interest in the TPP Research and Demonstration Program and Personal Responsibility Education Program.

Sincerely,

/Evelyn Kappeler/

/Bryan Samuels/

Evelyn Kappeler  
Acting Director  
Office of Adolescent Health

Bryan Samuels  
Commissioner  
Administration on Children, Youth and Families

## ***Teenage Pregnancy Prevention Tier 2 and PREP Application Submission Process***

### **Key Due Dates:**

- Letter of Intent: **May 10, 2010**
- Research and Demonstration Project Applications: **June 8, 2010**

### **Electronic Application Submissions:**

Applicants are encouraged to submit applications electronically via <http://www.grants.gov> or <http://www.grantsolutions.gov>. Please do not wait until the last minute to submit your application electronically.

**Time due for all electronic application submissions: 11:00p.m. ET**

### **Hard-Copy Application Submissions:**

Applicants may submit grant applications via hard-copy to the following address:

Office of Grants Management  
Office of Public Health and Science (OPHS)  
Department of Health and Human Services (HHS)  
c/o Grant Application Center  
1515 Wilson Blvd., Suite 100  
Arlington, VA 22209

**Time due for all hard-copy application submissions: 5:00p.m. ET**

### **Letter of Intent Submissions:**

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); the name, address and telephone number of the designated authorized representative of the applicant organization; and the FOA number and title of this announcement, OPHS/OAH-TPP PREP Tier2-2010 “Teenage Pregnancy Prevention: Research and Demonstration Programs (Tier 2) and Personal Responsibility Education Program.”

Letters of intent should be submitted to:

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](mailto:oah.gov@hhs.gov)

**Time due for all letters of intent: 5:00p.m. ET**

**Please note that applications or letters of intent will NOT be accepted by fax.**

**Teenage Pregnancy Prevention: Research and Demonstration Programs  
Legislative Authority - *Consolidated Appropriations Act, 2010.***

OFFICE OF THE SECRETARY  
GENERAL DEPARTMENTAL MANAGEMENT  
(INCLUDING TRANSFER OF FUNDS)

That of the funds made available under this heading, \$110,000,000 shall be for making competitive contracts and grants to public and private entities to fund medically accurate and age appropriate programs that reduce teen pregnancy and for the Federal costs associated with administering and evaluating such contracts and grants, of which not less than \$75,000,000 shall be for replicating programs that have been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors, of which not less than \$25,000,000 shall be available for research and demonstration grants to develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy, and of which any remaining amounts shall be available for training and technical assistance, evaluation, outreach, and additional program support activities: *Provided further*, That of the amounts provided under this heading from amounts available under section 241 of the PHS Act, \$4,455,000 shall be available to carry out evaluations (including longitudinal evaluations) of teenage pregnancy prevention approaches.

From Consolidated Appropriations Bill, 2010, available at  
[http://frwebgate.access.gpo.gov/cgi-  
bin/getdoc.cgi?dbname=111\\_cong\\_bills&docid=f:h3288enr.txt.pdf](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h3288enr.txt.pdf)

# **Personal Responsibility Education Programs**

## **Legislative Authority – *Patient Protection and Affordable Care Act, 2010.***

### **SEC. 2953. PERSONAL RESPONSIBILITY EDUCATION**

Title V of the Social Security Act (42 U.S.C. 701 et seq.), as amended by sections 2951 and 2952(c), is amended by adding at the end the following:

### **SEC. 513. PERSONAL RESPONSIBILITY EDUCATION**

#### **(c) Reservations of Funds-**

(1) **GRANTS TO IMPLEMENT INNOVATIVE STRATEGIES-** From the amount appropriated under subsection (f) for the fiscal year, the Secretary shall reserve \$10,000,000 of such amount for purposes of awarding grants to entities to implement innovative youth pregnancy prevention strategies and target services to high-risk, vulnerable, and culturally under-represented youth populations, including youth in foster care, homeless youth, youth with HIV/AIDS, pregnant women who are under 21 years of age and their partners, mothers who are under 21 years of age and their partners, and youth residing in areas with high birth rates for youth. An entity awarded a grant under this paragraph shall agree to participate in a rigorous Federal evaluation of the activities carried out with grant funds.

#### **(d) Administration-**

(1) **IN GENERAL-** The Secretary shall administer this section through the Assistant Secretary for the Administration for Children and Families within the Department of Health and Human Services.

#### **(2) APPLICATION OF OTHER PROVISIONS OF TITLE-**

(A) **IN GENERAL-** Except as provided in subparagraph (B), the other provisions of this title shall not apply to allotments or grants made under this section.

(B) **EXCEPTIONS-** The following provisions of this title shall apply to allotments and grants made under this section to the same extent and in the same manner as such provisions apply to allotments made under section 502(c):

(i) Section 504(b)(6) (relating to prohibition on payments to excluded individuals and entities).

(ii) Section 504(c) (relating to the use of funds for the purchase of technical assistance).

(iii) Section 504(d) (relating to a limitation on administrative expenditures).

(iv) Section 506 (relating to reports and audits), but only to the extent determined by the Secretary to be appropriate for grants made under this section.

(v) Section 507 (relating to penalties for false statements).

(vi) Section 508 (relating to nondiscrimination).

(e) Definitions- In this section:

(1) AGE-APPROPRIATE- The term 'age-appropriate', with respect to the information in pregnancy prevention, means topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group.

(2) MEDICALLY ACCURATE AND COMPLETE- The term 'medically accurate and complete' means verified or supported by the weight of research conducted in compliance with accepted scientific methods and--

(A) published in peer-reviewed journals, where applicable; or

(B) comprising information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete.

(3) INDIAN TRIBES; TRIBAL ORGANIZATIONS- The terms 'Indian tribe' and 'Tribal organization' have the meanings given such terms in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603)).

(4) YOUTH- The term 'youth' means an individual who has attained age 10 but has not attained age 20.

(f) Appropriation- For the purpose of carrying out this section, there is appropriated, out of any money in the Treasury not otherwise appropriated, \$75,000,000 for each of fiscal years 2010 through 2014. Amounts appropriated under this subsection shall remain available until expended.

***Frequently Asked Questions and Answers***  
***Teenage Pregnancy Prevention Initiative***  
***Office of Adolescent Health***  
***Research and Demonstration Programs***  
***and***  
***Administration on Children, Youth, and Families***  
***Personal Responsibility Education Program (PREP)***

**General Questions**

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

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

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

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

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

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

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

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

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

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

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

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

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

**Answer:** A cooperative agreement is a form of a grant. Grants and cooperative agreements are quite similar. When there is likely to be substantial involvement in the planning and implementation of the programs funded on the part of the federal agency, a cooperative agreement is used. Departmental-recipient involvement is the major practical difference between the two award instruments.

## **Application Submission Questions**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## **Funding Decision Questions**

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

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

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

- The availability of funds.
- Representation of teenage pregnancy prevention programs across communities, including varied types of interventions and evidence-based strategies.
- Geographic distribution of grants nationwide.
- Inclusion of communities of varying sizes, including rural, suburban, and urban communities.
- Inclusion of populations disproportionately affected by teenage pregnancy.
- Feasibility of evaluation plan.

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

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

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

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

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

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

### Technical Assistance Questions

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

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

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

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

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

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

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

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

## **Program Selection and Implementation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Evaluation Questions

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

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

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

**Answer:** All grantees will have two primary evaluation expectations in addition to the individual level evaluation requirements:

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

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

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

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

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

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

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

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

## **Curricula and Materials Review**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### Funding Questions

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

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

This funding announcement has been defined by two funding ranges:

- Range A: \$400,000 to \$600,000 per year
- Range B: \$600,000 to \$1,000,000 per year

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

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

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

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

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

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

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

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

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

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

### **Budget Questions**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# **Teenage Pregnancy Prevention and Personal Responsibility Education: Research and Demonstration Programs**

## ***Guidance on Goals and Objectives***

### **Goals**

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 the program announcement. The goal(s) statement should mirror the outcomes found to be effective in the original program model.

### **Outcome Objectives**

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.

### **Process Objectives**

Process objectives operationalize the outcome objectives by describing the actual activities and/or methods that must be implemented for the program to have the desired effect on the target population. Process objectives directly relate to the outcome objectives and will state the types of materials, programs, or services to be provided in order to achieve the outcome.

# **Teenage Pregnancy Prevention and Personal Responsibility Education: Research and Demonstration Programs Guidance on Writing the 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. 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. 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. All pages, charts, figures and tables should be numbered.

The narrative description of the project should contain the following:

## **I. 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; a short description of the intervention to be implemented and tested; 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 and Web Site Address, if applicable

## **II. Organizational Capability Statement**

This section describes the current capability possessed by the applicant to organize and operate effectively and efficiently. Describe past experience in implementing teen pregnancy prevention

programs and other programs that reduce risk factors associated with teen pregnancy. Describe past experience and accomplishments in creating partnerships with state and local departments, school based health services, youth serving organizations and community-based health and social services agencies to implement programs or systems to address teenage pregnancy prevention. 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 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).

### **III. Project Management**

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.

### **IV. Need Statement**

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 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.

### **V. Intervention to be Tested and Project Approach**

Describe the rationale for choosing the intervention proposed for testing and how this approach is based upon the applicant's previous practice, and community needs assessment. Describe how this project will make a positive impact, and why it should be evaluated. 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 intervention and explain how it is age appropriate for the population to be served. Describe how the applicant will implement the intervention. If

significant adaptations are being proposed to an existing evidence-based program, 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). Discuss staff training and program management.

All applicants will be considered for both the TPP and PREP funding unless the applicant specifies that it wants to be considered only for one program/funding stream in this section of the application. If choosing to opt out of one of the funding streams, please specifically state in this section under which program the application should NOT be considered for funding.

## **VI. Target Population**

Describe the target population using a sound rationale based on statistical data and other community factors. If priority populations are proposed (e.g., those in foster care, youth with HIV/AIDs, youth residing in areas with high birth rates for youth; homeless teenagers, urban and rural settings, immigrants, school-based populations, racial/ethnic/cultural groups, and pregnant women or mothers who are under age 21 and their partners), 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.

## **VII. Program Goal(s), Objectives and Activities**

Provide a program specific goal(s) statement and up to six outcome objectives that clearly state expected results or benefits of the intervention being proposed for testing. Objectives should be S.M.A.R.T. (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 implement the proposed intervention, 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 intervention being proposed for testing. As appropriate, the goal(s) statement should mirror the outcomes found to be effective in the original evidence-based 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.

### **VIII. Workplan and Timetable**

Provide a detailed work plan and timetable for the five year project period. 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 program implementation, 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 plan.

### **IX. 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 for the applicant's proposal, applicants 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 stakeholder substantially involved in the proposed program.

Neither cost neither 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.).

## **X. 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 HHS and refined through the cooperative agreement process. Cooperative agreement recipients will receive training and technical assistance from OAH or ACYF, as applicable, and its contractor(s) on data collection methodologies. Each applicant should describe their capability to implement monitoring and reporting systems to aid in internal data collection around metrics for successful achievement of performance measures. HHS will develop performance measures for the Teen Pregnancy Prevention Research and Demonstration Program and the Personal Responsibility Education Program, and a uniform performance measures data collection instrument. When approved, all award recipients will be responsible for reporting on these measures and using the data collection instrument.

## **XI. Evaluation**

HHS will conduct a separate Federal level evaluation of approximately 12 projects from TPP (including both programs supported under this FOA and those supported under the Tier 1 announcement) and PREP 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. Decisions about grantees selected for participation in the Federal evaluation will be made during the first planning year. If selected to participate, funding grantees may be required to adjust their future budget to accommodate the Federal evaluation. Grantees selected for the Federal evaluation will not be required to conduct a grantee-level, independent evaluation, but will be expected to work with the Federal evaluation contractor.

Successful applicants will demonstrate the capability to conduct a rigorous local, independent evaluation of the funded project. HHS strongly recommends that applicants allocate approximately 20-25 percent of their budget for evaluation activities. In the planning year, evaluation plans will be reviewed by HHS to assess the quality and design of the proposed evaluation. Training and technical assistance will be provided to ensure the quality and rigor of evaluation plans prior to full program implementation.

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 applications 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 intervention, 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.

## **XII. 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; and 9) Proof of nonprofit status. Only the items listed above should be included in the Appendices.

## **XIII. 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 forms, a budget narrative is required. The budget narrative should clearly state the funding range for which the applicant is applying (e.g. Range A or Range B). 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 must 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 must be used as specified in Section I.B Use of funds.

## **Teenage Pregnancy Prevention and Personal Responsibility Education: Research and Demonstration Programs**

### ***List of Approved Appendices***

- Resumes for Project Director and detailed position descriptions (include key staff and positions for sites)
- Program logic model
- Memoranda of Understanding from all participating sites
- Memorandum of Understanding with the independent evaluator, including information about responsibilities and time allotted for those responsibilities
- Curriculum Vitae of the independent evaluator
- Memoranda of Understanding from all outside resources and/or partners
- Organizational chart, program organization chart and map describing the multiple sites in each group of the project
- Copy of the applicant organization's Federal-Wide Assurance
- Proof of nonprofit status

**Note: Only the items listed above should be included in the Appendices.**

# **Teenage Pregnancy Prevention: Replication of Evidence-based Programs**

## **Appendix A – List of Evidence-based Program Models**

### **Eligible for Replication for TPP Tier 1**

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.

- 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?

# Teenage Pregnancy Prevention and Personal Responsibility Education: Research and Demonstration Programs

## ***Appendix B – Checklist for Applications***

### Appendix B – Checklist for Applications

- DUNS Number
- Proof of non-profit status
- Project Abstract
- Project Narrative (50 pages)
  - Organizational Capability Statement
  - Project Management
  - Need Statement
  - Model to be Implemented and Project Approach/Intervention to be Tested
  - Target Population
  - Program Goal(s), Objectives and Activities
  - Work Plan and Time Table
  - Collaborations and Memoranda of Understanding with key Participating Organizations and Agencies
  - Performance Measurement
  - Evaluation
- Collaborations and Letters of Commitment from Key Participating Organizations and Agencies
  - Narrative
  - Letters of Support
- Budget Narrative/Justification
  - Application for Federal Assistance SF 424
  - Budget Information for Non-Construction Programs SF-424A
  - Project Abstract
  - Project/Performance Site Location(s)
  - Project Narrative Attachment Form
  - Budget Narrative Attachment Form
  - Assurances for Non-Construction Programs SF-424B
  - Grants.gov Lobbying Form
  - Disclosure of Lobbying Activities SF-LLL

## **Teenage Pregnancy Prevention and Personal Responsibility Education: Research and Demonstration Programs**

### ***Appendix C – Guidance for Grantee-level, Independent Evaluation Plans***

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 six 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 4<sup>th</sup> and 5<sup>th</sup> years. OAH or ACYF 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 or ACYF, as appropriate.
- (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.

## Appendix D – Application Submission Mechanism

### 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**

<p><b>Applicant Organization (name and address):</b></p> <p><b>Contact Person responsible for application submission:</b> <b>Telephone:</b> <b>Email Address:</b></p>
<p><b>This application is in response to which funding opportunity?</b></p> <p>___ Teen Pregnancy Prevention: Research and Demonstration Programs FOA # OPHS/OAH- TPP PREP Tier 2-2010.</p> <p><b>This application is requesting funds in which funding range?</b></p> <p>___ Range A: \$400,000 - \$600,000 ___ Range B: \$600,000 - \$1,000,000</p>
<p><b>How are you submitting your grant application?</b></p> <p>___ Grants.gov (Internet-based system) ___ GrantSolutions.gov (Internet-based system) ___ Mailed-in paper application</p>

<p><b>IMPORTANT NOTE:</b> Agencies that choose to submit applications through either the Grants.gov or GrantSolutions.gov internet-based systems <b>MUST</b> 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.)</p> <p><b>ELECTRONIC APPLICATION NUMBER:</b></p>
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**If you have questions concerning this form, please call 240-453-2806**

# Teenage Pregnancy Prevention and Personal Responsibility Education: Research and Demonstration Programs

## *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 as 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/ohs/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.

# Logic Model Example

