

TPP Tier 1B FOA TA Webinar

**Moderator: Amy Margolis
January 22, 2015
2:00 pm CT**

Coordinator: Welcome and thank you for standing by. At this time, all participants are in a listen-only mode until the question and answer session of the call. If you'd like to ask a question during that time, please press star then one.

Today's conference is being recorded. If you have any objections, you may disconnect at this time.

Now I'd like to turn over the meeting to (Latrece Timmons). You may begin.

(Latrece Timmons): Thank you. Welcome to the technical assistance webinar for the Teenage Pregnancy Prevention Replication of Evidence Based Programs Funding Announcement. My name is (Latrece Timmons) and I'm a project officer in the Office of Adolescent Health. We are excited to have all of you on the call today to learn more about the Tier 1B funding opportunity announcement.

The purpose for our call today is to discuss the purpose and expectations of the replicating evidence-based teen pregnancy prevention program; the scale and communities with the greatest need FOA. Please note that questions specific to individual applications will not be answered during this call.

You will hear from several staff from the Office of Adolescent Health and Office of Grants Management as we move through today's agenda. We will begin with a welcome and overview of the Office of Adolescent Health by our Director, Evelyn Kappeler; followed by an overview of program expectations, application content, and the application submission review process. You will be able to submit questions during the question and answer period and we will wrap up the call with closing remarks.

Before we get started, there are a few important logistics to cover. First, all participants should be able to hear the audio and view the slides. If you are unable to log into the net conference to view the slides, please be assured the slides transcript and a recording of the webinar will be available on the OAH Web site within two to three days. Note that all participants are in a listen-only mode. You are able to print the slides for today's call by clicking on the printer icon at the bottom right of the screen.

We will be taking questions at the end of the presentation using the Q and A function at the top of the screen. You can type your questions in at any time during the presentation. If we run out of time and are unable to answer all the questions during today's call, we will post the answers to the questions on the OAH Web site within a few days of this call. As mentioned previously, we will not be answering questions specific to individual applications.

At this time, I would like to turn the call over to Evelyn Kappeler, Director of the Office of Adolescent Health, to provide an overview of the Office of Adolescent Health.

Evelyn Kappeler: Thank you (Latrece). I'd like to welcome everyone to today's webinar and I want to thank you for your interest in the Office of Adolescent Health; and in particular, the Teen Pregnancy Prevention Program.

At the Office of Adolescent Health, our vision is to advance best practices, to improve the health and wellbeing of America's adolescents. We're responsible for coordinating adolescent health initiatives across the US Department of Health and Human Services and we're also the convener of Adolescent Health: Think, Act, Grow -- or TAG, as we call it. It's a new national partner engagement strategy that is focused on adolescent health in which we just recently released an APHA in November 2014.

In addition, OAH administers and supports several grant programs, including the Teen Pregnancy Prevention Program, the Pregnancy Assistance Fund, and the National Resource Center for HIV/AIDS Prevention among adolescents. We also lead efforts to conduct several large national evaluations focused on teen pregnancy prevention and providing supports for expectant and parenting teens.

This next slide shows the chart so you can see where the Office of Adolescent Health is located at HHS. We're located within the Office of the Assistant Secretary for Health in the Office of the Secretary at the US Department of Health and Human Services. OASH oversees twelve core public health offices including OAH, the Office of the Surgeon General, and the US Public Health Service Corps; as well as ten regional health offices across the nation and ten Presidential and Secretarial advisory committees.

Today we're grateful to be joined by Mr. Eric West from the OASH Office of Grants Management. The Office of Grants Management -- or OGM as we commonly refer to them -- is the official signatory for obligating federal grant

funds and the official signatory for all grant business within OASH. OGM monitors all business and financial transactions on grants for compliance with federal regulations. And you'll hear more from Eric later on in this presentation.

At this point, I'd like to turn the presentation over to Amy Margolis, our Division Director in the Office of Adolescent Health, to talk more about the OAH Teen Pregnancy Prevention Program.

Amy Margolis: Thank you, Evelyn, and welcome all to today's TA webinar on Tier 1B FOA. The Teen Pregnancy Prevention Program at OAH is a two-tiered program. As you can see on the slide, the majority of our funding -- approximately \$70 million -- in fiscal year 2015 is for the replication of evidence-based teen pregnancy prevention programs. This is what we commonly refer to as Tier 1.

Tier 2 is a smaller pot of money -- approximately \$24 million in FY '15 -- and is for demonstration programs to develop and test additional models and innovative strategies to preventing pregnancy. The remainder of funding for the Teen Pregnancy Prevention Program is used for program support, which includes all staffing and overhead for the office as well as for training and technical assistance, medical accuracy, and performance measures.

This slide gives an overview of five recently released different funding opportunity announcements for the OAH Teen Pregnancy Prevention Program. You can see from the slide a quick overview of the five, which includes capacity building for support replication of evidence-based TPP programs -- what we're referring to as Tier 1A, replicating evidence-based TPP programs to scale communities with the greatest need, which is a focus of today's technical assistance webinar; supporting and enabling early innovation to advance adolescent health by preventing pregnancy -- what we're referring

to as Tier 2A; rigorous evaluation of new or innovative approaches to prevent teen pregnancy -- Tier 2B; and effectiveness of TPP programs designed specifically for young males, which is a partnership between OAH and CDC, and what we are referring to as Tier 2C.

Again, the focus of today's TA call is on Tier 1B. You can see from the chart this is our largest funding opportunity announcement. The anticipated total annual funding is \$60 million. We anticipate sixty awards will be made from this funding opportunity announcement. The annual award amounts -- \$500,000 to \$2 million per year and the due dates for these applications is April 1.

This diagram shows how the five different funding announcements for the Teen Pregnancy Prevention program fit together. At the top of the diagram is the report for developing and testing early innovations that are not yet ready to be tested through a rigorous evaluation, our Tier 2A FOA. OAH anticipates that some of the early innovations fostered through Tier 2A will show great promise and be able to be rigorously evaluated in the future.

As we move down the diagram, you'll see our efforts to rigorously evaluate new and innovative approaches to prevent teen pregnancy. This represents our Tier 2B and Tier 2C FOA's. OAH expects that new and innovative approaches tested under Tier 2B and Tier 2C that show evidence of effectiveness and meet the HHS TPP Evidence Review standards would then be added to the HHS TPP evidence review, packaged by the grantee so that they are then able to be replicated by others in the future.

At the very bottom of our diagram, are our efforts to support and scale the replication of evidence-based TPP programs. This encompasses both Tier 1A and Tier 1B. The purpose of the Tier 1A FOA is to provide capacity building

assistance to organizations interested in replicating evidence-based TPP programs but who are not yet ready to take evidence-based TPP programs to scale.

The purpose of the Tier 1B FOA is to replicate evidence-based TPP programs to scale in communities with the greatest need. OAH anticipates that organizations that receive capacity building assistance through Tier 1A will then be able to replicate evidence-based TPP programs to scale in the future.

And with that background, I'll turn the presentation back over to (Latrece Timmons) to talk more about the specifics of the Tier 1B FOA.

(Latrece Timmons): Thank you Amy. The purpose of a Tier 1B FOA is to have a significant impact by reducing rates of teen pregnancy and listing disparities or replicating evidence-based TPP programs to scale in at least three different settings in communities and with populations at greatest need.

I think I should back up first to say that I'm sure that all of you have read the FOA in its entirety, but I'm asking that you please look at it very carefully to ensure that you have understood all components. I'd like to clarify that we've had a couple of amendments that we have made to the FOA which are posted on Grants.gov. We clarified that applicants must be able to document a teen birth rate that is at least above the current national average for the population served within each community. That clarification is noted on the FOA pages thirteen through fourteen, page forty-eight, forty-four, and forty-one.

We also clarify that OAH is looking for applicants to implement evidence-based TPP programs in at least three different settings, and that each setting listed on page twenty of the FOA is counted separately as one individual setting.

We also corrected the anticipated start date to July 1, 2015 instead of July 1, 2014 and that is noted on page thirty-nine of the FOA. And finally, we corrected broken URL's for two Healthy Teen Network resources included in Appendix C.

Again, I will restate that the purpose of the Tier 1B FOA is to have a significant impact on reducing rates of teen pregnancy and existing disparities by replicating evidence-based TPP programs to scale in at least three different settings and communities, and at populations with the greatest need.

So how are we defining scale? For OAH, implementing evidence-based TPP programs to scale focuses on expanding the reach of a program with an emphasis on impact and achieving better outcomes. It is important to note that the goal of scaling is not simply to implement evidence-based TPP programs with as many youth as possible; rather, the goal of scaling is to have a good impact on preventing teen pregnancy, reducing disparities, and promoting healthy adolescent development.

This will be accomplished by implementing evidence-based TPP programs in populations and in areas of the community with the greatest demonstrated need, ensuring that the evidence-based TPP programs selected are a good fit and by adopting strategies to implement programs in ways that increase reach to as many youth as possible.

The intent of this FOA is to target limited resources to serving communities with the greatest need while preventing teen pregnancy and reducing existing disparities. Applicants may propose serving a single community or multiple communities within a single application. For example, multiple communities

could include communities within the same state and communities across states.

Each community must be defined by clear geographic boundaries in order to ensure the number of youth served can be identified and teen pregnancy and/or teen birth rates can be monitored throughout the project. Applicants must be able to document a teen birth rate that is at least above the current national average for the population or populations served within each community. Please note that OAH will not fund more than one grant to serve the same target community.

The target populations for this FOA are individuals or families of individuals nineteen years of age or under a program entry living in communities with the greatest need and youth who are not yet teenagers if the evidence-based TPP program included pre-teens as a target audience. The target population or populations, evidence-based programs selected, and implementation setting should clearly align with the results of the community needs and resource assessment, and be directed at serving populations and areas within the community with the greatest demonstrated need.

Some evidence-based programs also include program services for parents and other family members. Based on the evidence-based model selected, programs can serve youth at a variety of sites. This slide essentially outlines entities that are eligible to apply to this funding opportunity announcement. I won't read all of them. This list is also included in the FOA.

There are several specific expectations that are outlined in the FOA which grantees will be required to complete in each community served. These expectations are listed on this particular slide. I would not read each one;

however I will provide information related to each expectation in the next two slides.

Grantees are expected to conduct a community needs and resource assessment. Specifically, grantees should first identify the needs of the community, identify areas of elevated need, provide data on social determinants of health and co-occurring risk behaviors, and describe current available resources.

Grantees are expected to mobilize the community. The goal of community mobilization is to engage a wide range of community members to create and implement a shared vision and plan that pulls and leverages resources to enhance the ability of a community to address teen pregnancy. Specifically, grantees are expected to establish or work with an existing community advisory group and a youth leadership council to lead community mobilization efforts.

The community advisory group should include representation from key decision-makers, community champions, diverse organizations working to prevent teen pregnancy and promote health adolescent development, and members of the target population.

Grantees are strongly encouraged to think beyond traditional partners for working to prevent teen pregnancy and engage partners whose work has an impact on TPP, but whose primary focus may not be teen pregnancy prevention. For example, transportation, housing, education, juvenile detention. The youth leadership council should include members of the target population and should ensure opportunities for authentic participation and decision-making. The youth leadership council will be critical for ensuring

that programs and strategies for implementation are relevant and a good fit for the needs of the community.

Grantees are also expected to implement strategies outlined and strategies guided by best practices for community mobilization over the life of the grant. Strategies guided by best practices for community mobilization was developed by advocates for youth and their role as a TA provider on the community mobilization and sustainability component of the OAH-CDC community-wide initiative from 2010 to 2015.

During the first grant year, grantees will engage in a planning, piloting, and readiness period of up to twelve months. The duration of the length of the planning period is contingent upon each grantee's demonstrated readiness, but will not exceed twelve months. The specific milestones the grantees will be expected to successfully complete by the end of the planning period are included in Appendix G.

Grantees will be expected to use getting to outcomes to guide the planning, implementation, and evaluation of their program. Getting to Outcomes is a ten-step process aimed at facilitating program planning, implementation, and evaluation of program; and improving organizational capacity and program performance.

Getting to Outcomes is tailored for use for TPP programs and has been used successfully in the past by TPP grantees funded by the Centers for Disease Control and Prevention to guide their program planning. Detailed information about Getting to Outcomes and a free downloadable manual is available online and the specific links are included in the FOA.

To achieve collective impact and increase the likelihood that youth in the communities served will have access to age-appropriate and medically accurate evidence-based programs at multiple times over the course of their adolescence, OAH expects grantees to implement evidence-based TPP programs in at least three different settings. Please note that each setting listed on page twenty of the FOA is counted separately as one individual setting. For the purpose of this FOA, settings include but are not limited to in-school middle school, in-school high school, alternative school, college, after school, community-based, faith-based, clinic-based, juvenile detention, out of home settings for youth in the foster care, and other specialized settings; for example, residential treatment facilities.

In each setting, the applicant and its partners are expected to adopt strategies to implement the selected evidence-based TPP programs to scale with as many youth in the target population as possible. A key strategy for taking programs to scale is to implement programs through existing systems and/or networks within the community.

Partnerships for implementation through existing systems should be established at the highest level possible; for example, implementing programs district-wide in the community rather than within individual schools or within individual classrooms, implementing programs in partnership with an existing and well-established after-school program rather than creating a new after-school program, and implementing programs within all juvenile detention facilities in the community rather than one facility.

The HHS TPP evidence review uses a systematic process for reviewing evaluation studies against a rigorous standard in order to identify a program shown to be effective at preventing teen pregnancies, sexually transmitted infections, and/or sexual risk behaviors. The evidence review first conducted

in 2009 and updated periodically is led by the HHS Office of the Assistant Secretary for Planning and Evaluation. The most recent update was released in August 2014.

Evidence-based TPP programs eligible for replication by the applicant under this FOA are those that meet the following criteria prior to the end of the grantee's planning and readiness period. The first criterion is that the evidence-based program has been identified as having evidence of effectiveness by the HHS TPP evidence review and has been assessed by the HHS TPP evidence review as being implementation-ready; meaning that the program has clearly defined curricula and components, necessary staff supports and training, and specified guidelines and tools for monitoring fidelity.

A list of the thirty-four evidence-based TPP programs that currently meet the state criteria and are eligible for replication under this FOA is included in Appendix D. Additional evidence-based TPP programs identified by the HHS TPP evidence review prior to the end of the grantee's planning and readiness period will also be eligible for replication under this FOA as long as they meet the two criteria.

The evidence-based TPP program eligible for replication under this FOA for select great diversity on several variables such as program approach; for example, abstinence education, sexuality education, and youth development. Another variable is target population including age, race, and ethnicity designed for specific vulnerable populations including youth and juvenile detention, runaway and homeless youth, and expectant and parenting teens.

Another variable is implementation setting, such as middle school, high school, after school, community-based, and clinic-based. Length of program is

another variable which could be whether the program is a single session, multiple sessions, or multi-year.

Program outcomes -- for example, delay in sexual initiation, increase in condom use, increase in contraceptives use, and decrease in number of sexual partners. And finally, length of program outcomes which are ranges from outcomes seen immediately after the program ends to several years after the program ends.

Applicants should carefully review information available about the evidence-based TPP program, paying specific attention to differences across programs to ensure that programs proposed for implementation are a good fit to meet the needs of a target population, the implementation setting, the capacity of the implementing organization, and the outcomes the organization is trying to achieve.

Implementation reports for each evidence-based TPP program include information that will help applicants assess programs for fit and are available on the OAH or HHS TPP evidence review Web site. In addition, an e-learning module designed specifically to assist organizations in selecting evidence-based TPP programs to ensure fit is available on the OAH Web site.

In addition to ensuring fit, the evidence-based TPP programs proposed for implementation should be clearly aligned with the results of the community needs and resource assessment and should not duplicate programs or services that already exist in the community.

Grantees will be required to implement evidence-based TPP programs with fidelity and quality. Fidelity refers to the degree to which an implementer adheres to the core components of a program. The core components of an

evidence-based TPP program are the parts of the program or its implementation determined by the developer to be the key ingredient related for achieving the program's outcomes.

Implementation with fidelity increases the likelihood that participants served will experience similar outcomes to those found in the original evaluation study. Grantees will be required to monitor the extent to which the evidence-based TPP programs are implemented with fidelity and quality. Grantees will be required to establish and implement a fidelity monitoring plan that includes at a minimum collecting data on fidelity and quality from program facilitators as well as from observations of at least 10% of all program sessions, reviewing and analyzing data on a regular basis, using data to provide feedback to facilitators, and using the data to make continuous quality improvements to the program and its implementation.

Adaptations or changes made to the program content program delivery or other core components of the program -- grantees will be allowed to make minor adaptations to the evidence-based TPP programs as long as the adaptations are justified and shown to not impact the program's core components.

Minor adaptations do not significantly change the core components, program delivery, or program content. In addition, grantees may propose to implement an evidence-based TPP program with a population or in a setting other than the ones included in the program's original evaluation as long as the developer has indicated that the program is appropriate for the population or setting proposed.

Major adaptations significantly change the core components, program delivery, or program content of an evidence-based TPP program. Major

adaptations could compromise the program's fidelity and thus might affect the intended outcomes. They are discouraged among OAH grantees; however, all proposed adaptations must be shared with OAH. Major adaptations must be approved by OAH prior to implementation.

Activities to support implementation of the program model -- for example, parent information sessions, providing snacks or transportation to program participants, and use of social media to stay connected with program participants -- are not considered adaptations and should be included in the applicant's (unintelligible).

Grantees will ensure that all program materials such as curricula, facilitator and participant manuals, videos, posters, script, tablets, and handouts are medically accurate, complete, and age-appropriate and sure ensure that the materials are culturally or linguistically appropriate and inclusive of the LGBTQ.

To ensure that the most current science is reflected in the program materials, successful applicants will be required to submit all program materials prior to use in the project to OAH for a medical accuracy review. Program materials should not be submitted with your application. Grantees are expected to conduct an initial review of the materials for medical accuracy before submitting to OAH for review. We also expect that you will conduct a review of materials for age, cultural, and linguistic appropriateness and inclusivity utilizing guidance and templates provided by our office.

Grantees should implement TPP programs in safe and supportive environments. This includes but is not limited to using a trauma-informed approach, applying positive youth development practices, and ensuring inclusivity of youth including LGBTQ youth. Using a trauma-informed

approach in TPP programs may include but is not limited to reviewing and adapting program materials to ensure sensitivity to youth who have experienced trauma; providing professional development for staff on the impact of trauma; signs and symptoms of trauma and strategies for addressing trauma; assessing, establishing, and reinforcing relevant organizational policies including policies on exposure and reporting; and establishing referrals to specialists trained in addressing trauma.

Grantees are expected to integrate key positive youth development practices such as positive social norms, supportive relationships and physical and psychological safety into programming. Grantees will be expected to establish and maintain linkages and referrals to a network of organizations including public providers such as HRSA-funded community health centers and OASH-funded Title V family planning services and healthcare professionals who can provide high quality youth-friendly healthcare services for youth participants and their families.

Specifically, grantees will be expected to identify and recruit organizations that provide a range of healthcare services for youth, assess and ensure that services provided by the identified organizations and providers are youth-friendly and assessable, develop protocols and procedures for making referrals, as well as develop and disseminate a provider referral guide, and identify and train key staff on the developed referral protocols and procedures.

To ensure TPP programs have the greatest impact, OAH expects grantees to develop a strategic dissemination and communications plan to raise general awareness of the importance of preventing teen pregnancy and promoting positive youth development and specific awareness of the funded program. The plan should include a specific goal and objective to guide all the dissemination activities, plans that regularly assess communication

preferences of key stakeholders, and identification of diverse approaches and strategies for disseminating and communicating information.

You should describe the approach or plan for sustaining the project after the period of federal funding ends. Specifically, you should describe what sustainability means for the proposed project, describe sustainability priorities and how sustainability will be integrated into the earliest stages of program planning. Existing sustainability challenges should be described as well as how the challenges will be addressed during the project period. Moreover, grantees should incorporate a specific objective or objectives and activities focused on sustainability into the plan, and again implementing sustainability activities within eighteen months of receiving funding.

Performance measures are critical for accountability purposes. OAH uses performance measures to demonstrate whether the grant projects are making sufficient progress towards the stated missions and are serving the public interest. For grantees, performance measures are critical for continuous quality improvement and program implementation, informing stakeholders of progress, and informing sustainability efforts.

All grantees are expected to collect a common set of performance measures which are included in Appendix H of the FOA. These measures will be reported on a semiannual basis. We expect that applicants will review any relevant laws and policies to ensure feasibility of data collection. Please note that we will not grant any exceptions or waivers to this requirement. Grantees must collect data for the performance measures provided in Appendix H.

Applicants are also expected to propose a plan for evaluating the implementation and outcomes of the program. Applicants should budget no more than 10% of the total budget for evaluation activities including the

collection of performance measure data. Please note that OAH will not approve funds to be used for incentives for evaluation data collection activities.

Applicants are expected to evaluate the implementation of the proposed program to document the process of developing and implementing the program and to identify key successes, challenges, and lessons learned. Grantees will be expected to develop an implementation study report by the end of the grant that summarizes the findings. Topics for the implementation study include but are not limited to planning, implementation, outcomes, and lessons learned.

Applicants should also present a time for determining the extent to which the outcome goal or goals are met by the end of the grant period and describe the data that will be collected towards risk to outcome goals.

At this time, I would like to turn the power over to my colleague, (Sabrina Chapel).

(Sabrina Chapple): Thank you, (Latrece). Hello everybody. Glad you're able to join us. Again, my name is (Sabrina Chapple) and I'm a project officer here in the Office of Adolescent Health and I'm now going to review the application responsiveness and screening criteria.

Now applications will be reviewed to determine whether they meet the following responsiveness criteria. Those that do not will be administratively eliminated from the competition and they will not be reviewed. The applicant must appear to have demonstrated the following on this slide and it has to be indicated clearly in the project abstract.

The applicant must propose serving a community or communities that have a teen birth rate that is at least above the current national average for each community served. That is 26.6 births for every 1000 adolescent females ages fifteen to nineteen. And two, the applicant identifies the evidence-based Teen Pregnancy Prevention Program it proposes to implement in at least three settings. And lastly, all evidence-based TPP programs proposed are eligible for replication under this FOA. Again, you'll find that information in Appendix D as well as the find in the FOA on pages eleven through twelve.

Application screening criteria -- now all applications that are appropriately submitted, again, will be screened to assure a level playing field for all applicants. Again, applicants that fail to meet the screening criteria described will not be reviewed and will receive no further consideration.

Let's turn our attention to the application content. The application content consists of several items. Applicants should refer, again, to the FOA application content section for this information. Successful applications will contain the following information -- a project narrative that will include the target population and need, program approach, performance measures and evaluation, capacity experience of the applicant organization, partnerships and collaboration, project management. You also need to include appendices, budget narrative, and all the required SF forms. Again, I can't emphasize enough that applicants should refer to the FOA application content section for this information.

Application page limits -- there are limits. Note that the project narrative cannot exceed no more than fifty pages. This does not include the abstract summary form, appendices, the budget narrative, or again, the required SF required forms. Note the total application must not exceed no more than 100 pages. This includes the project narrative and appendices. Again, it does not

include the project abstract summary form, budget narrative, or the required SF forms.

Application formatting -- the application must be prepared as specified in the FOA. Applications should ensure this. Again, refer to the FOA for specific formatting. However, you need to make sure that your application's double spaced, 8 ½ by 11 inch letter sized pages, one inch or larger margins on top, bottom, and both sides; at least a twelve point font; and we ask that you use easily readable typeface - recommended Times Roman or Arial. All pages, charts, figures, and tables should be numbered and the tables must be single-spaced and use alternative fonts; but must be easily readable.

Now the project abstract will be used to provide reviewers with an overview of the application and it will form the basis for the application summary and grants management and program summary documents. Note the project abstract must include identification of the community or communities served and a teen birth rate for each community; two -- identification of the evidence-based TPP program proposed for implementation in at least three settings.

The project narrative is one of the most important parts of the application since it will be used as a primary basis to determine whether or not your project meets the minimum requirements for a grant underneath this announcement. The project narrative should provide a very clear and concise description of your project and it should include - again, the project narrative should include the target population and need, the program approach, the performance measures and evaluation, the past experience of the applicant organization, partnerships and collaboration, and project management. Again, detailed information on what you must include for each of these components is located on pages forty-eight to sixty-four of the FOA.

The application should also include a budget narrative. Budget tables may be single-space but should be laid out in an easily readable format and within the printable margins of the page. You are required to submit a combined multi-year budget narrative as well as a detailed budget narrative for each year of the potential grant. Unless specified, you should develop your multiyear budget based on level funding for each budget period. A level funded budget is equal to the exact dollar figure of the year one budget.

The budget narrative should clearly show how the total amount requested for all categories -- this includes personnel, fringe, travel, contractual -- was determined. The budget narrative should be detailed, reasonable, adequate, cost-efficient, and aligned with the proposed work plan. Sufficient detail should also be provided so that a reviewer is able to determine the adequacy and appropriateness of budget items related to the proposed activities. And again, the budget narrative does not count toward your application page limit.

Moving forward to the Tier 1B annual funding and tied to reach -- the amount of the funding an applicant may request on an annual basis is linked to the number of participants, on average, that the application proposes to reach in years two through five with evidence-based TPP programs. The award ranges are based on existing performance measure data from the FY 2010, FY 2014 OAH TPP program and is listed on this slide is the annual budget that is tied to the annual reach. For \$500,000 to \$749,999, we expect you to reach at least 700 youth per year. And I won't go ahead and read this entire list, but you get the sense that the annual budget is tied to the annual reach.

There are some budget restrictions. These budget restrictions include - applicants should budget no more than 10% of the total budget for evaluation activities, including the collection of performance measure data. Applicants should budget no more than 3% of the total budget on incentives for

recruitment and retention. And lastly, applicants should budget no more than 10% of the total budget on training and technical assistance, including training and technical assistance from the program developer.

There are meetings that we would like for the grantees to attend and they're highly encouraged to attend the following meetings on this slide. The location for these meetings, again - they have not been determined; however grantees and applicants should budget for these meetings to occur in Washington, DC. We are anticipating that you're to send one staff to an OAH-sponsored project directors' meeting. We expect for you to also budget for two to three staff to attend OAH-sponsored annual regional training in years two through four.

As well, we expect for you to budget for two to three staff to attend the HHS Teen Pregnancy Prevention Conference every other year. We anticipate the conference to occur in year 2016, 2018, and 2020.

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this FOA exists, leveraging other resources and related ongoing effort to promote sustainability is strongly encouraged. The applicant should describe any cost sharing or matching funds available and should show how they will be used to support the program.

Now there are several pieces that relate to the appendices. These pieces include the work plan, logic model, your signed MOU's, your letters of support, your resumes and CV's, job descriptions, and your organizational charts. The appendices should include, again, any specific documents outlined in the application content section of this FOA. Again, if not specified, appendices may again include a CV, organizational structure, example of organizational capabilities or other supplemental information which supports the application. Brochures, bound materials, again, should not be submitted.

Appendices are for supportive information only and should be clearly labeled. All information that is critical to the proposed project should be included in the body of the application. All items described in this section will count towards the total page limit of your application.

Now, the application should include, also, a detailed work plan with a five year project period. This must include SMART objectives, and SMART stands for specific, measurable, achievable, realistic, and time-framed activities and a timeline for proposed project. Grantees should use up to twelve months of the first grant year to engage in the planning and readiness period. An example of a work plan template is located in the appendix and you will find this in Appendix E; or again, you can provide this in a different format. The example work plan template is also available in a Word format on the OAH Web site under the “Open Grant” tab.

The applicant should also include a detailed logic model. The detailed logic model is used to describe the overall project including the inputs, the activities of the project, and the intended output and outcomes. An example logic model is included in Appendix F of the FOA. You could use this template or you may provide it in a different format. The example logic model template is also available in a Word format on the OAH Web site under the same tab as work plan, “Open Grant” tab.

The application should also include signed and detailed MOU’s with partners in the community who will provide access to the youth and their families for program implementation through their existing systems. The applications should also include signed, detailed MOU’s with all organizations that will be responsible for implementing evidence-based programs. The applicant is expected to implement evidence-based TPP programs, again, in at least three settings. MOU’s should include commitment to strategies to implement

programs to scale. Each MOU should clearly outline the roles, responsibilities, and the expectations of the applicants and the partners.

Letters of support are also expected to be included. The letters of support are from key decision-makers, youth-serving organizations, members of the community who will be engaged in the community advisory group and youth leadership council. Letters of support are letters that are general in nature that speak to the writer's belief in the capability of an applicant to accomplish a goal or task. Letters of support also may indicate an intent or interest to work together in the future; but they lack specificity.

There are four additional required SF forms and they are listed here. It's the SF 424, SF 424A, SF 424B, and the SF LLL. I'm now going to hand the webinar over to the HHS OS Office of Grants Management Grant Specialist, Eric West.

Eric West: Thank you, (Sabrina). Application submission instructions can be found on page forty-two of the FOA. Application packages may be obtained electronically by accessing grants.gov. If you have problems accessing the application or difficulty downloading, contact the Grants.gov help desk at 1-800-518-4726 or via email -- Support@grants.gov.

Also, please adhere to application formatting listed on page forty-two. This includes adhering to font size, line spacing, margins, page limitations. These items are strictly enforced and can eliminate your application from competition.

Accessing application package via Grants.gov -- if you do not have a Grants.gov account, please sign up for one immediately to ensure access to this system as this is the only way to submit an application. It is important to

sign up early in case there are changes in the announcement and email will alert you to any changes if you are signed up for alerts. This program announcement can easily be found by using either the FOA number AHTP115002 or by the CFDA number 93.297.

Please note a valid registration is required to submit an application and to be selected for funding. SAM renewals can be process in seventy-two hours; however expired and new SAM registrations can exceed five work days for activation. Please be sure your account and yearly SAM account is active throughout the life of your application.

Application submission dates and times -- a non-binding letter of intent is due by February 1, 2015. Please email this to Tptier1b@hhs.gov. The application due date is April 1, 2015 by 5:00 pm Eastern Time. All applications are to be electronic submissions via Grants.gov. Applicants must receive a written exemption from the director OASH Office of Grants Management to submit any other way than electronically through Grants.gov.

Information for obtaining a written exemption can be found on page one and two of the FOA. Requests must be submitted via email to OGM Director at least four business days prior to the application deadline to ensure the request can be considered prior to two business days in advance of the deadline. The request must provide details why technologically unable to submit electronically via Grants.gov. Again, please see page one and two of the FOA for details.

(Sabrina Chapple): Well thank you, Eric, for reviewing that information. Thank you for being here with us. We're going to go ahead and continue with going over the review and selection criteria.

Again, each HHS OS program office is responsible for facilitating the process for evaluating applications and setting funding levels according to the criteria set forth. Eligible applications will be effected according to the following criteria -- target population and need, twenty points; program approach and work plan, thirty points; performance measures and evaluation will be assessed at ten points; capacity of applicant organization will be assessed at fifteen points; partnership and collaboration is assessed at ten points; project management as well is ten points; and lastly, the budget will be assessed at five points.

Let's talk a little bit about the review and selection process. The review and selection process is a multiple-step process that begins with an initial review to ensure the application meets - one, the application screening criteria; two, the application responsiveness criteria. The application at that point will then move to an independent review panel. Now the independent review panel is where we have experts where they comment and score the applications based on the review criteria.

Following that, the application will then move to the federal staff for review. Our federal staff reviews the applications for programmatic, budget, and grant management compliance.

Lastly, the final award decision is made by the Director of the Office of Adolescent Health. Note there are several additional criteria that is taken into consideration for the final decisions. Let's review what that is.

This includes representation of grantees from communities across the country, representation of project sites in communities of varying sizes including rural, suburban, and urban communities; representation of diversity and scale of project; diversity of settings and populations served by projects;

representation of diverse eligible evidence-based TPP programs from the HHS TPP evidence review; the prevalence of teen pregnancy in geographic communities to be served as indicated by the current government data source; and then lastly, the additional criteria includes that the applicant demonstrates that it has an enforces a policy prohibiting discrimination in the provision of services on the basis of age, disability, sex, race, color, national origin, religion, sexual orientation, and gender identity.

The official document notifying an applicant that a project application has been approved for funding is called the Notice of Award, otherwise known as the NOA. This is approved by the Grants Management Officer of the HHS OASH Office of Grants Management.

Grantees will receive this document via systems notification from our grants management system called Grant Solution and/or via email. This document notifies the successful recipient of the amount of money awarded, the purpose of the grant, the anticipated length of the project period, your terms and conditions of the grant, and the amount of funding to be contributed by the grantee to project costs if applicable. Again, we anticipate a start date of July1, 2015 for the Tier 1B grant.

Want to have a successful application? Let's talk about some applications tips. One, read the entire FOA and application kit before writing. Note the FOA is the primary guide and sole source for programmatic expectations. Write your project abstract after the entire narrative is complete and make sure that you read the review criteria carefully. Read the application instructions and follow the application instructions.

Make sure you do not exceed the fifty page limit for the project narrative or the total page limit of 100 pages for the full application. And turn in your

application no later than five PM Eastern Time on April 1, 2015. Please prepare for unforeseen circumstances, difficulties, technologies; and allow for adequate time for that.

Now we want to highlight some available resources that might be helpful as you develop your application. There are several useful FOA resources available on the OAH Web site. The link is provided here on the slide. These include a link to the FOA on Grants.gov, a set of frequently asked questions -- we have a crosscutting FAQ and we also have an SHU that is specific to each of the OAH TPP FOA's.

Please make sure you look at both of those documents. A setting of frequently asked questions, again, are available and then the work plan, logic model templates are included in the FOA as appendices and were also on the Web site, again, in the word "Format."

As well, today we're here having a webinar providing you with some technical assistance. The slides, the recording, the transcript all will be posted most likely in the next two to three days.

There's also a range of relevant resources included in Appendix C of the FOA. For each of all of the overall topics that you see here on the slide -- which are many -- again, there are several resources identified in the appendix relevant to each of these topics. Please note that this is just a list of some but not all of the relevant resources available to applicants and OAH does not endorse any other resources listed other than those developed by the Office of Adolescent Health.

There also are some specific resources that will help you learn more about eligible evidence-based TPP programs and determine which programs may be

a best fit for your community. Detailed information about each of the evidence-based TPP programs is available by clicking on the name of the program at either the OAH Web site or the HHS TPP evidence review Web site.

This will take you to a detailed intervention implementation report that includes an overview of the program, specifics about program implementation, and allowable adaptations, as well as specific information about the program implementation readiness and available training and technical assistance. We very much encourage you to read these reports before you contact any program developer, and especially before you commit to any program model. The great news is these reports are updated and live right now as we speak.

In addition to these specific evidence-based program models, OAH has developed an e-learning module to assist organizations with selecting an evidence-based TPP program to ensure fit as well as an organizational capacity tool that organizations can use to assess their capacity to implement evidence-based programs and determine what additional support may be needed. We encourage you to utilize all these resources.

On Thursday, February 5, 2015 between 2 to 3:30 PM, we invite you to join us for a technical assistance webinar which will walk you through the process of selecting an evidence-based program that meets your need. As well, on Thursday, February 26, OAH will be conducting a webinar on assessing organizational capacity when selecting and implementing an evidence-based program. Potential applicants, again, are welcome to attend and those interested in attending should visit the OAH Web site for webinar and call-in information.

Now before we move to questions, I just have a few more additional pieces to share. Again, you're able to print the slides for today's call by clicking on the printer icon at the bottom right of the screen. Applicants should carefully read the FOA in its entirety.

Using the Q and A function of your screen, we're going to move to take questions. Again, you can type your questions at any time and, again, if we run out of time and are unable to answer the questions remaining, we'll post the questions on the OS Web site within a few days of this call. And again, we will not be answering any specific questions to individual applications.

(Latrece Timmons): Thank you, (Sabrina). At this time, we will begin responding to questions that we are receiving online. The first question -- can you please clarify as to whether more than one application per institution -- if scientifically distinct -- may be submitted for each of the five FOA's? That is, is each FOA a limited submission funding opportunity?

That question is yes. An organization can submit an application to more than one FOA. Each FOA is unique and organizations should check the eligibility and expectations of each individual FOA to determine whether or not to apply.

An organization can submit more than one application to a single FOA and we strongly encourage applicants to focus on submitting the best application possible that addresses the expectations as described in the FOA. OAH also encourage applicants to consider the demands that multiple grants would create for their organization to ensure capacity before determining whether or not to submit multiple applications for a single FOA.

Next question -- as an independent school district, we would like to apply as the lead applicant. However, the distinctions in eligibility list do not explicitly state a school district may apply. TO answer that question, yes, school districts are eligible to apply. More information regarding eligible applicants is located on page forty of the FOA.

Next question -- to confirm at least three different settings and that each setting listed on page twenty of the FOA is counted separately as one individual setting. This is accurate. The settings listed on page twenty of the FOA count separately as one individual setting.

Next question - how does OAH define reach? The application should document the specific needs of the community or communities that will be served including describing the number of youth that will be reached each year by the grant - including number reached with each evidence-based TPP program and number reached through referrals to healthcare services.

The applicant must provide specific details on how the estimates were obtained including for each specific setting reached the applicant should describe the total number of youth available in the setting and the percentage of youth that will be reached. In other words, the number and breakdown of schools and enrollment in each, number of youth in foster care, number of youth in juvenile detention, or number of expectant and parenting teams.

(Sabrina Chapple): And we also just want to add, too, with that reach question that when we refer to reach, we're referring to reach the youth that are reached with evidence-based intervention.

Woman: Yes, just because we're getting a lot of questions about reach. Just to clarify, in the application content, we are asking that you document how many youth

or their families you'll reach with both evidence-based programs and referral services; but the funding and the budget is tied to the number of youth that you will reach just with evidence-based programs. So that's clearly specified on page fifty-five.

I know we're getting a lot of questions, but reach is described - you have to describe reach for, again, both evidence-based programs and referrals in the application content, but the funding and the annual budget that you can request is tied specifically to your reach or specifically just evidence-based programs.

(Latrece Timmons): Thank you. Next question - a single evidence-based program might not stick - each of the three implementation settings. Can applicants propose more than one evidence-based program? The answer is yes. You may propose more than one evidence-based program. Please do ensure that it is the most appropriate fit and that it is clearly aligned with the results of the community needs and resource assessment, and should not duplicate programs or services that already exist in the community.

(Sabrina Chapple): We have another question here. Will more than one cooperative agreement be given in the same state? For example, if someone applies to serve the entire state as their geographic area and someone applies to serve three counties with in the same state, can both be awarded?

Okay, again, this is really focused on - again, we just want to make note that OAH will not fund no more than one grantee to serve the same targeted community. Again, we're encouraging partnership across the range of diverse organizations to have the largest impact on reducing rates in teen pregnancy and disparities, and promoting adolescent health development. So, again, the

key here is that we're not going to fund no more than one grantee to serve the same targeted community.

Woman: Okay, we're going to get some more questions here.

(Latrece Timmons): Okay. Next question - okay. If we were to apply as the lead applicant and we don't have experience in teen pregnancy prevention interventions but we partner with another organization that does, would that disqualify us? In other words, does the lead applicant have to personally have experience or is it okay if a partner agency has the experience?

To answer that question, the FOA states that the successful applicant organization must be able to demonstrate experience either implementing TPP programs in a target community or working with partnering organizations to implement TPP programs in a target community. An independent review panel will evaluate implementations that pass the screening and meet the responsiveness criteria. Based on the application review criteria on pages seventy-one through seventy-six, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria.

The specific expectations related to the capacity and experience of the applicant organization is described on pages thirty-three through thirty-five of the FOA.

(Sabrina Chapple): Great. We have another question here and the question is what years of the teen birth rate should we use for our community? The response to that is you want to use the most current data that you have.

(Latrece Timmons): Next question - when referring to grantees observing at least 10% of all program sessions, how is OAH defining a session? Is a session a module lesson or is a session a program group cohort? So when we're speaking of sessions, we're actually talking about the evidence-based program module. We're not speaking about the program group or cohort.

(Sabrina Chapple): Thanks, (Latrece). You guys are bringing some great questions forward. The next question we have is - are measures of individual level outcomes -- e.g. behaviors, knowledge, attitudes, and intentions -- required as part of the evaluation plan as well as implementation performance measures?

As you'll see located in the FOA on page thirty, just to restate that all grantees are expected to collect a common set of performance measures to assess program implementation and whether the program is observing its intended outcomes. There's a number of broad categories for our performance measures, and that includes dosage at the individual level. And again, measures must be collected for every participant at the individual level served by the project.

We're still processing a couple more questions. We thank you for your patience. We've got lots of good questions coming here.

(Latrece Timmons): Okay. The next question that has come in - does the FOA allow some technical assistance to clinics in a selected community that does not meet the teen-friendly criteria that is recognized by atonal standards? If so, what percent of the budget is allowed for this technical assistance?

At this time, there are no budget restrictions in this area.

(Sabrina): Okay, great. We have another question. It's pretty straightforward. Is making proud choices for out of home care youth an eligible program? And the answer is yes, it is an eligible program. Thanks for asking that question.

Alright, we're going to go onto another question here and I think this might be a duplicative question. This is focused on - once the prime applicant organization demonstrates by itself all the experience outlined on pages thirty-three to thirty-four of the FOA, or may significant partners supplement areas where the prime applicant may have gaps? In other words, will experience of the totality of partners involved in the application be considered or only that or the prime applicant?

Again, the FOA states that a successful applicant organization must be able to demonstrate experience either implementing TPP programs in the targeted communities or working with partnering organizations to implement TPP programs in the targeted community. Please refer to page thirty-four of the FOA. And independent review panel will evaluate applications, again, that will pass the screening and meet the responsiveness criteria.

Again, the application review criteria is on page seventy-one through seventy-six. Reviewers will comment on and score that application and focus their comments and scoring decisions on the identified criteria. Again, the specific expectations related to capacity and experience is described on pages thirty-three to thirty-five of the FOA.

(Latrece): Next question regarding level funding - page sixty-four of the application says unless specified you should develop your multiyear budgets based on level funding for each budget period. Can you please clarify who can specify? Is it up to the applicant or to OAH?

Year one will look very different from years two through five and I imagine the budget might look different as well.

Eric West: This is Eric from the Grants Office. Basically, it is up to the applicant to determine the amount of funds being requested for year one. The subsequent years will need to match that amount, but you can write your budget to justify your expenses for each year.

Eric West: The next question - is an approved rate for overhead costs required? Grants have an indirect cost rate agreement. It is encouraged that you have an indirect cost rate agreement but if you do not have one, they can take up to a year to obtain. Please look into getting a rate agreement. The overhead costs, if need be, can be charged directly, but we need to assess what you have submitted. But please, go ahead and submit your application.

(Sabrina): Thank you, Eric. We have another question coming in and the question is - does the 10% limit on funds of evaluation activities include the salary of staff working on evaluation? I'm going to repeat that one more time. Does the 10% limit on funds of evaluation activities include the salary of staff working on evaluation? And the answer is yes. the 10% limit does apply to the salary of staff working on the evaluations.

(Latrece): Okay. Please bear with us as we're processing questions.

So next question -- can funds for evaluation be used for internal evaluation or is that external evaluator required? Or can funds be used between both internal and external evaluators? So the FOA does not include specific requirements for who should conduct the proposed evaluation. The applicant should describe who will oversee their evaluation efforts and the qualifications for

the proposed evaluator in the application. This information can be found on page thirty-seven of the FOA.

(Sabrina): Okay. We've got another question coming in and - that has come in. and the question is - please confirm that needs assessments must be completed prior to submission of the application. And the response - again, I'm going to take you to the FOA. That is on page fourteen of the FOA and let me just state: the applicant should conduct a community needs and resource assessment to identify the specific needs and resources available in each community served.

The assessment should use the data at the community level to identify the need, identify the areas -- I'm paraphrasing here -- provide data on social determinants, and describe the resources currently available in the community. Again, the applicant should conduct a community needs and resource assessment.

Now just note, again, if you were awarded during your twelve month planning period pilot, you'll be revisiting some of that information.

Amy Margolis: We have another question for the setting. Is this three different setting in each community or can the three different settings be distributed in three different communities? Or two communities?

The expectation is that in each community served, grantees will implement evidence-based programs to scale in at least three settings. So it is at least three settings in each community.

(Sabrina): Thank you Amy. Alright, and I have another question here. Is there a limit to the number of communities and settings that can be included in the application? You can not only find this question inside the FOA, but if you

refer to the FAQ's for Tier 1B FOA, the response and - correct response is the applicants may propose serving a single community or multiple communities within a single application. Multiple communities could include communities within this same state, communities across states, et cetera.

Each community must be defined by clear geographic boundaries in order to ensure that the number of youth served can be identified and teen pregnancy and/or teen birth rates can be monitored throughout the project. Please refer to FOA page thirteen for any questions that are relevant to this.

(Latrece): Thank you, (Sabrina). The next question is - if we serve 3000 youth but know we can do it less than the amount listed for that target group, can we write for less? The answer is yes, you may.

The next question is - will the webinar information and FAQ's from other FOA's be posted on the OAH Web site? And the answer is yes. That information will be posted on the OAH Web site as well.

(Sabrina): Thanks (Latrece). We have a question here that is focused on the setting - lots of questions on the setting. Regarding setting, if a program was implemented in two high schools, does that count as two settings or one? That would count as one setting.

(Latrece): Great, thanks. Here's one more question -- will using curricula rated higher in rating effectiveness be given more points than curricula rated moderate? And the answer to that question is no.

(Sabrina): We have a question here focused on - what is the required for the letter of intent? Now, for the letter of intent, you need to just put your basic program information and make a statement. I intend to apply for - whatever FOA

you're interested in, and you just need to submit it to email
Tpptier1b@hhs.gov by February 1.

(Latrece): Thank you. This is actually a duplicate question. Can a public school district be eligible as the lead applicant? And the answer is yes, as long as you meet the criteria stated in the application.

(Sabrina): Okay, we have a great question. This is comments focused on mobilizing the community. If you are planning to implement programs in a geographic region that includes multiple adjacent counties, do you need a separate advisory group and a youth council for each county? The answer is yes, you do need a separate county advisory group and youth council for each country.

Let me take you to where you can find that information in FOA. That's located on page sixteen under "Mobilizing the community to develop and implement a plan to prevent teen pregnancy." In each community served, the grantee is expected to establish or work with an existing community advisory group and a youth leadership council to lead the community mobilization efforts.

Thank you for that question. Great question.

(Latrece): Okay. Next question - are you duplicated if they receive the in-school curricula during different times in the five years? So the answer to this question is no. So youth are not considered to be duplicated if they receive the in-school curriculum during different times during the five years. However, the same youth should not be served annually as this is considered duplication.

Amy Margolis: That's right (Latrece). We're getting lots of questions around duplicated versus unduplicated youth served, and so when you're determining your average annual reach to decide how much funding you're going to request, the annual average reach should be based on unduplicated youth served. However, we do expect that over the course of the five years youth may be served multiple times. It's just that as you're determining the annual average reach, the annual reach should be based on unduplicated numbers.

(Sabrina): Okay. Alright, let's turn our attention to another question and this question is - is it mandatory for any particular evidence-based program to be used only with the target population with which it was researched? In other words, if an evidence-based program has been researched with girls, can it be applied to both genders?

This is a great question, and I think our FAQ's for TTP to FOA address this question on page five. Grantees may propose to implement an evidence-base program with the population or in a setting other than the ones included in the program's original evaluation as long as the developer has indicated that the EBP is appropriate for the population or setting proposed. Also -- then again, we're talking about adaptations -- grantees will be allowed to make minor adaptations to evidence based TPP programs as long as those adaptations are justified and shown to not impact the program's core components.

So that addresses that question.

(Latrece): Next question - are existing TPP programs available for funding? The answer to that question is yes.

When is the notice of award expected? The notice of award is expected July 1, 2015.

Amy Margolis: There's another question about letters of intent and what to do about a letter of intent if your MOU's are not yet solidified. The MOU's do not have to be signed and solidified to do the letter of intent. The letter of intent is just to let us know that as an organization you do plan to apply. It is not binding so if you submit a letter of intent and change your mind, that's fine. It just helps us internally in OAH plan for the grant review. So we ask if you are planning to apply, please submit your letter of intent.

(Sabrina): Alright, we have another question here, and the question is around getting to outcomes. WE are required to use Getting to Outcomes: A Planning Model. Step three is as follows: look at which science-based programs can help you reach your goals. Applicants expected to identify the evidence-based program model in the proposal or are communities supposed to engage in planning using Getting to Outcomes and then identify the program model that will be delivered?

So yes, grantees are expected to use the Getting to Outcomes inside their planning, implementation, and evaluation of the program; but an applicant does have to identify the evidence-based program in the proposal. Again, OAH encourages the grantees to assess their community. We talked about the importance of assessment and you're going to need to select an evidence based program that best meets the needs of the community. Again, we're going to be doing - the first twelve months is piloting and planning and making some selections, but that should answer your question.

We're going to move on. I think we answered this one. All FOA webinars are going to be located on our Web site in two to three days.

And we already answered that one. We talked about reach. We have a number of questions here. Some are duplicative and we're trying to sort through those to make sure that we make the appropriate time for ones that have not been answered. So thank you for your patience.

Amy Margolis: (Sabrina), there's another question here to confirm if the teen birth rate rather than the teen pregnancy rate that must be higher than the national average in the target community. That's correct. You should be using teen birth rate data rather than teen pregnancy data. You can also - should also include teen pregnancy data in your application to justify needs of the target community; but in terms of making sure that the target community has a - it's the teen birth rate above the national average.

Eric West: Next question -- am I correct in understanding that the budget is the same for each year based on year one? What if year one is a partial planning year? Under this announcement, the - it is required that there is level funding for each year. So year one and year two, three, four, five should still be the same amount. Basically, you need to adjust your budget to defend the amount you're requesting. Thank you.

(Latrece): Okay, next question -- how would the reach numbers work with an evidence-based program model that is long term? For example, the Carrera model requests you stay with the same cohort of students for four years. Does this mean with the reach restrictions long term EBP's are not included?

So I'm going to - Amy, you want to comment on this one?

Amy Margolis: Yes, absolutely long term EBP's are eligible. Any evidence-based program included in Appendix D of the FOA is eligible. Again, it's the difference between duplicated versus unduplicated reach. So your average annual reach

should be based on unduplicated numbers, but we do anticipate that you could serve the same year over multiple years of the grant. It's just your average annual reach should be based on unduplicated.

(Latrece): Thank you. Okay, next question - would you fund more than one applicant in the same community if they are reaching different target populations within that community? For example, foster youth, expanded youth, et cetera.

OAH will not fund more than one grantee to serve the same target community. Grantees will be expected to partner with a range of diverse organizations in the community to have the greatest impact on reducing rates of teen pregnancy, reducing existing disparities, and promoting health adolescent development. OAH anticipates that the applicant would establish partnerships with other organizations in the community to support the program and oversee various aspects of program implementation. You can actually reference this information on page thirty-six of the FOA.

Amy Margolis: (Latrece), we have another question about when applicants can contact program developers. We don't have any restrictions for when you can contact program developers at any point in time. If it would help, you can figure out which evidence-based programs you would like to select to implement. Please go ahead.

We're just suggesting there's a lot of information on the implementation reports for each program model on both the OAH Web site and on the HHS TPP evidence review Web site. So our suggestion is that you review those reports and the information available already online before contacting the program developer because there might already be - your questions might already be answered.

And then there's another question about - is it possible for a project to have two co-project directors such as a co-PI model in NIH grants? The project management section of the FOA starts on page thirty-seven and we do not specify whether it's one project director or two, or multiple, so that is up to up to each applicant to determine what works best for you and to include the justification in your application.

(Latrece): Okay, next question - a planning period of up to one year may turn up some new ideas. Is it possible to make changes to our plans that come out of that planning period? Would it be acceptable to switch from one eligible TPP program to another if the planning period points to a better fit? The answer to that question is yes and we would also urge that you ensure that the program is the most appropriate fit for the target group; and also that the change relates directly back to the community needs and resource assessment

(Sabrina): Great. The next question looks like it's focused on what's going on in year one. So let me just read it. The FOA states that the amount of funding the applicant may request on an annual basis is linked to the number of participants, on average, that the applicant proposes to reach in years two through five of evidence-based TPP programs. Do you have any expectation of how many participants will be served in year one relative to the average annual numbers served in year five?

Please note that (unintelligible) again you'll be preparing for the first twelve months. Again, recipients - you'll begin doing program delivery and served in years two through five. There may be some exceptions where grantees might be able to begin early, but year one is considered your planning pilot and readiness year.

(Latrece): Next question - are we allowed to serve schools or partners that are currently being served with 2010-2015 TPP funding? The answer to that question is yes.

Next question - is it possible for a Tier 1A awardee to be provided technical assistance (unintelligible) to a community funded in Tier 1B? Or should these efforts be kept completely separate? The answer to that question is yes. It is possible for a Tier 1A awardee to provide technical assistance services to a community funded in Tier 1B.

(Sabrina): (Latrece), we've got another question that focuses on the budget restrictions, and particularly the evaluation. The question is - does the 10% evaluation maximum hold for year one of the project when a more in-depth needs assessment is needed? I'll repeat - does the 10% evaluation maximum hold for year one of the project when a more in-depth needs assessment is needed?

The response - the answer is yes. The 10% evaluation maximum holds for year one of the project. Again, we're going through questions. We need to work through and make sure we're not duplicating.

Amy Margolis: We have a question about the eligibility. Can you distinguish between institutions of higher education not being eligible to apply at colleges and universities are eligible - sorry. The way that our eligibility criteria is written can be a little confusing. Institutions of higher education are eligible to apply, we just didn't specify them separately. So colleges and universities are intended to encompass institutions of higher education.

(Sabrina Chapel): I have a question here focusing on evidence-based TPP programs - are eligible for replication. The question is - if choosing the best in evidence-based programs - what I'm going to do is refer - if you want to - if you're interested

in finding out which program model is eligible for replication underneath this FOA, please refer to Appendix D of the FOA. Appendix D is on page ninety-five of the FOA. There you'll find all the program models that are eligible for replication.

Amy Margolis: Another related question - the question is - to clarify, the evidence-based intervention does not need to be identified in the application. That's actually incorrect. You should identify which evidence-based programs you plan to implement in the three different settings; and again, it can be more than one evidence-based program in different settings or it can be the same evidence-based program in multiple settings.

But you should identify in your application which evidence-based programs you intend to implement. You will have the ability to change which evidence-based program you plan to implement during the planning and piloting year if something changes, there's new data, things in the community change and implementation settings; but you should indicate in your application which evidence-based programs you plan to implement.

(Sabrina): Thank you for clarifying that, Amy. Let's see what other questions we have. We got a couple of questions that are specific to the EBPs and - is this program eligible? Again, if you have questions pertaining to that just refer to the Appendix D. if it's there, it is eligible.

(Latrece): Here's another question around settings. Since it is required to have multiple exposures over the course of a participant's adolescence it would be assumed that more than one intervention at various ages is required. Is this correct? And if so, would a middle school curriculum that is evidence-based and a high school curriculum that is evidence-based be considered two settings? Or is school-based counted as one setting?

So for the purpose of the Tier 1B FOA, settings include but are not limited to in-school middle school, in-school high school, alternative schools, college, after-school, community-based, and additional settings are noted on pages twenty through twenty-one on the FOA.

(Sabrina): We've got a couple of questions here and some of this is really kind of specific. So again, we can - we're not in a position and we're not able to comment or answer questions about the specificities of your application. So I'm going to take this question that was sent through to be kind of general because there were some specificities to the targeted community. Again, it was focusing on if our targets - if our state is a large state and there's several different bureaus - again, trying to drill down to - will OAH fund more than one grantee to serve the same setting?

Again, no. OAH will not fund more than one grantee to serve the same target community. Again, we are encouraging you to partner with the range of diverse organizations, but we will not fund more than one grantee to serve the same target community. Again, you define target community based on geographical boundaries and I don't know if any of my team members want to add.

Amy Margolis: There's another question. Eric, this looks like this one is for you. Should the special forms that are required -- so the SF 424, the SF 424A -- have a signature page that's sent in as well?

Eric West: No required hard signatures are required to be sent in with the application as long as you're submitting through Grants.gov. It has electronic signature capability so those forms do not need to be printed out and signed. Just submit

it through Grants.gov and we'll be fine. Upload the signatures in there, but do not send those separately.

Amy Margolis: And I think we do want to clarify -- we had gotten a number of questions before the webinar about confusion related to the teen birth data for the target community. So we have amended the FOA. It was amended earlier this week, so if you haven't seen that, please log onto Grants.gov to see the amendments.

We've clarified that the target community should be determined - must be determined by clear geographic boundaries, but that you can - within the target community, if there are specific populations that you are intending to serve, it's the population that should have the birth rate above the national average.

(Latrece): Okay. Please bear with us as we're processing questions. Thank you.

(Sabrina): We have one question. It's alright, we've got many questions. Let me see if I can go back to find that one.

Amy Margolis: There's a question about if this is the first time that this funding opportunity has been released. The answer is yes. this funding opportunity announcement is slightly different than the funding opportunity announcement we had released in 2010.

(Sabrina): Okay.

(Latrece): I just wanted to reiterate a portion of the FOA on page forty-one to point you to the application responsiveness criteria. Please be sure that you have addressed the points listed under the project abstract so that your application will not be administratively eliminated from competition.

So you should demonstrate in your project abstract that you're proposing to serve a community or communities that have a teen birth rate that is at least above the current national average for communities served. And you should also identify in the project abstract the evidence-based TP program that you're proposing to implement in at least three different settings and ensure that you utilize a TPP evidence-based program listed in Appendix D.

Amy Margolis: So we've gotten a number of questions about the evaluations, specifically, and I would just first say pages thirty-one to thirty-three of the FOA outlined what our expectations are around evaluations. We've gotten questions about - is implementation evaluation different from outcome evaluation? I would refer you to those pages of the FOA. They are different and we've described their - what we're looking for in each.

(Latrece): Question - are there examples available on the OAH or HHS Web sites of archived successful TPP applications for the purpose of a template or example? Unfortunately, no. We do not have any examples or templates of applications that we can share.

(Sabrina): We have another specific question about the EBP's and this question is - if Draw the Line, Respect the Line is already being implemented in a targeted community, is it true that none of the funding from this FOA can be allotted for this existing program? All funding must go towards a non-existent program.

The response to this question is, again, that OAH is not going to fund no more than one grant to serve the same target community. And so therefore, again, we're encouraging you to partner and not duplicate resources. And in fact, a part of your assessment is to assess your resources in your communities so

that you will know what is already going on and therefore you can make the best use of your funds. So I think that answers that question.

Amy Margolis: Another question about evaluations - so without an experimental or causing experimental design, how does OAH anticipate a grantee can demonstrate outcomes are due to the program and not other factors? Again, I would refer you to page thirty-three of the FOA.

We are asking that you not conduct a randomized control trial design. That's not the purpose of this funding opportunity announcement, but you may propose using administrative data to compare the outcomes in your community to outcomes in a similar community that did not receive a TPP program or you can use data from national data sets to compare your community to national averages. You should have a comparison so you can indicate and compare your community that you're serving to something else. Again, page thirty-three of the FOA has more details there.

There's another question about - is the needs assessment supposed to occur both before and after funding? We are expecting that you've done the needs assessment before you apply, that you can clearly describe the needs and resources available in the communities that you're serving in your application. Again, more detail about what you're supposed to include for the needs and resource assessment is included in the FOA.

We also anticipate that you will likely need to update, revisit your needs assessment during the planning year and probably each year thereafter to make sure that you do continue to address and meet the needs. So that's why you'll see it expected before the application and also as a part of the planning period.

(Latrece): Thank you Amy.

Eric West: If a notice of award is expected July 1, 2015, when is the work plan expected to begin? The work plan is expected to begin at the start of the project, which is July 1, 2015.

(Latrece): Thank you Eric. Next question - can you restate the amendments to the FOA? Sure. first, we clarified an applicant must be able to document a teen birth rate that is at least above the current national average for the population or populations served within each community. And this is on pages thirteen through fourteen, forty-one, forty-four, and forty-eight.

We also clarified that we are looking at applicants to implement evidence-based TPP programs in at least three different settings, and that each setting listed on page twenty of the FOA is counted separately as one individual setting. Again, referring to page twenty.

On page thirty-nine of the FOA, we corrected the anticipated start date to July1 instead of July 1, 2014. In Appendix C, we corrected the broken URLs for two Healthy Teen Network Resources included in that particular appendix.

(Sabrina): Thank you (Latrece). Many of the remaining questions are duplicative, so again, we're going to be posting our additions to the frequently asked questions to our Web site in the next two to three days. You can go ahead and prompt to the next slide. Thank you.

Again, we'll be adding today's questions and information to our Web site. Should you have additional questions or contact information, you please contact the programmatic requirement direct them to the OAH email Tptier1b@hhs.gov or by phone 240-453-2846. Again, if your question did

not get answered, again it's not specific to your application, feel free to send that to the email.

Secondarily, if you have questions about the administrative budget requirements, you really should contact Eric West in the Office of Grants Management and his information is right there, so feel free. Again, budgetary requirements to Eric West.

So again, in closing, we thank you all for your interest in the TPP Tier 1B FOA and the Office of Adolescent Health. We are looking forward to receiving your application. Thank you. We're closing out. Operator?

Coordinator: That concludes today's conference call. Thank you for participating. You may disconnect at this time.

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