DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGENCY: Office of the Assistant Secretary for Health, Office of Adolescent Health

FUNDING OPPORTUNITY TITLE: Announcement of Anticipated Availability of Funds for Support for Expectant and Parenting Teens, Women, Fathers and Their Families

ACTION: Notice

ANNOUNCEMENT TYPE: Initial Competitive Grant

FUNDING OPPORTUNITY NUMBER: AH-SP1-15-001

CFDA NUMBER: 93.500

CFDA PROGRAM: Pregnancy Assistance Fund Program: Support for Pregnant and Parenting Teens and Women

DATES: Non-binding letters of intent are due by **Friday, April 17, 2015.**

Applications are due Monday, May 18, 2015 by 5 p.m. ET. To receive consideration, applications must be received electronically via Grants.gov by the HHS Office of the Assistant Secretary for Health (HHS/OASH), Office of Grants Management (OGM) no later than this due date. Applications which do not meet the specified deadlines will be returned to the applicant unread.   All applicants must submit electronically via Grants.gov unless they obtain a written exemption from this requirement 2 business days in advance of the deadline by the Director, HHS/OASH Office of Grants Management. To obtain an exemption, applicants must request one via email from the HHS/OASH Office of Grants Management, and provide details as to why they are technologically unable to submit electronically through Grants.gov portal. Requests

should be submitted at least 4 business days prior to the application deadline to ensure the request can be considered prior to 2 business days in advance of the deadline.   If requesting an exemption, include the following in the e-mail request: the HHS/OASH announcement number; the organization's DUNS number; the name, address and telephone number of the organization; the name and telephone number of the Authorizing Official; the Grants.gov Tracking Number (GRANTXXXX) assigned to the submission; and a copy of the "Rejected with Errors" notification from Grants.gov. Send the request with supporting documentation to ogm.oash@hhs.gov. Note: failure to have an active System for Account Management (SAM) registration will not be grounds for receiving an exemption to the electronic submission requirement.

The HHS/OASH Office of Grants Management will only accept applications via alternate methods (hardcopy paper via US mail or other provider or PDF via email) from applicants obtaining prior written approval. The application must still be submitted by the deadline. Only applications submitted through the Grants.gov portal or alternate format (hardcopy paper via US mail or other service or PDF via email) with an approved written exemption will be accepted. *See* the heading "**APPLICATION and SUBMISSION INFORMATION**" for information on application submission mechanisms.

Executive Order 12372 comment due date: The State Single Point of Contact (SPOC) has 60 days from the application due date to submit any comments. For more information on the SPOC see section IV.4 Intergovernmental review.

To ensure adequate time to successfully submit the application, HHS/OASH recommends that applicants register as early as possible in Grants.gov since the registration process can take up to one month. For information on registering for Grants.gov, refer to

http://www.grants.gov or contact the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding Federal holidays) at 1-800-518-4726 or support@grants.gov.

Applicants are strongly encouraged to register multiple authorized organization representatives.

Technical Assistance: A technical assistance webinar for potential applicants will be held on Tuesday, March 24, 2015 from 1:00 to 2:30pm ET (start time of 12pm CT, 11am MT, and 10am PT). Potential applicants should call 1-888-480-6972, passcode 4205341, and log-on to https://www.mymeetings.com/nc/join.php?i=PW2018057&p=4205341&t=c.

EXECUTIVE SUMMARY: The Office of Adolescent Health announces the anticipated availability of funds for Fiscal Year (FY) 2015 for **competitive grant awards** under the authority of Sections 10211-10214 of the Patient Protection and Affordable Care Act (Public Law 111-148; Affordable Act). This notice solicits applications for projects from States, which include the District of Columbia, any commonwealth, possession, or other territory of the of the United States and any Federally-recognized Indian tribe, reservation or consortium or council (here after referred to as "States or tribes"), for the development and implementation of programs for expectant and parenting teens, women, fathers and their families. OAH anticipates that approximately $1.6 million may be available to fund up to 3 grants in the amount of $500,000 to $800,000 each year for a five-year project period.

The authorized representative from the State or tribe must apply for grant funds available through this announcement to assist expectant and parenting teens, women, fathers and their families. Applicants may apply for funding in one or more of the following categories:

Category 1 – Providing support for expectant and parenting students in Institutions of Higher Education (IHE); **Category 2** – Providing support for expectant and parenting teens, young adults, women, fathers and their families in high schools and community service centers; **Category 3** - Improving services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking; or **Category 4** – Increasing public awareness and education of services available for expectant and parenting teens, young adults, women, fathers and their families. OAH has two program priorities for this FOA: 1) proposals that seek to involve expectant and parenting fathers and 2) proposals that target young adults (ages 20 – 24). A signed letter from the authorized representative must accompany the application and should include documentation establishing the authorized representative's authority to apply for and administer the grant funds on behalf of the State or tribe. OAH will accept only one application per State or tribe. All qualified applications will be given equal considerations. Previous grantees will not be given priority for funding based on their award history and current Pregnancy Assistance Fund grantees are not eligible to apply.

I. FUNDING OPPORTUNITY DESCRIPTION:

Purpose

The Pregnancy Assistance Fund (PAF) grant program provides support for States and tribes to develop and implement programs to improve the educational, health, and social outcomes for expectant and parenting teens, women, fathers and their families. The PAF aims to strengthen access to and completion of education (secondary and postsecondary); improve child and maternal health outcomes; improve pregnancy planning and spacing and reduce the likelihood of repeat teen pregnancies; increase parenting skills for mothers, fathers, and families; strengthen

co-parenting relationships and marriage where appropriate, increase positive paternal involvement; decrease intimate partner violence; and raise awareness of available resources.

For purposes of this funding announcement, the term "*expectant*" includes both women and men who are expecting a child. The term *teens* refer to both young men and women of high-school age and *students* refers to women and men enrolled in institutions of higher education. The term *young adults* refer to both men and women age 20 -24.   *Families* include, but are not limited to spouses, partners, and children.

OAH encourages applications that serve both pregnant teens and women and expectant and parenting fathers. OAH has two program priorities for this FOA: 1) proposals that seek to involve expectant and parenting fathers and 2) proposals that target young adults (ages 20 – 24). This FOA supports the HHS Strategic Goals to 1) Strengthen Health Care; 2) Advance the Health, Safety, and Well-Being of the American People; 3) Secure and Expand Health Insurance Coverage; 4) Eliminate Health Disparities; 5) Promote Early Childhood Health and Development; 6) Put Children and Youth on the Path for Successful Futures; and 7) Promote Prevention and Wellness across the Lifespan.

Applicants may apply for funding in one or more of the following categories:

- **Category 1** – **Providing support for expectant and parenting students in Institutions of Higher Education (IHE)**. The target population for Category 1 is expectant and parenting students of any age who are enrolled in an eligible IHE, and their families.

- **Category 2** – **Providing support for expectant and parenting teens, young adults, women, fathers and their families in high schools and community service centers**. The target population for Category 2 is expectant and parenting teens, women, fathers and their families. Although all expectant and parenting women and men are eligible for

services in this category, given the available resources OAH requests applications that target activities to serve expectant and parenting teens, expectant and parenting young women and men, and their families. This is a group with particularly high rates of unplanned pregnancy for whom program services can assist with helping them complete high school or postsecondary degrees.

- **<u>Category 3</u>** - **Improving services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking**. The target population for Category 3 is a female of any age who is pregnant on the date on which she becomes a victim of domestic violence, sexual violence, sexual assault, or stalking, or who was pregnant during the one-year period before such date.

- **<u>Category 4</u> – Increasing public awareness and education of services available for expectant and parenting teens, young adults, women, fathers and their families.** While public awareness campaigns are an allowable activity under this funding announcement, HHS encourages applications that are not solely focused on such activities. HHS desires applications in Category 4 that aim to increase public awareness and education of services provided in Categories 1, 2, or 3.

Applicants may apply for funds to address one or more of the funding categories. Applicants who apply for funding to address multiple categories should ensure that the programs and services from any one category are well connected and integrated to ensure a seamless network of support for the participants.

Applicants should use the PAF legislation, and information included in this announcement and in the application kit, to guide them in developing their applications. Applicants should also review the definition of terms contained in Appendix A. A copy of the PAF statute is available at the following website http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf.

Background

In 2013, the birth rate for women aged 15-19 years dropped to a record low of 26.6 per 1,000. Rates declined among teens of all ages and among all racial and ethnic groups. Compared to 2012, the birth rate for teens ages 15-17 dropped 13 percent to 15.4 per 1,000 and the rate for teens ages 18-19 dropped 8 percent to 54.1 per 1,000. Birth rates for young women ages 20-24 years also declined from 2012 by 2 percent to 81.2 births per 1,000 women. The number of births rose less than 1% for non-Hispanic White and 1% for non-Hispanic Black women between 2012 and 2013, and did not change for Hispanic and American Indian or Alaska Native women. Births to Asian or Pacific Islander women declined 2% in 2013. Not all teen births were first births. In 2013, almost one in six (17%) births to 15 – 19 year olds was to females with one or more babies[1]. Furthermore, teen birth rates in the U.S. are higher than most other developed

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[1] Hamilton BE, Martin JA, Osterman, MJK, and Curtin, SC. Births: Preliminary data for 2013. National Center for Health Statistics. National Vital Statistics Reports. 2014;63(2) ; http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_02.pdf

[2] Guttmacher Institute. (2010). *U.S. teenage pregnancies, births and abortions: National and state trends and trends by race and ethnicity*. Washington, DC: Guttmacher Institute. Retrieved January 7, 2011, from http://www.guttmacher.org/pubs/USTPtrends.pdf

countries, including Canada and the U.K.[1] Despite the progress that has been made in reducing

teen and unintended pregnancy, it is estimated that more than 750,000 teen girls become

pregnant each year[2], a total of 305,388 babies were born to teen mothers in 2012, and disparities

continue to exist between racial and ethnic groups.

The rates of teen fatherhood have decreased in the United States. Between 1991 and 2010, the

rate of teen fatherhood declined by 36% with a more significant decline among blacks (50%)

than among whites (26%). Although there has been a decrease in the overall rates of teen

fatherhood there are disparities that still exist among race and ethnicities. In 2010, the rate

among black males aged 15–19 who became fathers (29 per 1,000) was more than twice that

among whites (14 per 1,000)[3] .

Young fathers can make an impact if they are positively involved in their child's life. When

fathers are involved in their children's lives, children experience better educational outcomes and

have fewer behavioral problems[4]. Although young fathers can have a positive impact on their

children, they face a unique set of challenges such as financial hardship, reduced educational

attainment, poorer health outcomes and greater employment challenges. They also have

[3] Centers for Disease Control and Prevention. (2011). *Preventing teen pregnancy in the US*. Retrieved November 27, 2012, from http://www.cdc.gov/VitalSigns/TeenPregnancy/index.html

[3] Martin, J.A., Hamilton, B.E., Ventura, S.J., et al (2012). Births: Final data for 2010. Hyattsville, MD: National Center for Health Statistics. Available from http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_01.pdf

[4] Mazza, C. 2002. Young Dads: The Effects of a Parenting Program on Urban African American Adolescent Fathers. Adolescence, 37(148), 680-693

difficulties finding a balance between the transition into parenthood and adolescent development[1].

Teen births not only differ by racial and ethnic groups, but by age. In 2012, Hispanic adolescent females ages 15 – 19 had the highest birth rate (46.3 per 1,000) followed by Black adolescent females (43.9 per 1,000) more than double the rate for White adolescent females (20.5 per 1,000).[1] Birth rates are much higher among those 18 and older. In 2012, 72% of all teen births occurred to 18 – 19 year olds and unintended pregnancies in young adults (20 – 24) remain high. An estimated 50% of births to young women ages 20-24 were unintended[2]; due to the high rates of unintended pregnancies in this age group a focus should be placed on the need for programs and services. According to the recent Federal Interagency Forum on Child and Family Statistics report, America's Young Adults: Special Issue 2014[3], "young adulthood can pose public health and social problems that either start or peak during these years including unintended pregnancies. "Young adults may also face a number of challenges including economic hardships, due to their circumstances (e.g., aging out of foster care, underemployment), dealing with long-lasting medical or mental health issues, and engaging in risky behaviors". The report also states "most young adults, no longer have access to services that were once available to them during their childhood and adolescent years."

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[1] Rosenberg, Jeffrey & Wilcox, W. Bradford (2006). The Importance of Fathers in the Healthy Development of Children. Washington, DC: Children's Bureau Office of Child Abuse and Neglect. Available from https://www.childwelfare.gov/pubs/usermanuals/fatherhood/fatherhood.pdf

[2] Mosher WD, Jones J, Abma JC (2012). Intended and unintended births in the United States: 1982 – 2010. National Health Statistics Reports; no. 55. Hyattsville, MD: National Center for Health Statistics.

[3] Federal Interagency Forum on Child and Family Statistics. America's Young Adults: Special Issue, 2014. Washington, DC: U.S. Government Printing Office

Colleges may also have a particular interest in those 18 and older who may not enroll directly out of high school. Of the high school graduates who could, but have not enrolled in college, an estimated one-third experiences an unintended pregnancy by the age of 22. For those who are enrolled in college becoming pregnant or becoming a parent can have a significant impact. One recent analysis by Child Trends estimated that 6 percent of male and female community college students have children while enrolled with half dropping out[1].

Teen pregnancy and childbearing have significant health, social, and economic impacts on teen parents and their children. Teen parents face multiple risks for poor life outcomes. Compared with their peers who delay childbearing, teen girls who have babies are less likely to finish high school, more likely to rely on public assistance, and more likely to be poor as adults.[2] Teen fathers are also less likely to graduate high school,[3] and they are also more likely to face fewer employment opportunities than their nonparent peers.[4] Thirty percent of teen girls who drop out of high school stated that pregnancy or parenthood was a key reason for their dropping out. Only

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[1] American Association of Community Colleges (2012). Prentice, M, Storin, C, Robinson, G. Make it Personal. How Pregnancy Planning and Prevention Help Students Complete College. http://www.aacc.nche.edu/Resources/aaccprograms/horizons/Documents/mipcc_dec2012.pdf

[10] Hoffman, S. D., & Maynard, R. A. (Eds.). (2008). *Kids having kids: Economic costs and social consequences of teen pregnancy* (2nd ed.). Washington, DC: Urban Institute Press.

[11] Mollborn, S. (2010). Exploring Variation in Teenage Mothers' and Fathers' Educational Attainment. Journal of Persepctives on Sexual and Reproductive Health 42(3): 152-159.

[12] Bunting, L., and McAuley, C. (2004) Research Review: Teenage pregnancy and parenthood: the role of fathers. Journal of Child & Family Social Work 9(3):295-303.

40 percent of teen mothers finish high school and less than two percent finish college by the age

of 30.[1] In addition, as many as 60 percent of teen fathers do not complete high school.[2]

The children of teen mothers are more likely to have lower school achievement, have more

health problems, become incarcerated during adolescence, and face unemployment as a young

adult.[3] Girls born to teen parents are almost 33% more likely to become teen parents themselves,

continuing the cycle of teen pregnancy.[4] In addition, teen childbearing costs U.S. taxpayers

approximately $11 billion annually due to lost tax revenue, increased public assistance payments,

and greater expenditures for public health care, foster care, and criminal justice services.[5]

Pregnant teens and women are also often victims of violence. Studies have found that adolescent

girls in physically abusive relationships were three times more likely to become pregnant than

non-abused girls; that 55% of a sample of teen moms experienced intimate partner violence in

the past year, and that adolescent mothers who experienced physical abuse within three months

after delivery were twice as likely to have a repeat pregnancy within 24 months. Another study

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[1] The National Campaign to Prevent Teen and Unplanned Pregnancy. (2012). Teen Pregnancy & High School Dropout: What Communities Can Do to Address These Issues. Retrieved on November 27, 2012 from http://www.thenationalcampaign.org/resources/pdf/teen-preg-hs-dropout.pdf.

[2] Marsiglio, W. (1987) Adolescent fathers in the United States: their initial living arrangements, marital experience, and educational outcomes. *Journal of Family Planning Perspectives* 19(6):240-251.

[3] Hoffman, op. cit.

[4] Centers for Disease Control and Prevention. op.cid.

[5] Hoffman, S. D., & Maynard, R. A. (Eds.). (2008). *Kids having kids: Economic costs and social consequences of teen pregnancy* (2nd ed.). Washington, DC: Urban Institute Press.

found that approximately 20 percent of pregnant teens reported physical or sexual abuse during pregnancy.[1]

Programs for expectant and parenting teens and women should recognize the relationship between violence and pregnancy and adopt a trauma-informed approach. Trauma-informed care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma that emphasizes physical, psychological, and emotional safety for both providers and survivors and that creates opportunities for survivors to rebuild a sense of control and empowerment.[2] Furthermore, programs that involve mothers and fathers should include violence safeguards and domestic violence prevention as a component of services provided directly or through partnership with other service providers.

Programs for expectant and parenting teens should consider positive youth development in their approach. Positive youth development is an intentional, pro-social approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, uses, and enhances youths' strengths; and promotes

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[1] Futures Without Violence. (2010). The Facts on Adolescent Pregnancy, Reproductive Risk and Exposure to Dating and Family Violence. Retrieved November 27, 2012 at http://www.futureswithoutviolence.org/userfiles/file/HealthCare/Adolescent%20Pregnancy%20Reproductive%20Risk%20FINAL%202-10.pdf.

[2] Administration for Children and Families. (2012) What is Trauma. Accessed November 27, 2012 from http://www.acf.hhs.gov/sites/default/files/fysb/trauma20120829.pdf.

positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths[1] .

In FY 2013, the Office of Adolescent Health (OAH) funded 17 States and Tribes for a four year project period (FY 2013 – 2017) through the Pregnancy Assistance Fund grant program. Through this announcement, OAH anticipates funding up to 5 awards in FY 2015 for a five-year project period.

For more information about the PAF, a copy of the authorizing legislation is available at the following website http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf .   Additional information about the PAF, including highlights from current PAF grantees, is available in the PAF Resource Center at http://www.hhs.gov/ash/oah/oah-initiatives/paf.

Additional Resources

In developing a proposal, applicants may want to review existing public resources such as, but not limited to, the following:

- Administration for Children, Youth, and Families. (2012). Working with Pregnant and Parenting Teens Tip Sheet. Available at http://www.acf.hhs.gov/sites/default/files/assets/pregnant-parenting-teens-tips.pdf.

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[1] Interagency Working Group for Youth (2014). Positive Youth Development. Retrieved from http://www.findyouthinfo.gov/youth-topics/positive-youth-development

- Healthy Teen Network. (2008). A BDI Logic Model for Working with Young Families. Available at http://www.healthyteennetwork.org/vertical/sites/%7BB4D0CC76-CF78-4784-BA7C-5D0436F6040C%7D/uploads/%7B04E4E173-F070-4D2E-BC99-FC55C1BCFA16%7D.PDF.

- National Responsible Fatherhood Clearinghouse. A national resource for fathers, practitioners, programs/Federal grantees, states, and the public at-large who are serving or interested in supporting strong fathers and families. Available at http://www.fatherhood.gov.

- National Women's Law Center. (2012). A Pregnancy Test for Schools: The Impact of Education Laws on Pregnant and Parenting Teens. Available at http://www.nwlc.org/reports-overview/pregnancy-test-schools-impact-education-laws-pregnant-and-parenting-students.

- Office of Adolescent Health Pregnancy Assistance Fund Resource Center. Includes access to a wide range of resources on education, economic stability, health, housing, healthy relationships, intimate partner violence, youth development, and parenting. Available at http://www.hhs.gov/ash/oah/oah-initiatives/paf.

- The National Campaign to Prevent Teen and Unplanned Pregnancy and America's Promise Alliance. (2012). Teen Pregnancy and High School Dropout: What Communities are Doing to Address these Issues. Available at http://www.thenationalcampaign.org/resources/pdf/teen-preg-hs-dropout.pdf.

- List of Current OAH Pregnancy Assistance Fund Grantees available at http://www.hhs.gov/ash/oah/grants/grantee-map.html#paf

This listing does not constitute an endorsement of any particular organization or resource, but is intended to highlight the types of information available related to issues faced by expectant and parenting teens and women.

Approach

This announcement seeks proposals from States or tribes to develop and implement activities to improve the education, health, and social outcomes for expectant and parenting teens, young adults, women, fathers and their families.   Applicants may propose using grant funds to carry out any or all of the following activities. Activities should be developed as a comprehensive program for the target area and population.

All services provided to expectant and parenting teens, young adults, women, fathers and their families in Categories 1, 2, and 3 should be evidence-based or evidence-informed, and culturally and linguistically appropriate. Evidence-based programs are those that have demonstrated impacts on key outcomes through rigorous research and evaluation and been identified through a systematic independent review that considers both study design and the quality of the research study conducted. Examples include evidence-based programs identified by HHS to prevent teenage pregnancy (http://www.hhs.gov/ash/oah/oah-initiatives/tpp/tpp-database.html), evidence-based home visiting programs that target families with pregnant women and children from birth to age 5 (http://homvee.acf.hhs.gov/Default.aspx), and SAMHSA's National Registry of Evidence-based Programs and Practices (http://www.nrepp.samhsa.gov/Index.aspx). Evidence-informed programs include new or emerging programs that are theory-based and have

been implemented previously, even on a limited scale or in a limited setting, and yielded

promising results. For all proposed evidence-informed programs, applicants should include a

description of the theory and the evidence supporting the program. Given the limited availability

of evidence-based programs involving expectant or parenting young men, OAH encourages the

use of evidence-informed programs to identify and test promising strategies to include young

fathers. <u>Culturally and linguistically appropriate services</u> are respectful of and responsive to the

cultural and linguistic needs of the individuals served.

Category-Specific Expectations

OHA has identified two program priorities for the funding announcement: 1) proposals that seek

to involve expectant and parenting fathers and 2) proposals that target young adults

(ages 20 – 24).

<u>Category 1 - Providing support for expectant and parenting students in Institutions of Higher</u>

<u>Education (IHEs)</u>

An applicant may make funds available to eligible IHEs to establish, maintain, or operate

services for expectant and parenting students and their families. OAH is particularly interested

in partnerships with IHEs that demonstrate the greatest need for services, defined in terms of

numbers of expectant and parenting students. Such funding shall be used to supplement, not

supplant, existing funding for such services. While grant funds may be used for direct service

provision, applicants are encouraged to collaborate and link with existing service providers,

especially in instances in which the ongoing costs of support may be beyond the scope of

funding available.

In providing services to expectant and parenting students, the eligible IHE may use funds to:

(A) Conduct a needs and resource assessment of the services, policies, and systems available on campus or within the local community to meet the needs of expectant and parenting students and their families; and set goals for improving such services and improving access to such resources. Areas of focus should include, but are not limited to:

- The inclusion of maternity coverage and the availability of riders for additional family members in student health care

- Family housing

- Child care

- Flexible or alternative academic scheduling, such as telecommuting programs, to enable expectant or parenting students to continue their education or stay in school

- Education to improve parenting skills, including teaching mothers and fathers about the developmental needs of infants and young children, and how to relate to each other and strengthen relationships or marriages where appropriate

- Maternity and baby clothing, baby food (including formula), access to appropriate information about and space for breastfeeding, baby furniture, and similar items to assist parents and expectant parents in meeting the material needs of their children

- Post-partum counseling including counseling on nutrition, exercise, mental health, and planning for subsequent pregnancies

In addition, OAH encourages IHEs to assess other related needs of expectant and parenting students, such as:

- The dissemination of information about the availability of and eligibility for health coverage under federal and state programs, such as Medicaid, the Children's Health Insurance Program (CHIP), and the health insurance marketplaces, also known as Affordable Insurance Exchanges, established by the Affordable Care Act, the health care law of 2010; and the provision of application assistance and enrollment for expectant and parenting students and their children. For more information on the marketplaces, visit www.healthcare.gov.

- Health literacy - nearly 9 out of 10 adults have difficulty using the everyday health information that is routinely available in health care facilities, retail outlets, media, and communities. Limited health literacy is associated with poorer health outcomes and higher health care costs. Grantees are encouraged to work with program participants to improve their ability to search for and use health information and adopt healthy behaviors.

- Education completion and attainment

- Healthy relationships

- Trauma and/or violence

- Job training

- Financial literacy

(B) Identify public and private service providers, located on campus or within the local community, that are qualified to meet the needs of enrolled expectant and parenting students as described in paragraph (A), and establish programs with qualified providers to meet such needs.

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(C) Assist expectant and parenting students and their families in locating and obtaining services that meet the needs as described in paragraph (A).

(D) Establish formal and informal partnerships to which the IHE can provide referrals for the expectant and parenting students and their families to receive direct services for prenatal care and delivery, infant care, foster care, or adoption. In addition, OAH encourages partnerships to provide referrals for postnatal care; access to available services including, but not limited to Medicaid, CHIP, and Temporary Assistance to Needy Families (TANF); health care and mental health care services; and early childhood programs such as early Head Start. Referrals should be made only to service providers that serve the following types of individuals: parents, prospective parents awaiting adoption, women who are pregnant and plan on parenting or placing the child for adoption, and parenting or prospective parenting couples.

(E) Conduct an annual assessment of the performance of the eligible IHEs in meeting the needs of enrolled expectant and parenting students as described in paragraph (A).

The State or tribe must solicit applications from eligible IHEs that desire to receive funding under this category. The State or tribe should determine the timeframe and content required in the application from the eligible IHE. **In addition, an eligible IHE that receives funding under Category 1 is required to provide a match from non-Federal funds in the amount of 25 percent of the amount of funding provided. The non-Federal share may be in cash or in-kind (at fair market value), including services, facilities, supplies, or equipment.**

Category 2 – Providing support for expectant and parenting teens, young adults, women, and fathers and their families in high schools and community service centers

A State or tribe may use funds received under this grant to make funding available to eligible high schools and community service centers that serve expectant and parenting teens, young adults, women, fathers and their families. The State or tribe should establish, maintain or operate expectant and parenting services in the same general manner and in accordance with all conditions and requirements described above for Category 1, except that the 25 percent matching requirement **does not apply**. All education programs and activities funded under Category 1 and Category 2 are required to comply with the requirements of [Title IX of the Education Amendments of 1972 (Title IX), 20 U.S.C. §§1681 *et seq*](.), as well as with HHS regulations at 45 CFR part 86, which prohibit discrimination on the basis of gender in education programs and activities receiving Federal financial assistance.

If an applicant chooses to apply for funds in both Category 1 and Category 2, the needs assessment and program approach for expectant and parenting teens, young adults, women, fathers and their families served in category 2 should be distinct and different from the needs assessment and program approach for expectant and parenting students served in category 1. For example, teens may need a different kind of academic support and case management that involves the students' parents and other supports in ways that differ from the supports many students in an IHE may need.

Programs funded in high school or community service center environments are encouraged to establish linkages and partnerships with IHEs to further promote education for the participants served. These partnerships should focus on the promotion of postsecondary education and the assurance of a successful transition to the postsecondary environment.

Category 3 - Improving services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking.

A State or tribe may provide funding to its State Attorney General or functional equivalent for tribes to assist Statewide offices in providing the following services for an eligible pregnant woman, defined as a female of any age, who is pregnant on the date on which she becomes a victim of domestic violence, sexual violence, sexual assault, or stalking or who was pregnant during the one-year period before such date:

- Intervention services, including a 24-hour hotline for police protection and referrals to shelters;
- Accompaniment services, which include assisting, representing, and accompanying a woman in seeking judicial relief for child support, child custody, restraining orders, and restitution for harm to persons and property, and in filing criminal charges, and may include payment of court costs and reasonable associated attorney and witness fees;
- Supportive social services including transitional and permanent housing, vocational counseling, mental health services, and individual and group counseling aimed at preventing domestic violence, sexual violence, sexual assault, or stalking;

- Technical assistance and training related to violence against eligible pregnant women for Federal, State, tribal, territorial, and local governments, law enforcement agencies and courts; professionals working in legal, social service and health care settings; nonprofit organizations; and faith-based organizations on one or more of the following topics:
    - The identification of eligible pregnant women experiencing domestic violence, sexual violence, sexual assault, or stalking;
    - The assessment of the immediate and short-term safety of such a pregnant woman, the evaluation of the impact of the violence or stalking on the pregnant woman's health, and the assistance of the pregnant woman in developing a plan aimed at preventing further domestic violence, sexual violence, sexual assault, or stalking;
    - The maintenance of complete medical or forensic records that include the documentation of any examination, treatment given, and referrals made, recording the location and nature of the pregnant woman's injuries, and the establishment of mechanisms to ensure the privacy and confidentiality of those medical records; and
    - The identification and referral of the pregnant woman to appropriate public and private nonprofit entities that provide intervention services, accompaniment, and supportive social services.

In order to receive funds from the State under this category, a State Attorney General must submit an application to the designated State agency. The State Attorney General may partner

with appropriate entities for program development and implementation purposes. Applicants requesting funding for category 3 must include a Memorandum of Understanding (MOUs) or Letter of Commitment from the State Attorney General or functional equivalent for tribes in their application.

Category 4 – Increasing public awareness and education of services available for expectant and parenting teens, young adults, women, fathers and their families.

A State or tribe may use grant funds to make funding available to increase public awareness and education concerning any services or resources available to expectant and parenting teens, young adults, women, fathers and their families, which support the intent and purposes of this funding announcement. Public awareness and education activities should assist expectant and parenting teens, young adults, women, fathers and their families in learning about available benefits and supportive services in the community and assist them with accessing such services. Applicants are encouraged to leverage existing public awareness and educational activities, such as Text4baby, a free text messaging service that is designed to promote maternal and child health. Activities related to public awareness and education may also include the development of user friendly websites and new media tools to increase awareness and access to appropriate services. The applicant shall be responsible for setting guidelines or limits as to how much of this funding may be utilized for public awareness and education in any funding award. In the application, the applicant should clearly describe the guidelines or limits that will be used to establish a reasonable level of support for these activities. While public awareness campaigns are an allowable activity under this funding announcement, OAH encourages applications that are not

solely focused on such activities, but rather support a broader set of activities for the target population. For example, while it is helpful to provide public information materials regarding Medicaid, CHIP, and the health insurance marketplaces or Affordable Insurance Exchanges, efforts to ensure that enrollment assistance is available to expectant and parenting teens and women and their families is encouraged. OAH desires applications in Category 4 that aim to increase public awareness and education of services provided in Categories 1, 2, and/or 3.

Expectations Across All Categories

The expectation is that recipients will begin implementing services as soon as the grant is awarded. The recipients plan should identify any challenges to implementing services upon receiving funding and specify how those challenges will be addressed. Applicants should:

- Continue to Assess Needs and Resources: Applicants are expected to use data to justify the need for the proposed program in their application.   Results of the needs and resource assessment should be used to identify additional partners and to inform program goals and objectives. Conducting a needs and resource assessment is not a one-time activity, but should be repeated periodically to ensure the program continues to meet the needs of the population(s) served.

- Finalize Goals, Objectives, and Logic Model: Applicants are expected to finalize and implement their propose goals, objectives, and logic model, describing the behaviors and determinants (risk factors) they plan to impact with programming.

- Build Organizational Capacity: Applicants are expected to describe their organizational capacity to implement the proposed program(s) and strategies and to identify additional capacity needs or other resources needed to successfully implement their program.

- Secure, enhance, and expand partnerships: Applicants are expected to identify partners to assist with program implementation and to submit signed Memoranda of Understanding (MOUs) with their application.

Engage in strategic planning: Applicants are expected to engage in strategic planning with their key implementation partners to ensure a shared vision and action plan for accomplishing program goals and objectives. Strategic planning should occur prior to funding in order for recipients to begin implementing services as soon as the grant has been awarded.

Collaboration

Funded recipients are expected to establish strong collaborations and partnerships across State, local, and tribal entities to ensure the availability and success of wrap-around services and reduce existing disparities for expectant and parenting teens, young adults, women, fathers and their families. Under this funding opportunity, OAH expects that strong partnerships will be developed for program implementation purposes and to ensure that programs are most effectively responding to the needs of the target population. Applicants should develop collaborations with non-traditional partners who are interested in education and economic opportunities for young people, including parenting teens, such as organizations that provide home visiting for young families, alternate education, and/or job training opportunities.

Examples of strategic partnerships include, but are not limited to other Departments and agencies in the State, early childhood education programs (e.g., Head Start), Medicaid, Statewide and local coalitions, Community Health Centers, community-based organizations, and faith-based organizations. OAH is particularly interested in programs that work either formally or informally with institutions of higher education and organizations which propose to work with expectant and parenting young men.

Funded programs should build on, and not duplicate current Federal programs as well as State, local or community programs, and should coordinate with existing programs and resources as appropriate. Applicants should partner directly with local entities to ensure that the intended programmatic outcomes can be reached. Federal funds may not be used to supplant the non-Federal or other Federal funds that would otherwise be made available for an activity.

Teens and Young Adults

Funded recipients are expected to ensure that programs address the needs of teens and young adults.   Providing programs and/or services for expectant and parenting teens and young adults, some of who may fall into marginalized groups (homeless, unemployed, immigrants, criminal justice involved) can be addressed by providing programming that ensures the needs of these groups are being met. Examples of strategies to address these needs could include working with foster care and criminal justice systems, job training programs, alternative educational settings and/or General Educational Development GED programs.

Young Fathers

There are some promising and emerging best practices[1] on working with young fathers, but most programs that work with young parents focus on mothers. Funded applicants are expected to identify the needs of young fathers and design services and materials to meet their specific needs, gain knowledge on best practices for recruiting and retaining young fathers, work with staff to provide an organizational atmosphere that is young father friendly, and engage young fathers as partners. This could include, but not limited to providing educational support, assistance with gaining employment, and other services.

Medical Accuracy

Funded recipients are expected to ensure that materials used in any activities funded under this announcement are medically accurate and complete. The term "medically accurate and complete" means all medical information is 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. Applicants should describe the process to be used to ensure medical accuracy in the grant funded project, including how the review will be conducted and who will be responsible for reviewing materials. Funded applicants should provide OAH with detailed information about their review of materials for medical accuracy.

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[1] Bronte-Tinkew, J, Burkhauser, M, Metz, A. National Responsible Fatherhood Clearinghouse. Administration for Children and Families. (2008) Elements of Promising Practice in Teen Fatherhood Programs: Evidence-Based and Evidence-Informed Research Findings on What Works. http://www.lacdcfs.org/katiea/docs/EPP.pdf

Performance Measures

Performance measures are critical for accountability purposes. OAH uses performance measures to demonstrate whether grant projects are making sufficient progress toward their stated missions and are serving the public interest. A solid performance measurement system also provides agency leadership and stakeholders with information that will help guide program management. For grantees, performance measures are critical for continuous quality improvement (CQI) in program implementation, informing stakeholders of progress, and informing sustainability efforts. OAH uses a web-based data reporting system in which grantees enter their performance measure data. All funded recipients will be expected to collect and report on a common set of performance measures to assess program implementation and whether the program is achieving intended outcomes. Generally, there are four broad categories of performance measures that OAH anticipates all grantees will be required to track: (1) participant demographics (e.g., age, gender, race, ethnicity) (2) output measures (e.g., number of participants served, services and referrals provided); (3) implementation and capacity building (e.g., trainings, community partnerships, public awareness strategies); and (4) outcome measures (e.g., educational attainment, birth spacing, repeat teen pregnancy). Applicants are required to collect performance measure data from individual participants, as well as of their staff and partners and should describe their capacity to report on such performance measures. The measures were approved by the Office of Management and Budget (OMB) for collection and reporting in 2014 (OMB No.0990-0416, Exp. Date 03/31/2017). OAH will provide training on collecting and reporting required performance measure data. A list of measures is included in Appendix B of this FOA.

In addition to the uniform set of performance measures required by OAH, grantees may identify and require implementation partners to collect and report data on other performance measures specific to the intended outcomes of the program being implemented. No later than 180 days before the Report to the State or tribe (see below) is due, the grantee shall identify and inform implementation partners about any additional performance measures, criteria or standards that they will be required to report on. The grantee shall also establish and inform implementation partners about the format of the report.

Report to the State or Tribe

For each year that the grantee provides an eligible institution or organization with funds from the PAF, the grantee must receive a report from the funded institution or organization that includes the following information:

1. An itemization of the organization's expenditures on services for expectant and parenting teens, women, fathers and their families;

2. A review and evaluation of the performance of the organization in fulfilling the program requirements as specified in this funding opportunity, including a report on the required performance measures; and

3. A description of the achievement of the organization in meeting the needs of expectant and parenting teens, women, fathers and their families, and the frequency of use of the program by expectant and parenting teens, women, fathers and their families.

The funded State or tribe must determine the format of the report and the date by which the report is due from funded institutions or organizations. The funded State or tribe should submit a copy of reports received from funded institutions or organizations to OAH.

Grantee Evaluation

Grantees may propose to evaluate their program and disseminate the evaluation results to enhance the evidence-base of what works in serving expectant and parenting teens, women, fathers and their families. Grantees may spend no more than 10% of awarded funds on evaluation activities. The 10% budget limit does not include funds to collect and report the required performance measure data. OAH anticipates that grantees use the evaluation funds to conduct an in-depth implementation study; to assess participant knowledge, attitudes, and beliefs; and/or to assess participant satisfaction.

AUTHORITY: Sections 10211-10214 of the Patient Protection and Affordable Care Act (Public Law 111-148)

II. AWARD INFORMATION

The Office of Adolescent Health intends to make available approximately $ 1.6 million for competing grants. The final funding amount available will not be determined until enactment of the FY 2015 federal budget.

Grants will be funded in annual increments (budget periods) and are generally approved for a project period of up to five (5) years, although shorter project periods may be approved.

Funding for all approved budget periods beyond the first year of the grant is generally level with the initial award amount and is contingent upon the availability of funds, satisfactory progress of the project, and adequate stewardship of Federal funds.

Award Information

Estimated Funds Available for Competition: $1,600,000

Anticipated Number of Awards: up to 3

Range of Awards: $500,000 - $800,000 per budget period

Anticipated Start Date: 08/01/2015

Period of Performance: Not to exceed 5 years

Budget Period Length: 12 months

Type of Award: Grant

Type of Application Accepted: Electronic via Grants.gov **ONLY unless an exemption is granted**

III. ELIGIBILITY INFORMATION

1. Eligible Applicants

Any State, which includes the District of Columbia, any commonwealth possession, or other territory of the United States, and any Federally-recognized Indian tribe, reservation, or consortium or council, is eligible to apply for a grant under this announcement. The authorized representative from the State or tribe shall apply for and administer the grant awarded under this announcement. A signed letter from the authorized representative must accompany the application; it should include documentation establishing the authorized representative's authority to apply for and administer the grant funds on behalf of the State or tribe. Appropriate

agencies that might apply on behalf of the State or tribe could include, but are not limited to the following types of entities: State education, human services, or health agencies. Interested State agencies are encouraged to partner with other interested State agencies early in the application process to ensure that the needs of the target population in that State will be met through this grant. Each State or tribe is allowed only one eligible application for submission.

2. Cost Sharing or Matching

An Institution of Higher Education that receives funding from a grantee to provide services under Category 1 is required to provide a match from non-Federal funds in the amount of 25 percent of the amount of funding provided. The match may be in cash or in-kind. High schools, community service centers and State Attorneys General receiving funds from a State or tribe to provide services under Categories 2, 3, or 4 are not required to provide matching or cost sharing.

While there is no cost sharing requirement for Categories 2, 3, or 4 in this funding opportunity, applicants and any collaborating partners are welcome to devote resources to this effort. Any indication of institutional support from the applicant and its collaborators indicates a greater potential of success and sustainability of the project. Examples of institutional support could include: donated equipment and space, institutional funded staff time and efforts, or other investments. Applicants 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/or resources to the project. Successful applicants should build on, but not duplicate existing Federal programs as well as State, local, tribal, or community programs and coordinate with existing resources in the community.

3. Responsiveness and Screening Criteria

Application Responsiveness Criteria

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 will not be reviewed.

The applicant appears to have demonstrated:

A. All eligible applicants as described in Section III must include a letter from the Authorized Representative stating the applicant is authorized to apply on behalf of the specified State or tribe.

B. A State or tribe may only submit an application for one project as evidenced by the description in the Abstract Summary.

C. (**CATEGORY 3 ONLY**): All applicants for Category 3 funding must include a partnership with the State Attorney General or functional equivalent for tribes to assist in providing services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking. Applicants requesting funding for Category 3 must include a Memorandum of Understanding (MOUs) or Letter of Commitment from the State Attorney General or functional equivalent for tribes in its application.

Application Screening Criteria

All applications appropriately submitted will be screened to assure a level playing field for all applicants. If duplicate applications from the same organization for the same project are successfully submitted, only the last application received by the deadline will be reviewed.

Applications that fail to meet the screening criteria described below will **not** be reviewed and will receive **no** further consideration.

1. Applications must be submitted electronically via www.grants.gov (unless an exemption was granted 2 business days prior to the deadline) by Monday, May 18, 2015 at **5:00pm Eastern Time.**

2. The Project Narrative section of the application must be double-spaced, on the equivalent of 8 ½ " x 11" inch page size, with 1" margins on all sides (top, bottom, left and right) and font size not less than 12 points. The Project Narrative must not exceed 35 pages. NOTE: The following items do not count toward the page limit: all required forms, including SF- 424 and SF 424A, SF-424B, SF-LLL, Project Abstract Summary and Budget narrative.

3. The total application including Appendices must not exceed 65 pages. NOTE: items noted above do not count toward total page limit.

4. Proposed budget does not exceed maximum indicated in Range Awards

5. The application has met the **Application Responsiveness Criteria** outlined above.

IV. APPLICATION AND SUBMISSION

INFORMATION

1. Information to Request Application Package

Application packages may be obtained electronically by accessing Grants.gov at http://www.grants.gov/. If you have problems accessing the application or difficulty downloading, contact:

Grant Operations Center, Office of Grants Management Operations Center, telephone

1-888-203-6161, or email ASH@LCGnet.com.

2. <u>Content and Form of Application Submission</u>

Letter of Intent

Prospective applicants are asked to submit a letter of intent as early as possible, but no later than the April 17 2015. A letter of intent is not required, it is non-binding, and does not enter into the review of a subsequent application; the information that it contains allows HHS/OASH to estimate the potential review workload and plan the review. The letter of intent should be sent via email to the Program AGENCY CONTACT listed in Section VII Agency Contacts. The letter of intent should include a descriptive title of the proposed project, the name, address and telephone number for the designated authorized representative of the applicant organization, and the FOA number and title of this announcement.

<u>Application Format</u>

Applications must be prepared using forms and information provided in the online grant application package.

The Project Narrative, and total application including appendices, must adhere to the page limit indicated in Application Screening Criteria. Project Narrative pages must be double-spaced.

The applicant should use an easily readable typeface, such as Times New Roman or Arial, 12-point font. Tables may be single spaced and use alternate fonts but must be easily readable. The page limit does not include budget, budget narrative/ justification, required forms, assurances, and certifications as described in Application Screening Criteria. All pages, charts,

figures, and tables, whether in the narrative or appendices, should be numbered. Applications that exceed the specified page limits when printed on 8.5" X 11" paper by HHS/OASH/OGM will not be considered. We recommend applicants print out their applications before submitting electronically to ensure that they are within the page limit and are easily readable.

Appendices

Appendices should include any specific documents outlined in the Application Content section of this FOA. If not specified, appendices may include curriculum vitae, organizational structure, examples of organizational capabilities, or other supplemental information which supports the application. Brochures and bound materials 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. Appendices created specifically for the application should use the same formatting required for the Project Narrative, including double-line spacing. However, appendix documents that were not created directly in response to this funding announcement, especially those imported from other sources and documents, may use other formatting but must be easily readable (e.g., organizational structure).

Project Abstract

Applicants must complete the Project Abstract Summary form provided in the application package. 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 and program summary documents. Abstracts may be published by HHS/OASH and should not include sensitive or proprietary information.

Budget Narrative

The Budget Narrative text should use the formatting required of the Project Narrative for the explanatory text. Budget tables may be single-spaced but should be laid out in an easily-readable format and within the printable margins of the page.

Electronic Submission

The HHS Office of the Assistant Secretary for Health (HHS/OASH) requires all applications be submitted electronically via the Grants.gov portal unless an exemption has been granted. Any applications submitted via any other means of electronic communication, including facsimile or electronic mail, *will not* be accepted for review.

You may access the Grants.gov website portal at http://www.grants.gov. All HHS/OASH funding opportunities and grant application packages are made available on Grants.gov.

Applications will not be considered valid until all application components are received via Grants.gov by the HHS/OASH Office of Grants Management according to the deadlines specified in the DATES section on page 1 of this announcement. Application submissions that do not adhere to the due date and time requirements will be deemed ineligible.

Applicants are encouraged to initiate electronic applications early in the application development process. This will aid in addressing any problems with submissions prior to the application deadline. Any files uploaded or attached to the Grants.gov application must be of the following file formats – Microsoft Word, Excel or PowerPoint, Adobe PDF, or image formats (JPG, GIF, TIFF, or BMP only). Even though Grants.gov allows applicants to attach any file format as part of their application, HHS/OASH restricts this practice and only accepts the file formats identified above. Any file submitted as part of the Grants.gov application that is not in a

file format identified above will not be accepted for processing and will be excluded from the application during the review process.   The application must be submitted in a file format that can easily be copied and read by reviewers. We do not recommend that you submit scanned copies through Grants.gov unless you confirm the clarity of the documents. Pages cannot be reduced resulting in multiple pages on a single sheet to avoid exceeding the page limitation. All documents that do not conform to the above will be excluded from the application during the review process.

A. **<u>Important Grants.gov Information</u>**

You may access the electronic application for this program on http://www.grants.gov. You must search the downloadable application page by the Funding Opportunity Number or CFDA number.

To ensure successful submission of applications, applicants should carefully follow the step-by-step instructions provided at http://www.grants.gov/web/grants/applicants/apply-for-grants.html . These instructions are kept up-to-date and also provide links to Frequently Asked Questions and other troubleshooting information.

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

- You are required to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants or cooperative agreements. It is a unique, nine-digit identification number, which provides unique identifiers of single business entities. The DUNS number is *free and easy* to obtain.

- Instructions are available on the Grants.Gov web site as part of the organization registration process at http://www.grants.gov/web/grants/applicants/organization-registration.html.

- All applicants must register in the System for Account Management (SAM)). You should allow a *minimum* of five days to complete the SAM registration. Grants.gov will reject submissions from applicants with nonexistent or expired SAM Registrations. You can register with the SAM online and it will take about 30 minutes (https://www.sam.gov).

- You must renew your SAM registration each year. Organizations registered to apply for Federal grants through http://www.grants.gov will need to *renew* their registration in SAM.

- It may take 24 hours or more for SAM updates to take effect in Grants.gov, so potential applicants should ***check for active registration well before the application deadline.***

- Applicants must maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by an HHS agency.

An award cannot be made until the applicant has complied with these requirements. In accordance with 2 CFR 25.205, at the time an award is ready to be made, if the intended recipient has not complied with these requirements, HHS/OASH:

- May determine that the applicant is not qualified to receive an award; and

- May use that determination as a basis for making an award to another applicant.

Should you successfully compete and receive an award, all first-tier sub-award recipients

must have a DUNS number at the time the recipient makes a sub-award.

B. Application Content

Successful applications will contain the following information:

Project Narrative

The Project Narrative is the most important part of the application, since it will be used as

the primary basis to determine whether or not your project meets the minimum requirements for

a grant under this announcement. The Project Narrative should demonstrate that the recipient is

prepared to begin implementing services as soon as the grant is awarded. The plan should

identify any challenges to implementing services upon funding and specify how those challenges

will be addressed. The Project Narrative should provide a clear and concise description of your

project. HHS/OASH recommends that your project narrative include the following:

Problem Statement

Organizational Capability

Project Management

Goals, Objectives and Logic Model

Proposed Intervention

Stakeholder Organizations and Partners

Performance Measurement and Evaluation

Problem Statement

Clearly and succinctly describe, in both quantitative and qualitative terms, the nature and scope of the specific issues facing expectant and parenting teens, young adults, women, fathers and their families in the areas and/or institutions being targeted. Describe the needs of expectant and parenting teens, young adults, women, fathers and their families in the target institution/community and how the program will benefit the target population; and/or the need to increase public awareness and education concerning any services available to expectant and parenting teens, young adults, women, fathers and their families. Describe the analyses or needs assessments that were completed to identify the specific target populations and/or geographic areas and their needs. Include brief descriptions of existing programs that address the issues and gaps. Demonstrate that the applicant has assessed how best to use the available grant funds and where funds will be of most assistance by serving those with the greatest need that are underserved.

Organizational Capability

Describe the organizational structure of the responsible Department or work unit that will oversee the grant project and the capabilities it possesses. Include information about personnel, time and facilities, and describe the organization's capacity to provide the rapid and effective use of resources needed to conduct the project and collect necessary data. Describe the organization's experience, expertise, and previous accomplishments in working with expectant and parenting teens, young adults, women, fathers (particularly young fathers) and their families. Describe the available resources and organizational capability to manage and implement the project, as well as coordinate with other agencies and organizations. Describe the key staff and

their roles. Curriculum vitae for key personnel should be included in the Appendices, which has 65-page limit, rather than as a part of the project narrative.

Project Management

Describe the project management and partner monitoring plan for the grant, including a clear delineation of the roles and responsibilities of project staff and sub-awardees and partners and how they will contribute to achieving the project's objectives and outcomes. Sub-awardees do not need to be identified at the time of the application, but the applicant should describe how the sub-awardees will be identified. Describe how it will ensure program integrity, including a description of the steps that will be taken to ensure that the grant funds are used effectively and efficiently. Address how the State or tribe will ensure the grant funds are used consistent with the authorizing statute and in accordance with the provisions set forth in this funding announcement. Describe the criteria it will establish in making any sub-awards, how it will monitor sub-awardees, and how it will coordinate efforts to assist expectant and parenting teens, women, fathers and their families. Describe the approach that will be used to monitor and track progress on the project's tasks and objectives. OAH expects that, throughout the grant period, the grantee Project Director will have involvement in, and substantial knowledge about, all aspects of the project.

Goals, Objectives, and Logic Model

Describe the project's goal(s) and major objectives. Describe the proposed project through a detailed logic model that clearly depicts the inputs and activities of the project and the intended

outputs and outcomes (short- and long-term). Goal statements should be directly supported by related outcome objectives that are Specific, Measurable, Achievable, Realistic, and Time-framed (SMART).   These should be designed to identify and monitor progress in the development and implementation of the project, as well as to measure program outcomes. Describe how services, supports and linkages to existing services will improve the outcomes for expectant and parenting teens, young adults, women, fathers and their families. Measures of program outcomes should be tied to the performance measures and may include, but are not limited to, graduation rates, school retention and reduction in drop-out rates, parenting skills, maintained co-parenting relationships, subsequent pregnancy rates, and other maternal and child health outcomes.   Indicate plans for future programmatic strategic planning to further engage key partners and ensure a seamless network of services.

Proposed Intervention

Provide a clear and concise description of the program(s), activities, and services being proposed and describe how the approach is based upon the applicant's experience and the needs of the target population. Describe how grant funds will be used, including which of the allowable categories it will direct funds toward (Category 1: postsecondary student support, Category 2: high school and community service center support, Category 3: reducing violence against eligible pregnant women, and/or Category 4: public education/awareness).

Describe the activities to be undertaken, how they address system gaps and identified issues and challenges, and how they will assist in achieving the overall project goals and objectives. Explain

the rationale for using a particular intervention and present a clear connection between identified system gaps and needs and the proposed activities.   Present detailed information for how all category-specific and cross-category specific expectations will be addressed (pp. 5 – 6 and 16 - 25). Clarify why the specific activities were selected (i.e. has this approach been successful in other settings? Is there evidence to support this direction?) and note any major barriers anticipated and how the project will be able to overcome those barriers. If applicable, demonstrate how the various activities from different categories will be integrated with one another to provide comprehensive, wraparound service.

Describe how the proposed programs or practices are evidence-based or evidence-informed, and culturally and linguistically appropriate. Provide data or specific references to support the effectiveness of the proposed programs and/or activities and, if applicable, demonstrate how proposed evidence-informed programs or strategies are theory-based. Describe how the applicant will ensure that all program materials are medically accurate and complete.

Describe how the applicant will link to existing resources and health, education, and social services, and provide specific examples of partnerships, linkages, or networks that already exist or will be developed with the grant in order to provide expectant and parenting teens, young adults, women, fathers and their families' access to necessary services. If applicable, provide clear and reasonable guidelines or limits on the use of funds for public awareness and education activities.

Stakeholder Organizations and Partners

Describe how the applicant will involve service recipients, existing health, education, and social service providers, institutions of higher education, high schools, community services centers and/or its State Attorneys General, as appropriate, in the design and implementation of the proposed project. Include clear roles and responsibilities for each partner in this section to provide a thorough description of the project's intended management structure. Include signed Memoranda of Understanding or Letters of Commitment for all organizations and entities that are named as a sub-awardee or primary partner to carry out any aspect of the project that detail the specific role and resources that will be provided, or activities that will be undertaken, in support of the applicant. Key partners should be included in the development of the application.

Performance Measurement and Evaluation

Clearly identify the measurable outcome(s) that the project is designed to impact. Describe how the applicant plans to establish benchmarks for each measurable outcome. Describe its capability to collect and report on the set of OAH-required process and outcome performance measures (see Appendix B).

Describe its capability to implement monitoring and reporting systems to aid in internal data collection around metrics for successful achievement of performance measures. Describe how it will identify any additional performance measures, criteria or standards that implementation partners will be required to collect and report on.

Describe the methods to be used to evaluate the program and disseminate the evaluation results to enhance the evidence-base of what works in serving expectant and parenting teens, women, fathers and their families. Describe the focus of the evaluation (i.e., in-depth implementation study; assessment of participant satisfaction, knowledge, attitudes, or beliefs) and the key evaluation questions that will be addressed. Describe the quantitative and qualitative tools and techniques that will be employed and how they will identify, document, and share evaluation findings. Describe the methods that will be used to disseminate the project's results and findings in a timely manner and in easily understandable formats to the target audience, the general public, and other stakeholders who might be interested in using the results of the project. No more than 10% of the Federal grant funds may be used to support grantee-led evaluation efforts (see page 29 - 30).

Budget Narrative

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 multi-year budgets based on level funding for each budget period. A level-funded budget is equal to the exact dollar figure of the year one budget. *Please Note:* Because the proposal must demonstrate a clear and strong relationship between the stated objectives, project activities, and the budget, the budget justification should describe the *cost estimated per proposed project, activity, or product*. This budget justification should define the amount of work that is planned and expected to be performed and what it will cost. The Budget Narrative does not count toward your total application page limit.

Matching funds and/or specific contributions proposed to meet the cost sharing requirement from institutions of higher education funded under Category 1 must be fully identified and described. For in-kind contributions, the source of the contribution and how the valuation of that contribution was determined must also be described. Provide a general description of how the proposed budget, s, and sub-awardees' budgets support the administrative and programmatic activities necessary to manage the program and to accomplish the proposed activities. In all cases, applicants should thoroughly describe the scope of the proposed project and justify the size of their budget request for each category of allowable services for which they are applying.

Grant applicants should include in their budget and work plan the attendance of at least three key staff persons, including the Project Director, to a 2-day grantee conference in Washington DC in 2015 and 2017; and the attendance of the Project Director to a 1-2 day meeting in Washington DC in 2016. The grantee Project Director and two additional staff are expected to attend and/or participate in the conference in 2015 and 2017. Grantees should include funds to attend the conference in their budget, including transportation and lodging at the conference site. All grantee Project Directors will be required to attend the Project Directors meeting in 2016 and 2018 and should include funds to attend the meeting in their budget.

Appendices
All items described in this section will count toward the total page limit of your application.
Letter from Authorized Representative
Appendices should include the Letter from the Authorized Representative authorizing the agency to apply on behalf of the State or tribe.

Memoranda of Understanding or Letters of Commitment

Memoranda of Understanding (MOUs) or Letters of Commitment are required for all organizations and entities that have been specifically named as a sub-awardee or primary partner to carry out any aspect of the project. The signed MOUs or letters of commitment *must detail* the specific role and resources that will be provided, or activities that will be undertaken, in support of the applicant. These documents must also demonstrate current commitment from the partners to this specific project being proposed in the application. The organization's expertise, experience, and access to the targeted population(s) should also be described in the letter of commitment.

Letters of commitment are not the same as letters of support. 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/task. Letters of support may indicate an intent or interest to work together in the future, but they lack specificity. Applicants should NOT provide letters of "support," letters of support will be removed from the application package and not considered during the review.

Work Plan

Include a statement of the project's overall goal, anticipated outcome(s), key objectives, and the major tasks, action steps, or products that will be pursued or developed to achieve the goal and outcome(s). For each major task of each year, action step, or product, the work plan should identify the timeframes involved (including start- and end-dates), the lead person responsible for completing the task, and should cover all five years of the proposed project. The first six-months of the project can be used for a phased-in implementation period to allow the project to finalize

partnerships and secure support for strong implementation. The work plan should include a

sustainability goal with corresponding objectives activities focused on implementing strategies

aimed at sustaining the project over time. Grantees are encouraged to develop a sustainability

plan with their partners and key stakeholders. OAH has developed Sustainability Tools that can

be used in the development of sustainability plans. Tools available include a Sustainability

Framework, Assessment, Resource Guide, and E-Module and can be found at:

http://www.hhs.gov/ash/oah/resources-and-publications/learning/sustainability/index.html

Include the need for training to support program staff with implementation of program models

and activities and for professional development purposes.

The first cohort of PAF grantees experienced several challenges with initial program

implementation. Applicants are encouraged to consider some of these challenges and ensure that

their work plans take into consideration these types of barriers and any others relevant to the

applicant and plan appropriately.

Examples of challenges/barriers:

- Delay receiving approval from State to accept funding

- Staffing challenges (hiring and turnover)

- Training needs

- Change in State-level management

- Longer-than-expected time frames for activities

- Difficulty recruiting participants

- Barriers to participant use of services

Other

The appendices may also include curriculum vitae for key personnel, organizational structure, examples of organizational capabilities, or other supplemental information, which supports the application. All information that is critical to the proposed project should be included in the body of the application.

3. Submission Dates and Times

The deadline for the submission of applications under this Program Announcement is **5:00 p.m. Eastern Time on the date indicated in the DATES section on page 1 of this announcement.** Applications must be submitted by that date and time.

Applications that fail to meet the application due date will not be reviewed and will receive no further consideration. You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or with http://www.grants.gov . Grants.gov can take up to 48 hours to notify you of a successful submission.

Unsuccessful submissions will require authenticated verification from http://www.grants.gov indicating system problems existed at the time of your submission. For example, you will be required to provide an http://www.grants.gov submission error notification and/or tracking number in order to substantiate missing the cut off date.

4. Intergovernmental Review

This program is subject to the Intergovernmental Review requirements of Executive Order 12372, "Intergovernmental Review of Federal Programs," as implemented by 45 CFR Part 100.

Applications under this announcement are subject to the requirements of Executive Order 12372, "Intergovernmental Review of Federal Programs," as implemented by 45 CFR part 100, "Intergovernmental Review of Department of Health and Human Services Programs and Activities." As soon as possible, the applicant should discuss the project with the State Single Point of Contact (SPOC) for the State in which the applicant is located. The current listing of SPOCs is available at http://www.whitehouse.gov/omb/grants_spoc. For those states not represented on the listing, further inquiries should be made by the applicant regarding submission to the relevant SPOC. The SPOC should forward any comments to the Department of Health and Human Services 1101 Wootton Parkway, Suite 550, Rockville, MD 20852. The SPOC has 60 days from the due date listed in this announcement to submit any comments. For further information, contact the HHS/OASH Office of Grants Management at 240-453-8822.

 5. Funding Restrictions

The allowability, allocability, reasonableness, and necessity of direct and indirect costs may be charged to HHS/OASH grants in accordance with Department regulations and policy effective at the time of the award. Current requirements are outlined at 45 CFR Part 75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 79 Federal Register 75871 (December 19, 2014).

Indirect costs may be included per 45 CFR 75.414. Applicants should indicate which method and/or rate is used for this application. To obtain a negotiated indirect cost rate with the Federal Government you may contact the Health and Human Services Division of Cost Allocation (DCA) Regional Office that is applicable to your State. A list of DCA Regional Offices is included in the grant application package for this announcement.

Pre-Award Costs:

Pre-award costs are not allowed.

Salary Limitation:

The Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235) limits the salary amount that may be awarded and charged to HHS/OASH grants and cooperative agreements. Award funds should not be budgeted to pay the salary of an individual at a rate in excess of Executive Level II. Currently, the Executive Level II salary of the Federal Executive Pay scale is $183,300. This amount reflects an individual's base salary <u>exclusive</u> of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under an HHS/OASH grant or cooperative agreement.

As an example of the application of this limitation: If an individual's base salary is $350,000 per year plus fringe benefits of 25% ($87,500) and that individual is devoting 50% of their time to this award, their base salary should be adjusted to $183,300, their direct salary would be $91,650 (50% FTE), fringe benefits of 25% would be $22,912.50, and a total of $114,562.50 may be included in the project budget and charged to the award in salary/fringe benefits for that individual. See the breakdown below:

Individual's *actual* base full time salary: $350,000	
50% of time will be devoted to project	
Direct salary	$175,000
Fringe (25% of salary)	$43,750
Total	$218,750

Amount that may be claimed on the application budget due to the legislative salary limitation:	
Individual's base full time salary *adjusted* to Executive Level II: $183,300	
50% of time will be devoted to the project	
Direct salary	**$91,650**
Fringe (25% of salary)	**$22,912.50**
Total amount	**$114,562.50**

Appropriate salary limits will apply as required by law.

6. Other Submission Requirements

    A letter signed by the Authorized Representative must include the Catalog of Federal

Domestic Assistance (CFDA) Number 93.500 and "Support for Expectant and Parenting Teens,

Women, Fathers and their Families" as the funding announcement to which the application is

responding. The letter should also include a citation of the authority of the authorized

representative to apply for and administer funds on behalf of the State or tribe.

V. APPLICATION REVIEW INFORMATION

1. <u>Criteria:</u>   Eligible applications will be assessed according to the following criteria.

Applicants are expected to demonstrate their ability to begin implementing services as soon as

the grant is awarded and identify any challenges to implementing services upon funding and

specify how those challenges will be addressed.

Description of Problem/Need: (15 points)

- The extent to which the applicant clearly identifies the needs, using quantitative and

    qualitative data, for support for the proposed geographic area or focal population of

    expectant and parenting teens, young adults, women, fathers and their families,

    - attending institutions of higher education or high schools or to be served by

        community service centers; and/or

    - for improving services for eligible pregnant women who are victims of domestic

        violence, sexual violence, sexual assault and stalking; and/or

    - the need to increase public awareness and education concerning any services

        available to expectant and parenting teens and women.

- The extent to which the applicant establishes a clear assessment of the needs related to

    expectant and parenting teens, young adults, women, fathers and their families. The

    applicant should include a description of existing programs and services and gaps.

- The extent to which the applicant identifies those with the greatest need, whether

    population groups or geographic areas, and describes how the funds will best be used to

    most effectively address the needs.

- The extent to which the applicant includes a clear statement of the needs for each of the

    service categories proposed.

Organizational Capability and Project Management: (15 points)

- The extent to which the applicant includes a description of its organizational structure and financial controls.

- The extent to which the applicant demonstrates its current capability to organize and operate the proposed project effectively and efficiently and the identification of appropriate personnel.

- The extent to which the applicant clearly describes the organization's experience, expertise and previous accomplishments in working in this area, and includes specific information about previous partnerships and strategies relevant to this application.

- The extent to which the applicant has experience engaging, providing services and/or implementing similar programs with the target populations, including young fathers and young adults.

- The extent to which the applicant provides clear delineation of the roles and responsibilities of project staff and sub-awardees and partners and how it will contribute to achieving the project's objectives and outcomes.

- The extent to which the applicant addresses how it will ensure program integrity, including a description of the steps that will be taken to ensure that the grant funds are used effectively and efficiently.

- The extent to which the applicant describes the criteria it will establish in making any sub-awards. The applicant should describe how it will monitor sub-awardees, and how it will coordinate efforts to assist expectant and parenting teens, women, fathers and their families. It should also describe the approach that will be used to monitor and track progress on the project's tasks and objectives.

Goals, Objectives Logic Model, and Work Plan: (15 points)

- The extent to which applicant plans to serve expectant and parenting teens, students, expectant and parenting young women and men, and their families.

- The extent to which the applicant includes a clear description of the proposed project, including goal statements and related outcome objectives that are Specific, Measureable, Achievable, Realistic, Time-framed (SMART) designed to identify and monitor the program.

- The extent to which the application includes a logic model for the proposed project that clearly identifies the inputs, outputs, and outcomes for the proposed project.

- The extent to which the applicant describes how services, supports and linkages to existing services will improve the outcomes for expectant and parenting teens, young adults, women, fathers and their families.

- The extent to which the application includes measures of program outcomes that are tied to the performance measures and may include, but are not limited to, graduation rates, school retention and reduction in drop-out rates, parenting skills, maintenance of co-parenting relationships, subsequent pregnancy rates, engagement of fathers/retention and recruitment of fathers and other maternal and child health outcomes.

- The extent to which the applicant plans for future programmatic strategic planning to further engage key partners and ensure a seamless network of services is created.

- The extent to which the applicant provides a detailed Work Plan that includes the project's overall goal, anticipated outcome(s), key objectives, and the major tasks, action steps, or products that will be pursued or developed to achieve the goal and outcome(s). The Work Plan should cover all five years of the proposed project. The first

six months of the project can be used for a phased-in implementation period to allow the project to finalize partnerships and secure support for strong implementation. The work plan should include a sustainability goal and corresponding objectives and activities focused on sustaining the program over time. Grantees are encouraged to develop a sustainability plan with their partners and key stakeholders.

Proposed Intervention: (20 points)

- The extent to which the applicant provides a clear and concise description of the program(s), activities, and services being proposed to address the needs of the target population, particularly OAH's priority populations, young fathers and young adults.

- The extent to which the applicant provides clear direction demonstrating the actual activities proposed, the allowable implementation category the activities fit into, and plans to integrate all proposed activities into a comprehensive program.

- The extent to which the application addresses how the proposed activities will address the needs of the target populations and target community(ies).

- The extent to which the application addresses all category-specific and cross-category-specific expectations.

- The extent to which evidence-based or evidence-informed programs or practices will be utilized and the rationale for their use. Data or specific references should be included to support the effectiveness of the proposed programs and activities. Evidence-informed strategies should be linked to a theory of change.

- The extent to which the applicant describes how it will ensure project-supported activities is culturally and linguistically appropriate and medically accurate and complete.

- The extent to which the proposed intervention and activities address system gaps and identified issues and challenges, such as barriers to implementation, processes, procedures, monitoring, and coordination; and will assist in achieving overall program goals and objectives.

- The extent to which the applicant demonstrates that it is leveraging existing resources and linkages to existing services.

- The extent to which the plan includes clear and reasonable guidelines or limits on the use of funds for public awareness and education activities, as applicable.

Stakeholder Organizations and Partners: (15 points)

- The extent to which the applicant has and will involve service recipients, existing health, education, and social service providers, institutions of higher education, high schools, community service centers and/or the State Attorneys General in the design and/or implementation of the proposed project.

- The extent to which clear roles and responsibilities for each partner are identified.

- The extent to which a current Memoranda of Understanding or Letter of Commitment is provided for all organizations and entities that are specifically named as a sub-awardee or primary partner to carry out any aspect of the project that describes the specific role and resources that will be provided, or activities that will be undertaken, in support of the

applicant, and the organization's expertise, experience, and access to the targeted population(s).

Outcomes and Evaluation: (10 points)

- The extent to which the applicant clearly identifies the measurable outcome(s) that the project is designed to impact.

- The extent to which the applicant demonstrates capacity to collect and report on OAH-required performance measures to monitor progress.

- The extent to which the applicant describes its capability to implement monitoring and reporting systems to aid in internal data collection around metrics for successful achievement of performance measures.

- The extent to which the applicant describes how it will identify any additional performance criteria or standards that will be used by implementation partners in submitting annual reports.

- The extent to which the applicant describes how performance measure data, criteria, or standards will be used to establish benchmarks for project success and to track internal processes.

- If proposing an evaluation beyond collection of performance measure data, the extent to which the applicant describes how it will evaluate the program and disseminate the evaluation results to enhance the evidence-base of what works in serving expectant and parenting teens, young adults, women, fathers and their families, including consulting with OAH on the evaluation design and implementation. (see pages 29 – 30 and 45 – 46 for more details).

Budget: (10 points)

- The extent to which the applicant provides a detailed first-year budget and line item justification for all operating expenses that is consistent with the proposed program objectives.

- The extent to which the applicant provides a combined multi-year budget for the five-year project period that is consistent with the proposed program objectives.

- The extent to which the applicant justifies the size of its budget request for each category of allowable services for which it is applying.

- The extent to which the applicant includes a budget for at least three staff to participate in the grantee conference in 2015 and 2017; and for the Project Director to participate in the Project Directors meeting in 2016.

- The applicant allocates no more than 10% of the budget for evaluation activities. Funds to collect and report performance measure data are not included in the 10% limit.

- The extent to which the applicant includes a match from non-Federal funds in the amount of 25 percent of the amount of funding provided from all Institutions of Higher Education that will receive funding from the applicant to provide services under Category 1, if applicable. If the specific IHEs that will receive funding are unknown at the time of the application, the applicant should describe how it plans to obtain the required match from the IHEs that are selected to receive funding in the future.

2. Review and Selection Process

Each HHS/OASH Program's office is responsible for facilitating the process of evaluating applications and setting funding levels according to the criteria set forth above.

An independent review panel will evaluate applications that pass the screening and meet the responsiveness criteria if applicable. These reviewers are experts in their fields, and are drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies. Based on the Application Review Criteria as outlined under Section V.1, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria. In addition to the independent review panel, Federal staff will review each application for programmatic, budgetary, and grants management compliance. Final award decisions will be made by the Director of the Office of Adolescent Health.   In making these decisions, the following additional criteria will be taken into consideration:

    a. Extent to which all four possible categories of funding are represented by PAF awards.

    b. Extent to which projects best promote the purposes of the Pregnancy Assistance Funds within the limit of funds available for such projects.

Review of Risk Posed by Applicant

The HHS/OASH will evaluate each application in the fundable range for risks posed by an applicant before issuing an award in accordance with 45 CFR Part 75.205. This evaluation may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If we determine that a Federal award will be made, special conditions that correspond to the degree of risk assessed by the applicant will be applied to the Federal award. OASH will use a risk-based approach and may consider any items such as the following:

(1) Applicant's financial stability;

(2) Quality of management systems and ability to meet the management standards prescribed in this part;

(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

(4) Reports and findings from audits performed; and

(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

3. Anticipated Announcement and Award Dates

HHS/OASH seeks to award funds as much in advance of the estimated project start date shown in Section II "Award Information," as practicable, with a goal of 10-15 days.

VI. AWARD ADMINISTRATION INFORMATION

1. Award Notices

The HHS Office of the Assistant Secretary for Health does not release information about individual applications during the review process. If you would like to track your application, please see instructions at http://www.grants.gov/web/grants/applicants/track-my-application.html. The official document notifying an applicant that a project application has been approved for funding is the Notice of Award (NOA), approved by a Grants Management Officer

of the HHS/OASH Office of Grants Management. Successful applicants will receive this document via system notification from our grants management system (Grant Solutions) and/or via e-mail. This document notifies the successful recipient of the amount of money awarded, the purposes of the grant, the anticipated length of the project period, terms and conditions of the grant award, and the amount of funding to be contributed by the grantee to project costs, if applicable. Grantees should pay specific attention to the terms and conditions of the award as indicated on the NOA, as some may require a time-limited response. The NOA will also identify the Grants Management Specialist and Program Project Officer assigned to the grant.

Unsuccessful applicants will be notified by the program office by email and/or letter and will receive summary comments pertaining to the application resulting from the review process. On occasion, some applicants may receive a letter indicating that an application was approved but unfunded. These applications are kept active for one year and may be considered for award without re-competing should funds become available during the hold period.

2. Administrative and National Policy Requirements

In accepting the grant award, the grantee stipulates that the award and any activities thereunder are subject to all provisions of 45 CFR parts 74 and 92, currently in effect or implemented during the period of the grant or other Department regulations and policies effective at the time of the award.

In addition, recipients must comply with all terms and conditions outlined in their grant awards, the Department of Health and Human Services (HHS) Grants Policy Statement, requirements imposed by program statutes and regulations and HHS grant administration

regulations, as applicable, as well as any requirements or limitations in any applicable appropriations acts.

Grant funds may only be used to support activities outlined in the approved project plan. The successful applicant will be responsible for the overall management of activities within the scope of the approved project plan.

Smoke- and Tobacco-free Workplace

The HHS/OASH strongly encourages all grant recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. This is consistent with the HHS/OASH mission to protect and advance the physical and mental health of the American people.

Acknowledgement of Funding

Federal grant support must be acknowledged in any publication developed using funds awarded under this program. All publications developed or purchased with funds awarded under this program must be consistent with the requirements of the program. Pursuant to 45 CFR § 74.36(a), HHS may reproduce, publish, or otherwise use materials developed under this grant for Federal purposes, and may authorize others to do so.

Trafficking in Persons

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to

http://www.hhs.gov/opa/grants/trafficking_in_persons_award_condition.html. If you are unable

to access this link, please contact the Grants Management Specialist identified in this funding opportunity announcement to obtain a copy of the term.

Efficient Spending

This award may also be subject to the HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items, and Printing and Publications available at http://dhhs.gov/asfr/ogapa/acquisition/effspendpol_memo.html.

Pilot Whistleblower Protection

A standard term and condition of award will be in the final notice of award; all applicants will be subject to a term and condition that applies the terms of 48 CFR section 3.908 to the award, and requires that grantees inform their employees in writing of employee whistleblower rights and protections under 41 U.S.C. 4712 in the predominant native language of the workforce.

Same-sex Spouses, Marriages, and Households

A standard term and condition of award will be included in the final Notice of Award (NOA) that states: "In any grant-related activity in which family, marital, or household considerations are, by statute or regulation, relevant for purposes of determining beneficiary eligibility or participation, grantees must treat same-sex spouses, marriages, and households on the same terms as opposite-sex spouses, marriages, and households, respectively. By "same-sex spouses," HHS means individuals of the same sex who have entered into marriages that are valid in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a

jurisdiction that recognizes same-sex marriage. By "same-sex marriages," HHS means marriages between two individuals validly entered into in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "marriage," HHS does not mean registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage."

Programmatic Reporting

Applicants funded under this grant announcement will be required to submit programmatic and performance measure reports.

1. Programmatic reporting includes the following: An annual progress report covering the budget period is due 90 days after the end of each budget period. Progress reports must be submitted by upload to our grants management system (GrantSolutions.gov) in the Grant Notes module.

2. Performance Measure Data shall be submitted to OAH no later than 90-days after the end of each twelve-month budget period. The measures were approved by the Office of Management and Budget (OMB) for collection and reporting in 2014 (OMB No.0990-0416, Exp. Date 03/31/2017). Performance measure data must be submitted by upload to the OAH PAF performance measure database (https://paf.rti.org).

3. A final progress report covering the entire project period is due 90 days after the end of the project period. Final reports must be submitted by upload to our grants management system (GrantSolutions.gov), in the Grant Notes module.

Financial Reporting

Grantees are required to submit quarterly and annual Federal Financial Reports (FFR) (SF-425). Reporting schedules will be issued as a condition of grant award. A final FFR covering the entire project period is due 90 days after the end of the project period. FFRs must be submitted via upload to our grants management system (GrantSolutions.gov), in the FFR module.

Quarterly cash reporting to the HHS Payment Management System on the FFR is also required. Please note these FFR reports are separate submissions via the Division of Payment Services. At this time, data is not transferable between the two systems and you will report twice on certain data elements. Grantees receiving $500,000 or greater of Federal funds must also undergo an independent audit in accordance with OMB Circular A-133 or regulations and policy effective at the time of the award.

Non-competing Continuation Applications and Awards

Each year of the approved project period, grantees are required to submit a noncompeting application, which includes a progress report for the current budget year, and work plan, budget and budget justification for the upcoming year. Specific guidance will be provided via Grant Solutions well in advance of the application due date.

FFATA and FSRS Reporting

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System (http://www.FSRS.gov) for all sub-awards and sub-

contracts issued for $25,000 or more as well as addressing executive compensation for both grantee and sub-award organizations.

VII. AGENCY CONTACTS

Administrative and Budgetary Requirements and Program Requirements:

For information related to administrative and budgetary requirements, contact the HHS/OASH Office of Grants Management grants specialist listed below.

Roscoe Brunson

1101 Wootton Parkway, Suite 550

Rockville, MD

Phone: 240-453-8822

Email: Roscoe.Brunson@hhs.gov

For information on program requirements, contact the program office, Office of Adolescent Health.

Letters of Intent can be sent via postal mail or email to the program contact at the address below.

Victor Medrano

1101 Wootton Parkway, Suite 700

Rockville, MD 20852

Phone: 240-453-2835

Email: Victor.Medrano@hhs.gov

VIII. OTHER INFORMATION

Application Elements

Application for Federal Assistance (SF-424)

Budget Information for Non-construction Programs (SF-424A)

Budget Narrative/Justification

Assurances for Non-construction Programs (SF-424B)

Disclosure of Lobbying Activities (SF-LLL)

Project Abstract Summary

Project Narrative including:

Need Statement; Organizational Capacity; Project Management Goal(s),

Objectives, and Logic Model; Proposed Intervention; Stakeholder Organizations

and Partners; Outcomes; and Evaluation.

Appendices including:

Memoranda of Understanding or Letters of Commitment from all key partners;

Curriculum vitae for key personnel, and

Other supplemental information to support the application.

_____
Evelyn M. Kappeler
Director, Office of Adolescent Health
FOA Appendices

Appendix A – Glossary of Terms

Appendix B –OAH-Required Performance Measures

Appendix A – Glossary of Terms

ACCOMPANIMENT- The term "accompaniment" means assisting, representing, and accompanying a woman in seeking judicial relief for child support, child custody, restraining orders, and restitution for harm to persons and property, and in filing criminal charges, and may include the payment of court costs and reasonable associated attorney and witness fees.

COMMUNITY SERVICE CENTER - The term "community service center" means a non-profit organization that provides social services to residents of a specific geographical area via direct service or by contract with a local governmental agency.

CULTURAL AND LINGUISTIC COMPETENCE – A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. Culture refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. Competence implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Source: http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=11)

CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES – Health care services that are respectful of and responsive to cultural and linguistic needs (National Standards for Culturally and Linguistically Appropriate Services in Health Care Final Report, OMH, 2001). The National Standards on Culturally and Linguistically Appropriate Services are available at http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15.

ELIGIBLE INSTITUTION OF HIGHER EDUCATION - The term "eligible institution of higher education" means an institution of higher education (as such term is defined in section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001)) that has established and operates, or agrees to establish and operate upon the receipt of a grant under this part, a pregnant and parenting student services office.

ELIGIBLE PREGNANT WOMAN – The term "eligible pregnant woman" means any female of any age who is pregnant on the date on which she becomes a victim of domestic violence, sexual violence, sexual assault, or stalking or who was pregnant during the one-year period before such date.

EVIDENCE-BASED PROGRAM: A program that has (i) demonstrated impacts on key outcomes through-rigorous research and evaluation, and (ii) been identified through a systematic independent review that considers both study design (RCT or QED) and the quality of the research study conducted.

EVIDENCE-INFORMED PROGRAM – Includes new or emerging programs that are theory-based and have been implemented previously, even on a limited scale or in a limited setting, and yielded promising results.

HEALTH LITERACY- The capacity to obtain, process, and understand basic health information and services to make appropriate health decisions.
http://www.cdc.gov/healthliteracy/ http://www.health.gov/communication/literacy/

HIGH SCHOOL - The term "high school" means any public or private school that operates grades 10 through 12, inclusive, grades 9 through 12, inclusive or grades 7 through 12, inclusive.

INTERVENTION SERVICES - The term "intervention services" means, with respect to domestic violence, sexual violence, sexual assault, or stalking, 24-hour telephone hotline services for police protection and referral to shelters.

MEDICALLY ACCURATE AND COMPLETE – The term "medically accurate and complete" means all medical information is 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.

SECRETARY- The term "Secretary" means the Secretary of Health and Human Services.

STATE - The term "State" includes the District of Columbia, any commonwealth, possession, or other territory of the United States.

SUPPORTIVE SOCIAL SERVICES - The term "supportive social services" means transitional and permanent housing, vocational counseling, and individual and group counseling aimed at preventing domestic violence, sexual violence, sexual assault, or stalking.

TRIBES – any Federally-recognized Indian tribe, reservation, or consortium or council

VIOLENCE – The term "violence" means actual violence and the risk or threat of violence.

Note: The term "participants" references target populations among expectant and parenting teens, women, fathers and their families.

Performance Measure	Performance Question
All Grantees	
0.01 Number and percentage distribution of eligible participants enrolled in the program, by participant category	How many eligible participants received at least one activity? Indicate the total number in each category below. a) Expectant female teens (19 years and younger) b) Expectant male teens (19 years and younger) c) Parenting teen mothers (19 years and younger) d) Parenting teen fathers (19 years and younger) e) Expectant women (20 years and older) f) Expectant men (20 years and older) g) Parenting women (20 years and older) h) Parenting men (20 years and older) i) Children (of expectant or parenting participants [reported in a to h above)
0.02 Number and percentage distribution of non-participant extended family members	How many non-participant extended family members received at least one activity? Indicate the number served in each category. a) Parent or Guardian of the expectant or parenting participant b) Grandparent of the expectant or parenting participant c) Spouse of the expectant or parenting participant d) Partner of the expectant or parenting participant e) Other Specify:_____
0.03 Number and percentage distribution of expectant and parenting participants, by age group	What is the age of expectant and parenting participants? Indicate the total number in each category below. a) 12 years and younger b) 13 years old c) 14 years old d) 15 years old e) 16 years old

	f) 17 years old g) 18 years old h) 19 years old i) 20-24 years j) Over 24 years old
Performance Measure	**Performance Question**
0.04 Number and percentage distribution of expectant and parenting participants, by Hispanic or Latino ethnicity	What is the ethnicity of expectant and parenting participants? Indicate the total number in each category below. a) Hispanic or Latino b) Not Hispanic or Latino c) Unknown or not reported
0.05 Number and percentage distribution of expectant and parenting participants, by race	What is the race of expectant and parenting participants? Indicate the total number in each category below. a) Asian b) Black or African American c) American Indian or Alaska Native d) Native Hawaiian or Other Pacific Islander e) White f) More than one race g) Unknown or not reported
0.06 Number and percentage distribution of expectant and parenting participants, by their current relationship status	What is the current relationship status of expectant and parenting participants? a) Married b) Not married (never married, divorced, separated, or widowed) but living with a boyfriend/girlfriend/partner (cohabiting) c) Neither married nor cohabiting d) Missing

Performance Measure	Performance Question
0.07 Number of expectant and parenting participants, by their current living arrangement at program entry	What is the current living arrangement of expectant and parenting participant? Indicate the total number in each category. a) Lives alone or with child/children b) Lives with spouse/partner c) Lives with parent(s) d) Lives with spouse's/partner's parent(s) or other related adult(s) e) Lives with other unrelated adult(s) f) Lives in foster or group home g) Homeless/no permanent residence h) Other (Specify:_____) i) Missing
0.08 Number of expectant and parenting female participants that receives (in the last 4 weeks) financial or social support for themselves or their (youngest) child from the child's father	How many expectant or parenting female participants received any financial or social support for themselves or their (youngest) child from the child's father in the last 4 weeks? Indicate the total number in each category: a) Financial support (examples include giving the teen or woman money, child support payments, buying clothes, diapers or other supplies for the baby, paying for doctors' visits?) b) Social support (examples include assisting with child care, going to doctor's visits, helping with chores, assisting with transportation)
0.09 Number of expectant and parenting male participants that provides (in the last 4 weeks) financial or social support for their (youngest) child or the child's mother	How many expectant and parenting male participants provided financial or social support for their (youngest) child or the child's mother in the last 4 weeks? Indicate the total number in each category: a) Financial support (examples include giving the teen or woman money, child support payments, buying clothes, diapers or other supplies for the baby, paying for doctors' visits?) b) Social support (examples include assisting with child care, going to doctor's visits, helping with chores, assisting with transportation)

Performance Measure	Performance Question

0.10 Number of expectant and parenting participants and their dependent children that received services directly from program staff, by type of services received
 	
 (NOTE: Category 3 grantees should enter any services for Violence Against Women in question 3.1)
	How many expectant and parenting participants received any of the following services directly from program staff? Indicate the number in each category below.
	   a) Health care services (including prenatal care, postpartum care, reproductive health, pediatric care, and primary care)
	   b) Education support services (including tutoring services, credit recovery, individualized graduation plans, flexible scheduling, homebound instruction for extended absences, GED registration and enrollment, school re-enrollment assistance, college application assistance, financial aid resources or application assistance, dropout prevention services)
	   c) Child care services
	   d) Transportation Services
	   e) Parenting skills information
	   f) Healthy relationships information
	   g) Concrete supports (such as food, housing, clothing, furniture)
	   h) Case management services
	   i) Home visitation services
	   j) Vocational Services (including job training, career counseling, resume writing assistance)
	   k) Other Specify:

Performance Measure	**Performance Question**

0.11 Number of expectant and parenting participants and non-participant extended family members that were referred for service(s) by program staff, by type of service referrals offered (NOTE: Category 3 grantees should enter any services for Violence Against Women in question 3.1)	How many expectant and parenting participants and non-participant extended family members were referred by program staff at least once for any of the following services? Indicate the number referred in each category below.
	
	   a) Health care services (including prenatal, post-partum care, reproductive health, pediatric care, and primary care)
	   b) Education support services (including tutoring services, credit recovery, individualized graduation plans, flexible scheduling, homebound instruction for extended absences, GED registration and enrollment, school re-enrollment assistance, college application assistance, financial aid resources or application assistance, dropout prevention services)
	   c) Child care services
	   d) Parenting skills information
	   e) Transportation Services
	   f) Healthy relationships information
	   g) Concrete supports (such as food, housing, clothing, furniture)
	   h) Case management services

	i) Home visitation services j) Vocational Services (including job training, career counseling, resume writing assistance) k) Intimate Partner Violence Prevention services l) Other Specify: _____
Performance Measure	**Performance Question**
0.12 .Number of extended family members of expectant and parenting participants that were referred for service(s) by program staff 1)	How many extended family members of the expectant and parenting participants were referred by program staff at least once for any services? Indicate the total number referred. (Extended family members may include any family member who is not eligible for services, such as the participants' parents, legal guardians, grandparents) a) Health care services (including prenatal, post-partum care, reproductive health, pediatric care, and primary care) b) Education support services (including tutoring services, credit recovery, individualized graduation plans, flexible scheduling, homebound instruction for extended absences, GED registration and enrollment, school re-enrollment assistance, college application assistance, financial aid resources or application assistance, dropout prevention services) c) Child care services d) Parenting skills information e) Transportation Services f) Healthy relationships information g) Concrete supports (such as food, housing, clothing, furniture) h) Case management services i) Home visitation services j) Vocational Services (including job training, career counseling, resume writing assistance) k) Intimate Partner Violence Prevention services l) Other Specify:

Performance Measure	Performance Question
0.13 Number of new staff that receive initial training from the grantee or project partners	How many new staff (including teachers, facilitators, and human service professionals) has received initial training from the grantee or project partners? Please include only training provided to new staff.
0.14 Number of existing staff that receive supplemental or follow-up training from the grantee or project partners	How many existing staff (including teachers, facilitators, and human service professionals) has received supplemental or follow-up training from the grantee or project partners? Please include only training provided to existing staff.

0.15 Number of implementation partners with which the grantee has a formal or informal agreement to plan, coordinate, or implement project activities	How many formal and informal implementation partners currently involved in project planning, coordination, or implementation? Indicate the number in each category below.
	    a) Formal (grantee has an MOU/written agreement with an entity to help implement the program)
	    b) Informal (Entity that assists with program outreach or planning but no formal agreement is in place)

0.16 Number of formal and informal implementation partners that remains engaged for the entire program year	Of the formal and informal implementation partners that were engaged at the beginning of the program year, how many were still engaged at the end of the program year?
	    a) Number of formal partners
	    b) Number of informal partners

Category 1 Grantee Programs Only: (Grantees Working with Institutions of Higher Education (IHEs)):
Programs will need to measure IHE enrollment at the beginning of each quarter/semester so that they can track IHE graduation and continuation rates

Performance Measure	Performance Question

1.1 Number and percentage distribution of expectant and parenting IHE student participants, by type of Institution of Higher Education (IHE) where they are enrolled	How many expectant and parenting IHE student participants does the program serve?? Indicate the number for each category below.
	    a) Vocational/Technical School (Nursing certification, computer certification, etc.)
	    b) Community College
	    c) 4 year College or University
	    d) Other

Performance Measure	Performance Question

1.2 Number and percentage of expectant and parenting IHE student participants that graduates from the IHE	How many expectant and parenting IHE student participants graduated from the IHE? Indicate the number for each category below.
	    a) Vocational/Technical School (Nursing certification, computer certification, etc.)
	    b) Community College
	    c) 4 year College or University
	    d) Other

1.3 Number and percentage of expectant and parenting IHE student participants that enrolls in the next semester or quarter of classes	How many expectant and parenting IHE student participants are enrolled in the next semester or quarter of classes? Indicate the number for each category below.
	    a) Vocational/Technical School (Nursing certification, computer certification, etc.)
	    b) Community College
	    c) 4 year College or University
	    d) Other

1.4 Number of parenting IHE student participants 19 years and younger that reports a new pregnancy during the program year	How many parenting IHE student participants 19 years and younger reported a new pregnancy during the program year?

Category 2 Grantee Programs Only (Grantees Working with High Schools or Community Service Centers)
Programs will need to measure HS enrollment at the beginning of the school year so that they can track HS drop out and graduation rates
For GED students program will need to track GED program enrollment and completion throughout program year because of the flexible nature of GED programs and testing

Performance Measure	Performance Question
2.1 Number and percentage distribution of expectant and parenting participants, by high school enrollment status and grade level	What is the number of expectant and parenting participants by their high school enrollment status? Indicate the number for each category below. a) Enrolled, Freshman b) Enrolled, Sophomore c) Enrolled, Junior d) Enrolled, Senior e) Preparing for General Education Diploma (GED) f) Not enrolled in high school or preparing for the GED
Performance Measure	**Performance Question**
2.2 Number and percentage of expectant and parenting high school students served that drops out during the school year	How many expectant and parenting high school students served dropped out of high school during the school year?
2.3 Number and percentage of expectant and parenting high school seniors served that graduates at the end of the school year	How many expectant and parenting students served who were high school seniors at enrollment or at the beginning of the program year that graduated from high school at the end of the school year?
2.4 Number and percentage of expectant and parenting participants that passes the GED exam during the program year	How many expectant and parenting participants passed the GED exam during the program year?

2.5 Number and percentage of expectant and parenting participants who either graduate from high school or obtain a GED that is accepted into an IHE during the program year	How many expectant and parenting participants who either graduated from high school or obtained a GED that are accepted into an IHE?
2.6 Number of parenting participants 19 years and younger that reports a new pregnancy during the program year	How many parenting participants 19 years and younger reported a new pregnancy during the program year?

Category 3 Grantee Programs Only (Grantees who are Working with Women who have Experienced Stalking, Sexual Assault, or Intimate Partner Violence.) The target population is defined by legislation as expectant and parenting females who are victims of stalking, sexual assault, or Intimate Partner Violence	
Performance Measure	**Performance Question**
3.1 Number of individuals from government, private nonprofit, and other agencies serving victims of stalking, sexual assault, and intimate partner violence (IPV) that receives training related to violence against expectant and parenting teens and women	How many individuals from government, private nonprofit, and other agencies serving victims of stalking, sexual assault, and IPV received training on violence against expectant and parenting teens and women?
3.2 Number of expectant and parenting female participants who are victims of IPV, sexual violence, sexual assault, or stalking that receives any intervention or supportive social services (such as shelter referral, individual, or group counseling, etc.) through the program	How many expectant and parenting female participants who are victims of IPV, sexual violence, sexual assault, or stalking received any of the following services directly through the program? Indicate the number in each category below. a) Supportive social services (e.g., individual or group counseling) b) Accompaniment services (e.g., assisting, representing, and accompanying women during court proceedings) c) Intervention services (e.g., referral to 24 hour telephone hotline services for police protection and referral to shelters)

Category 4 Grantee Programs Only (Grantees who are Increasing Public Awareness and Education)	
Performance Measure	**Performance Question**
4.1 Number and type of public awareness campaigns or education strategies that are implemented by the program, by type	How many public awareness or education strategies were implemented by the program during the reporting period? Indicate the number in each category below. a) Website b) Social Media Campaign (Facebook, Twitter, Tumblr, Text Messaging Campaigns, etc.) c) Public Service Announcements (PSAs) distributed by radio, television, newspapers, billboards, bus boards, etc. d) Distribution of brochures, leaflets, newsletters, and other print materials e) In-person events (such as rallies, conferences, community fairs, and speeches) f) Other (Specify: _____)