

**U.S. Department of Health and Human Services
Office of the Assistant Secretary for Health
Office of Adolescent Health**

Support for Expectant and Parenting Teens, Women, Fathers, and Their Families

Announcement Type: Initial Competitive Grant Funding

Announcement Number: AH-SP1-17-001

Catalog of Federal Domestic Assistance (CFDA) No. 93.500

**Funding Opportunity Announcement
And
Application Instructions**

Application Due Date: March 24, 2017

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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-SP1-17-001

CFDA NUMBER: 93.500

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

DATES:

Non-binding Letters of Intent: **Non-binding letters of intent are due by January 31, 2017**

Technical Assistance: A technical assistance webinar for potential applicants will be held on Thursday, January 19, 2017 from 3:00-5:00 pm ET (start time of 2:00 pm CT, 1:00 pm MT, 12:00 pm PT). Potential applicants should call 800-857-4868, passcode 7877854, and participants can join the webinar directly at:

<https://www.mymeetings.com/nc/join.php?i=PWXW1795167&p=7877854&t=c>.

Applications: Your application is due March 24, 2017 by 5 p.m. Eastern Time. To receive consideration, your application 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 and time. If your application does not meet the specified deadline it will be returned to you unread. You must submit electronically via Grants.gov unless you obtain a written exemption from this requirement 2 business days in advance of the

deadline from the Director, HHS/OASH Office of Grants Management. To obtain an exemption, you must request one via email from the HHS/OASH Office of Grants Management, and provide details as to why you are technologically unable to submit electronically through Grants.gov. Your request should be submitted at least 4 business days prior to the application deadline to ensure your request can be considered prior to 2 business days in advance of the deadline. If you request an exemption, include the following in your e-mail request: the HHS/OASH announcement number; your organization's DUNS number; your organization's name, address and telephone number; the name and telephone number of your Authorizing Official; the Grants.gov Tracking Number (for example, GRANT#####) assigned to your 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 prior to the application due date 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 U.S. mail or other provider or PDF via email) from applicants obtaining prior written approval. You must still submit your application by the deadline. Only applications submitted through the Grants.gov portal or alternate format (hardcopy paper via U.S. mail or other service or PDF via email) with an approved written exemption will be accepted. *See* Section D.7 ("Other Submission Requirements") 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 D.4 Intergovernmental Review.

To ensure adequate time to successfully submit your application, HHS/OASH recommends that you 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.

Your organization is strongly encouraged to register multiple authorized organization representatives in Grants.gov to ensure someone is available to submit your application.

EXECUTIVE SUMMARY

The Office of Adolescent Health announces the anticipated availability of funds for Fiscal Year (FY) 2017 **for competitive grant awards** under the authority of Sections 10211-10214 of the Patient Protection and Affordable Care Act (Public Law 111-148; Affordable Care Act). This notice solicits applications for projects from States, which include the District of Columbia, any commonwealth, possession, or other territory of the United States, and any Federally-recognized Indian Tribe, reservation, 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 \$22 million may be available to fund up to 20 grants in the amount of \$500,000 to \$1,500,000 each year for a three-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. 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 consideration. States or Tribes that are already receiving Pregnancy Assistance Fund (PAF) Program funding for FY 2015-2019 are eligible to apply for this funding opportunity. Any entity expecting to receive FY17 funds under this award would have to propose a different project than the currently funded project.

The Office of Adolescent Health, through this funding announcement, aims to improve, not only health outcomes of the expectant and parenting population, but also educational, social, and economic outcomes that shape health. OAH expects grantees to adopt a holistic and integrated approach to serving the expectant and parenting population through service provision in five (5) core services domains. To maximize reach, OAH expects grantees to implement the program in multiple primary settings: high schools, community service centers, and Institutions of Higher Education (IHE). During early implementation, grantees may provide services to expectant and parenting college students in settings other than IHEs such as in a community setting, but should work towards also establishing the PAF program in IHE settings as the project progresses. In addition to these primary settings, grantees may also implement the program in other settings, as necessary. OAH expects grantees to expand and strengthen the holistic and integrated approach to serving the expectant and parenting population by developing strong linkages and referrals to supports in the community. This FOA provides an opportunity for multiple stakeholder, cross-sectoral partnerships to fulfill the holistic needs of the expectant and parenting population in a sustainable manner.

Since 2010, OAH has funded three cohorts of grantees through the Pregnancy Assistance Fund (PAF) grant program. The first funded 15 States and 2 Tribes for a three-year project period (FY 2010 – 2012); the second funded 14 States and 3 Tribes for a four-year project period (FY 2013 – 2017); and the third funded 3 States for a five-year project period (FY 2015 – 2019).

Additional information about the PAF Program, including highlights from current PAF Program grantees, is available on the OAH website at http://www.hhs.gov/ash/oah/oah-initiatives/paf_program/. A copy of the authorizing legislation is available at the following website: <http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf>.

A. PROGRAM DESCRIPTION:

PURPOSE

The purpose of this PAF Program FOA is to support States and Tribes to provide expectant and parenting teens, women, fathers, and their families with a seamless network of supportive services including evidence-based/evidence-informed approaches to improve their health and well-being. Through this announcement, OAH aims to improve not only the health outcomes of the expectant and parenting population, but also educational, social, and economic outcomes that shape health. By doing so, this FOA seeks to create an enabling environment for expectant and parenting teens, women, and fathers to continue their education regardless of their life situation and the real and perceived challenges of early childbearing and parenthood; empower them with relevant knowledge and skills to be productive adults; provide and link them (and their families) to services to ensure they are healthy and make informed decisions about their health, including sexual and reproductive health; and support them to make successful and healthy transitions into adulthood and the labor market. The ultimate goals are to improve access to high-quality

resources for the expectant and parenting population and make expectant and parenting programs and services sustainable parts of routine systems through institutionalization and expansion.

For the purposes of this funding announcement, the term “expectant and parenting population” refers to expectant and parenting teens, women, fathers, and their families. The terms “expectant” and “parenting” include anyone who is expecting and parenting a child regardless of biological sex, gender identity, or sexual orientation. The term “teens” refers to persons of high-school age and “college students” refers to persons enrolled in Institutions of Higher Education. The term “young adults” refers to persons aged 18 – 24. The term “young fathers” refers to expectant and parenting male teens and young adult men. The term “youth” refers to persons between the ages of 10 and 24 years (teens and young adults). Families include, but are not limited to children, spouses, partners, and parents.

OAH expects funded programs to focus on expectant and parenting teens, women, fathers, and their families. OAH expects funded programs to address the multigenerational needs of the expectant and parenting population (for example, address the needs of the parenting father, child, and the mother of the parenting father) where and when possible. OAH encourages applications that also include targeted programming for marginalized subpopulations. The expectant and parenting population is marginalized with poorer health outcomes, lower education achievements, and less economic participation than their non-expectant and parenting peers. Within this expectant and parenting population, some groups have added layers of vulnerabilities such as lack of access to traditional support systems in health and education and stigmatization and isolation. For the purpose of this FOA, these marginalized subpopulations consist of

expectant and parenting teens, young adults, and college students who are runaway and homeless, in foster-care, in the juvenile justice system, immigrants, Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ), or have disabilities. Very few existing expectant and parenting programs address the unique needs of these marginalized groups.

Expectant and parenting teens and young adults are confronted with a host of simultaneous risk factors such as educational underachievement and school dropout,¹ depression,² inadequate prenatal and postpartum care,³ food insecurity, and subsequent low birthweight babies and poor child health outcomes.⁴ In order to support the expectant and parenting population, OAH expects funded programs to expand partnership efforts to address these risk factors as well as aspects of life that promote their health and well-being, including but not limited to: economic and workforce development, education, transportation, food, social services, child welfare, and housing. To provide a continuum of quality supportive services, OAH expects applicants to adopt a holistic and integrated approach to serving the expectant and parenting population by directly delivering and/or providing linkages and referrals in five (5) core services domains: 1. Personal Health; 2. Child Health; 3. Self Sufficiency, Education and Employment; 4. Concrete Supports; and 5. Parenting Support (Appendix A).

¹ Perper, K., Peterson, K., & Manlove, J. (2010). *Diploma Attainment among Teen Mothers*. Retrieved from http://www.childtrends.org/wp-content/uploads/2010/01/child_trends-2010_01_22_FS_diplomaattainment.pdf.

² Hodgkinson, S., Beers, L., Southammakosane, C., & Lewin, A. (2014). Addressing the Mental Health Needs of Pregnant and Parenting Adolescents. *Pediatrics*, 133(1) 114-122. Retrieved from <http://pediatrics.aappublications.org/content/133/1/114>.

³ Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services. (2013). *Child Health USA 2013*. Retrieved from <http://mchb.hrsa.gov/chusa13/health-services-utilization/p/postpartum-visit-well-baby-care.html>.

⁴ Ivers, L. C., & Cullen, K. A. (2011). Food insecurity: special considerations for women. *The American Journal of Clinical Nutrition*, 94(6), 1740S-1744S. Retrieved from <http://ajcn.nutrition.org/content/94/6/1740S.full>.

Maximizing Reach

To maximize reach, OAH expects successful applicants to implement the program with expectant and parenting teens, women, fathers and families in multiple primary settings: high schools, community service centers, and Institutions of Higher Education (IHE). Programming should include targeted services for college students as well as teens and other young adults. Appendix B provides examples of the various ways in which grantees may partner with IHEs to implement programming for college students described later in this FOA. Grantees may also choose to implement programming for college students in settings other than IHEs. In addition to these primary settings, applicants may also implement the program in other settings, as necessary. For example, applicants serving families or marginalized subpopulations may need to do so in alternate settings if the traditional primary settings are not appropriate. Grantees should also aim to maximize reach by implementing the program in as many sites as possible, and by expanding the breadth and depth of services provided and linkages and referrals to the focus areas under the core services domains.

OAH expects all applicants to increase public awareness and education concerning the PAF Program, services, and resources available to the expectant and parenting population. OAH expects applicants to maintain existing and build new partnerships and cross-sectoral collaborations with a diverse range of stakeholders at the State, Tribal, and local levels.

Improving Services for Pregnant Women who are Survivors of Domestic Violence, Sexual Violence, Sexual Assault, and Stalking

A State or Tribe may provide funding to its State Attorney General, or its functional equivalent for tribes, to assist Statewide offices in providing comprehensive violence prevention and intervention services for an eligible pregnant woman, defined as a female, 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. These services include:

- 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 conducted, 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 to support comprehensive violence prevention and intervention services, 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. An applicant proposing to partner with its State Attorney General, or its functional equivalent for Tribes, to provide comprehensive violence prevention and intervention services are also expected to provide, and link and refer to other core services as described in the FOA. Applicants requesting funding to support comprehensive violence prevention and intervention services must include a Memorandum of Understanding (MOUs) or Letter of Commitment from the State Attorney General or functional equivalent for Tribes in their application.

OAH expects all grantees, regardless of whether they decide to provide comprehensive violence prevention and intervention services, to implement and refer/link the expectant and parenting population to appropriate public and private nonprofit entities that provide intervention services, accompaniment, and supportive social services.

U.S. Department of Health and Human Services (HHS) Strategic Goals, Healthy People 2020, and Public Health 3.0

This FOA supports the following HHS Strategic Goals (<http://www.hhs.gov/about/strategic-plan/>):

- [Strategic Goal 1: Strengthen Health Care](#)
 - [Objective C](#): Emphasize primary and preventive care, linked with community prevention services
 - [Objective E](#): Ensure access to quality, culturally competent care, including long-term services and supports, for vulnerable populations
- [Strategic Goal 2: Advance Scientific Knowledge and Innovation](#)
 - [Objective B](#): Foster and apply innovative solutions to health, public health, and human services challenges
 - [Objective D](#): Increase our understanding of what works in public health and human services practice
- [Strategic Goal 3: Advance the Health, Safety, and Well-Being of the American People](#)
 - [Objective A](#): Promote the safety, well-being, resilience, and healthy development of children and youth

- **Objective B:** Promote economic and social well-being for individuals, families, and communities

This FOA addresses the Healthy People 2020 (<http://www.healthypeople.gov>) overarching goals to (1) achieve health equity, eliminate disparities, and improve the health of all groups and (2) promote quality of life, healthy development, and healthy behaviors across all life stages. The FOA addresses several Healthy People 2020 goals and objectives, including Access to Health Services Objectives 1, 3, and 5; Adolescent Health Objectives 1, 3, and 5; Early and Middle Childhood Objectives 1 and 2; Family Planning Objectives 5 through 8, 10, and 11; Immunization and Infectious Diseases Objective 7; Injury and Violence Prevention Objectives 16, and 37 through 40; Maternal, Infant, and Child Health Objectives 1, 4, 8 through 11, 16, 19, 34, 20, 21, 23, and 30; Mental Health and Mental Disorders Objectives 2, 6, and 10; STD Objectives 1 and 6; HIV Objective 2; and the Social Determinants of Health and LGBT Topic Area Goal.

This FOA is also aligned with Public Health 3.0, an initiative led by the HHS Office of the Assistant Secretary for Health (OASH) which builds on the work of Healthy People 2020. Public Health 3.0 encourages collaborations across communities and sectors to emphasize cross-sectoral environmental, policy, and systems-level actions that directly affect the social determinants of health and advance health equity. (<https://www.healthypeople.gov/2020/tools-resources/public-health-3>)

BACKGROUND

Data

In 2015, birth rates declined among teens of all ages and among all racial and ethnic groups, however, birth rates among older teens remain high and disparities exist by race and ethnicity. The birth rate for women aged 15-19 years dropped by 8% to a record low 22.3 per 1,000 females. Compared to 2014, the birth rate for teens aged 15-17 fell 9% in 2015 to 9.9 per 1,000 females and the rate for teens aged 18-19 dropped 7% to 40.7 per 1,000 females.⁵ Notably, 73% of all teen births in 2014 occurred in 18-19 year olds.⁶ Birth rates for young women aged 20-24 years in 2015 also declined from 2014 but only by 3% to 76.8 births per 1,000, which is a much smaller decline than seen among teens.⁷

Despite declines among all racial and ethnic groups, birth rate disparities are pronounced. Black women aged 15-19 have a birth rate about twice that of their white counterparts (31.8 per 1,000 compared to 16.0 per 1,000 in 2015). Hispanic teens have the highest birth rate out of all the racial and ethnic groups at 34.9 per 1,000 females. The birth rate of 25.7 per 1,000 women among American Indians or Alaska Natives is also much higher than whites. Asian or Pacific Islanders have the lowest birth rate among teens at 6.9 per 1,000 women.⁸ Disparities in birth rates also exist in women aged 20-24. In 2014, Hispanic women had the highest birth rate in this age group at 104.5 per 1,000, followed by blacks at 102.6 per 1,000, whites at 77.3 per 1,000,

⁵ Hamilton, B.E., & Mathews, T. J. (2016). *Continued declines in teen births in the United States, 2015*. NCHS data brief, no 259. Hyattsville, MD: National Center for Health Statistics.

⁶ Hamilton, B.E., Martin, J.A., Osterman, M.J.K., Curtin, S.C., and Mathews, T.J. (2015). Births: Final data for 2014. National Center for Health Statistics. *National Vital Statistics Reports*, 64(12). Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_12.pdf.

⁷ Martin, J.A., Hamilton, B.E., & Osterman, M.J.K. (2016). *Births in the United States, 2015*. NCHS data brief, no 258. Hyattsville, MD: National Center for Health Statistics.

⁸ Hamilton & Mathews, op. cit.

American Indian or Alaska Native at 73.2 per 1,000, and Asian or Pacific Islander at 37.5 per 1,000.⁹

Despite the progress in reducing teen and unintended pregnancy, it is estimated that more than 625,000 teen girls become pregnant each year,¹⁰ and a total of 249,078 babies were born to teen mothers in 2014.¹¹ A high percentage of these births are unintended or repeat pregnancies. From 2006 to 2010, it is estimated that 72% of births were unintended among women aged 15-19 and 50% of births were unintended among women ages 20-24.¹² In addition, in 2014, about one in six (17%) births to 15 – 19 year olds and over half (51%) of births to 20-24 year olds were to females with one or more babies.¹³ Furthermore, teen birth rates in the U.S. are higher than most other developed countries, including Canada and the U.K.¹⁴ Due to the high rates of unintended and repeat pregnancies in these age groups, a focus should be placed on preventing such pregnancies and supporting this young expectant and parenting population through improving access to services, resources, information, and education.

Young Fathers

Between 1995 and 2014, the rate of teen fatherhood in the United States declined by 54% with a more significant decline among blacks (62%) than among whites (48%). Despite these declines,

⁹ Hamilton, et al. op. cit.

¹⁰ Kost, K., & Henshaw, S. (2014). *U.S. teenage pregnancies, births and abortions, 2010: National and state trends and trends by race and ethnicity*. Washington, DC: Guttmacher Institute. Retrieved from https://www.guttmacher.org/sites/default/files/report_pdf/ustptrends10.pdf.

¹¹ Hamilton, et al. op. cit.

¹² Mosher W.D., Jones J., & Abma J.C. (2012). *Intended and unintended births in the United States: 1982 – 2010*. National Health Statistics Reports; no. 55. Hyattsville, MD: National Center for Health Statistics. Retrieved from <http://www.cdc.gov/nchs/data/nhsr/nhsr055.pdf>

¹³ Hamilton, et al. op. cit.

¹⁴ The World Bank. (2016). *Adolescent fertility rate (births per 1,000 women ages 15-19)*. Retrieved from http://data.worldbank.org/indicator/SP.ADO.TFRT?year_high_desc=false.

disparities still exist by race and ethnicity. In 2014, the rate among black males aged 15–19 who became fathers (19.1 per 1,000) was almost twice that among whites (10.1 per 1,000). While slightly smaller, these disparities also exist among males aged 20-24 with the birth rate of blacks at 84.7 per 1,000 compared with 50.1 per 1,000 among whites.¹⁵ Also noteworthy is that a majority of births to mothers aged 15 to 19 involve a father aged 20 and older.¹⁶ Therefore, interventions for expectant and parenting youth should target teenagers and older men.

Young fathers can make an impact if they are positively involved in their child's life. For boys of teen mothers, father involvement throughout the first 8 years of life is associated with higher reading and math scores by age 10. In addition, children with highly involved fathers and high-risk mothers (including those with emotional and behavioral problems) have fewer behavioral problems than their peers with high-risk mothers and less involved fathers.¹⁷ Yet young fathers face a unique set of difficulties, such as financial hardship, reduced educational attainment, poorer health outcomes, and greater employment challenges, which are compounded by the difficulties of balancing adolescent development with the transition into parenthood. They therefore need extra supports to combat these challenges.¹⁸

Effects of Childbearing on Personal Health

¹⁵ Hamilton, et al. op. cit.

¹⁶ Marsiglio, W., Vastine, A. R., Sonenstein, F., Troccoli, K., & Whitehead, M. (2006). *It's a Guy Thing: Boys, Young Men, and Teen Pregnancy Prevention*. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy.

¹⁷ Howard, K. S., Lefever, J. E. B., Borkowski, J. G., & Whitman, T. L. (2006). Fathers' influence in the lives of children with adolescent mothers. *Journal of Family Psychology*, 20(3), 468-476

¹⁸ Rosenberg, J., & Wilcox, W. B. (2006). *The Importance of Fathers in the Healthy Development of Children*. Washington, DC: Children's Bureau Office of Child Abuse and Neglect. Retrieved from <https://www.childwelfare.gov/pubs/usermanuals/fatherhood/fatherhood.pdf>.

Childbearing as a teenager or young adult can have adverse effects on the mother's personal health, and therefore, programs should support young women in obtaining treatment and preventative care. One of the most essential health services for pregnant women is prenatal care as it allows doctors to identify and treat health problems early. Women who do not get prenatal care are three times more likely to have a low birthweight baby and their baby is five times more likely to die than women who receive prenatal care.¹⁹

Postpartum care is also important for women after delivery. Such checkups assess the mother's physical and mental health including screening for postpartum depression. This care also provides opportunities for new mothers to discuss family planning and breastfeeding with their health care provider. In addition, because rates of postpartum visits vary significantly by mother's education level, 79% among mothers with less than 12 years of education compared to 95% among mothers with 16 or more years of education, programs for the expectant and parenting population have an important role to play to increase access to postpartum visits.²⁰

Another personal health issue affecting expectant and parenting women is intimate partner violence (IPV). An extensive body of established research documents the link between IPV and negative health outcomes, particularly among this vulnerable population. Most survivors of IPV first experience IPV before age 24²¹ and the prevalence of physical and/or sexual dating violence

¹⁹ Office of Women's Health, U.S. Department of Health and Human Services. (2012). *Prenatal care fact sheet*. Retrieved from <http://www.womenshealth.gov/publications/our-publications/fact-sheet/prenatal-care.html>.

²⁰ Maternal and Child Health Bureau, op. cit.

²¹ Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf.

among high school students who dated is about 20% for females and 10% for males.²²

Furthermore, some studies demonstrate violence and abuse increase during pregnancy, especially when pregnancy is unintended. Abuses can move from psychological abuse to physical abuse, which is dangerous to both mother and child. Studies also show that women who are expectant and parenting IPV survivors experience sexual assault and reproductive coercion, such as birth control sabotage and forced or pressured pregnancy.²³ IPV during pregnancy and other associated abuse negatively affects maternal and child health and can increase the risk of many health issues including miscarriage, mental health problems, and STIs.²⁴ Additionally, women who experience IPV within 12 months of delivery have higher rates of rapid repeat pregnancy, within 24 months of previous delivery.²⁵

Programs for expectant and parenting teens, women, fathers and their families should recognize the relationship between violence and pregnancy, and ensure this population has access to safe and supportive environments. One part of this involves adopting 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. The framework emphasizes physical, psychological, and emotional safety for both providers and survivors and creates opportunities for survivors to

²² Vagi, K. J., O'Malley Olsen, E., Basile, K.C., & Vivolo-Kantor, A.M. (2015). Teen Dating Violence (Physical and Sexual) Among US High School Students: Findings From the 2013 National Youth Risk Behavior Survey. *JAMA Pediatrics*, 169(5):474-482.

²³ Bettinger-Lopez, C., Brandt-Young, C., Carlson, K., Davis, G., Drew, M., Landy, R.,... Thomas, C. (2011). *Domestic Violence in the United States*. Center for Reproductive Rights. Retrieved from http://www.reproductiverights.org/sites/crr.civicactions.net/files/newsletter/DV%20in%20the%20US_Br%20Paper%20to%20SR%20on%20VAW.pdf.

²⁴ Bailey, B.A. (2010). Partner violence during pregnancy: prevalence, effects, screening, and management. *Int J Womens Health*, 2: 183-97.

²⁵ Scribano, P., Stevens, J., & Kaizar, E. (2013). The Effects of Intimate Partner Violence Before, During, and After Pregnancy in Nurse Visited First Time Mothers. *Maternal & Child Health Journal*, 17(2), 307-318.

rebuild a sense of control and empowerment.²⁶ Furthermore, programs that involve mothers and fathers should include violence safeguards, domestic violence prevention, referrals to legal aid programs, and resources on healthy relationships as a component of services provided directly or through partnership with other service providers.

Other health issues faced by the expectant and parenting population include mental health disorders and substance abuse. Mental health disorders are more common among adolescent mothers than non-pregnant adolescents with rates of depression estimated to be between 16% and 44%. These disorders can cause challenges at home, at school, in the community, and in interpersonal relationships, but can be mitigated with strong supports and treatment.²⁷ In addition, smoking and substance abuse during pregnancy can cause many adverse effects including infant mortality, low birthweight, sudden infant death syndrome, and preterm birth.^{28,29} Therefore, programs for expectant and parenting teens, mothers, fathers, and their families should provide direct services or referrals and linkages for mental health issues, smoking cessation and substance abuse.

Effects of Early Pregnancy and Childbearing on Children

Pregnancy among teens and young adults can negatively affect the child's health in addition to the mother's. Infant mortality varies by age of mother with a rate in 2013 of 12.0 per 1,000 live

²⁶ Hopper, E.K., Bassuk, E. L., & Olivey, J. (2009). Shelter from the storm: trauma-informed care in homelessness services settings. *The Open Health Services and Policy Journal*, 2:131-151.

²⁷ Hodgkinson, et al, op. cit.

²⁸ American College of Obstetricians and Gynecologists. (2010). *Smoking cessation during pregnancy*. Committee Opinion No. 471. 116:1241–4. Retrieved from <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Smoking-Cessation-During-Pregnancy>.

²⁹ National Institute on Drug Abuse. (2012). *Principles of Drug Addiction Treatment: A Research-Based Guide*. Retrieved from <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-second-edition/frequently-asked-questions/what-are-unique-needs-pregnant-women>.

births for mothers under 15 years of age, 8.5 for mothers aged 15 - 17, 8.5 for mothers aged 18 - 19, and 7.0 for mothers aged 20 to 24. The rate also varies by race with much higher infant mortality rates among blacks (11.7 per 1,000 for mothers under 20 and 11.2 for mothers aged 20-24) than any other race. Additionally, young mothers are more likely to have babies with early gestational age and low birthweight.³⁰

Given these elevated risks to children of teens and young adults, programs supporting the expectant and parenting population should help improve children's health by providing new mothers with information about breastfeeding. Mothers under age 20 have substantially lower breastfeeding rates (43%) than women 20 to 29 years of age (65%) or women 30 and older (75%).³¹ However, breastfeeding provides babies with milk that is rich in nutrients and antibodies to help babies grow and fight infections. Babies who are breastfed tend to be sick less often and are at lower risk of many illnesses, such as asthma, childhood obesity, and sudden infant death syndrome.³²

Programs should also provide information to the expectant and parenting population on child immunization and other health services. Childhood vaccines are effective in producing immunity

³⁰ Mathews, T.J., MacDorman, M.F., & Thoma, M.E. (2015). Infant Mortality Statistics From the 2013 Period Linked Birth/Infant Death Data Set. National Center for Health Statistics. *National Vital Statistics Reports*, 64(9). Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_09.pdf.

³¹ McDowell, M.A., Wang, C-Y., & Kennedy-Stephenson, J. (2008). Breastfeeding in the United States: Findings from the National Health and Nutrition Examination Surveys 1999-2006. *NCHS data briefs*, no. 5, Hyattsville, MD: National Center for Health Statistics. Retrieved from <http://www.cdc.gov/nchs/products/databriefs/db05.htm>.

³² Office of Women's Health, U.S. Department of Health and Human Services. (2014). *Breastfeeding: Why breastfeeding is important*. Retrieved on August 3, 2016 from <http://www.womenshealth.gov/breastfeeding/breastfeeding-benefits.html>.

90 to 100% of the time. They protect children from a wide variety of harmful infectious diseases and are therefore important to keeping children healthy.³³

Additional early child intervention programs are encouraged to improve the nutrition, health, and education of children of the expectant and parenting population. 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.³⁴ Girls born to teen parents are more likely to become teen mothers themselves with almost one-third of the daughters of teen mothers aged 17 and younger having their first child as a teenager, continuing the cycle of teen pregnancy.³⁵ In addition, teen childbearing cost U.S. taxpayers at least \$9.4 billion in 2010 due to lost tax revenue, increased public assistance payments, and greater expenditures for health care, foster care, and incarceration.³⁶

Effects of Early Childbearing on Parents' Education

Early childbearing has significant health, social, and economic impacts on teen parents and their children. 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

³³ U.S. Department of Health and Human Services. (2016). *Vaccines are Effective*. Retrieved on August 3, 2016 from <https://www.vaccines.gov/basics/effectiveness/index.html>.

³⁴ Hoffman & Maynard, op. cit.

³⁵ Hoffman, S. (2006). *By the Numbers: The Public Costs of Teen Childbearing*. Washington, DC: National Campaign to Prevent Teen Pregnancy. Retrieved from https://thenationalcampaign.org/sites/default/files/resource-primary-download/btn_national_report.pdf.

³⁶ The National Campaign to Prevent Teen and Unplanned Pregnancy. (2013). *Counting it Up: The Public Costs of Teen Childbearing: Key Data*. Washington, DC. Retrieved from <https://thenationalcampaign.org/sites/default/files/resource-primary-download/counting-it-up-key-data-2013-update.pdf>.

as adults.³⁷ Teen fathers are also less likely to graduate high school³⁸ and more likely to face fewer employment opportunities than their nonparent peers.³⁹ 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 40% of teen mothers finish high school and less than 2% finish college by age 30.⁴⁰ In addition, although there is less extensive literature on the consequences of teen pregnancy on men, evidence suggests that teenage fatherhood decreases years of schooling and the likelihood of receiving a high school diploma.⁴¹

Colleges may also have a particular interest in expectant and parenting students as they face extensive obstacles to continuing coursework and earning degrees. Of the high school graduates who could, but have not enrolled in college, an estimated one-third experience an unintended pregnancy by the age of 22. Pregnancy has an impact on a community college student's ability to finish their education with a dropout rate of 61% among students who become pregnant or become a parent. Specifically, problems with child care was the reason 27% of female students with children reported reducing their course hours or quitting school. With these high dropout rates and less than half of community colleges having student health centers, it is important to

³⁷ 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.

³⁸ Mollborn, S. (2010). Exploring Variation in Teenage Mothers' and Fathers' Educational Attainment. *Journal of Perspectives on Sexual and Reproductive Health*, 42(3): 152-159.

³⁹ 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 Shuger, L. (2012). *Teen Pregnancy & High School Dropout: What Communities Can Do to Address These Issues*. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy. Retrieved on July 27, 2016 from <http://thenationalcampaign.org/resource/teen-pregnancy-and-high-school-dropout>.

⁴¹ Fletcher, J. M. and Wolfe, B. L. (2012). The Effects of Teenage Fatherhood on Young Adult Outcomes. *Economic Inquiry*, 50(1): 182-201.

provide extra supports to expectant and parenting students to help them attain their educational goals.⁴²

Programs for the expectant and parenting population should also provide other supportive services directly or by referral. These include job readiness, employment and vocational services and legal aid. Vocational services are important for preparing this population to enter and remain in the workforce, obtain self-sufficiency and financial stability, and obtain employment at a livable wage. Legal aid programs assist low-income individuals and families address many issues including those related to domestic violence, child custody, and housing.⁴³

Approaches for Supporting the Expectant and Parenting Population

In addition, programs for the expectant and parenting population 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. The approach recognizes, uses, and enhances youth's strengths, and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths.⁴⁴

⁴² Prentice, M., Storin, C., & Robinson, G. (2012). *Make it Personal. How Pregnancy Planning and Prevention Help Students Complete College*. American Association of Community Colleges. Retrieved from http://www.aacc.nche.edu/Resources/aaccprograms/horizons/Documents/mipcc_dec2012.pdf.

⁴³ Legal Services Corporation. (2016). *What is Legal Aid*. Retrieved from <http://www.lsc.gov/what-legal-aid>.

⁴⁴ Interagency Working Group for Youth (2016). *Positive Youth Development*. Retrieved on July 27, 2016 from <http://youth.gov/youth-topics/positive-youth-development>.

Mentoring can be used to support and provide role models for expectant and parenting teens, women and fathers. Such programs match individuals or “mentees” with responsible, caring “mentors.” For youth, these mentors are usually adults, who can provide support, guidance, and opportunities to help youth succeed in life and meet their goals.⁴⁵ Benefits to youth include increased high school graduation rates, higher college enrollment rates, enhanced self-esteem and self-confidence, improved interpersonal skills, and decreased likelihood of initiating drug and alcohol use.⁴⁶

Programs focused on expectant and parenting teens, women, fathers, and their families are expected use a multi-generational approach, when feasible, in which services are provided to the whole family and not just the children or parents. This type of approach seeks to combat multi-generational poverty as research has shown that adversity, such as abuse, household dysfunction, and neglect, in childhood affects adult health and teen pregnancy, which may be passed across generations.⁴⁷

A wraparound approach to providing services to the expectant and parenting population is expected to be used as an effective method for helping this population. In this approach, youth and their family work with a dedicated case worker “to identify the strengths, needs, and potentially effective strategies, cumulating in a single, coordinated, individualized plan of care.”

The approach integrates formal services with “natural supports,” such as support from friends

⁴⁵ DuBois, D.L. & Karcher, M.J. (2005). *Handbook of Young Mentoring*. Thousand Oaks, CA: SAGE Publications, Inc.

⁴⁶ Cavell, T., DuBois, D., Karcher, M., Keller, T., & Rhodes, J. (2009). *Strengthening mentoring opportunities for at-risk youth*. Retrieved from http://www.mentoring.org/downloads/mentoring_1233.pdf.

⁴⁷ Gruendel, J.M. (2014). *Two (or More) Generation Frameworks: A Look Across and Within*. Connecticut Commission on Children. Retrieved from https://www.cga.ct.gov/coc/PDFs/two-gen/report_gruendel.pdf.

and family. “Unconditional support” is also a key component in which the team working with the youth does not give up on, blame, or reject the youth or family even with significant needs and challenges.⁴⁸ This wraparound approach examines all the issues an expectant or parenting youth is facing and connects them with a variety of services including child care, transportation, and concrete supports, such as diapers, food and housing, to help them succeed. Such supports are incredibly important as food and housing insecurity in expectant and parenting women are associated with low birthweight and poor health outcomes for their children.^{49,50}

PROGRAM APPROACH

Expectant and Parenting Populations and Settings

The intent of this PAF FOA is to support States and Tribes to provide expectant and parenting teens, women, fathers, and their families with a seamless network of supportive services to improve their health and well-being. This FOA aims to improve not only health outcomes of the expectant and parenting population, but also a broad range of social, educational, and economic outcomes.

To maximize reach, OAH expects grantees to implement the program in multiple primary settings: high schools, community service centers, and Institutions of Higher Education (IHE).

During early implementation, grantees may provide services to expectant and parenting college students in settings other than IHEs such as in a community setting, but should work towards

⁴⁸ Bruns, E. J., Walker, J. S., Zabel, M., Matarese, M., Estep, K., Harburger, D., ... Pires, S. A. (2010). Intervening in the Lives of Youth with Complex Behavioral Health Challenges and Their Families: The Role of the Wraparound Process. *American Journal of Community Psychology*, 46(3-4), 314–331. <http://doi.org/10.1007/s10464-010-9346-5>

⁴⁹ Ivers & Cullen, op. cit.

⁵⁰ Cutts, D. B., Meyers, A. F., Black, M. M., Casey, P. H., Chilton, M., Cook, J. T., ... Frank, D. A. (2011). US Housing Insecurity and the Health of Very Young Children. *American Journal of Public Health*, 101(8), 1508–1514. <http://doi.org/10.2105/AJPH.2011.300139>

also establishing the PAF program in IHE settings as the project progresses. In addition to these primary settings, grantees may also implement the program in other settings, as necessary. For example, applicants serving families or marginalized populations with added vulnerabilities may need to do so in alternate settings if the traditional primary settings are not appropriate.

OAH expects applicants to provide, at the time of submission of their application, a clear description and an estimate of the number of expectant and parenting population to be served in each of the primary settings as well as any additional settings proposed, using the table below or a different format. OAH expects grantees to increase their program reach and provide clear estimates regarding the number of expectant and parenting population they intend to serve in each setting per year and total over the course of the three-year project period. Separate estimates for expectant and parenting teens, young women, young men/fathers, and college students are to be provided. OAH also expects grantees to indicate the estimated number of sites per setting in which they plan to provide programming.

Table 1: Expectant and Parenting Population

Expectant and parenting Population Subset (note whether deeply marginalized population)	Site #	Setting	Age Range (y/o)	Estimated number available to be served over the project period	Estimated number to be served in Yr1	Estimated number to be served in Yr2	Estimated number to be served in Yr3	Total to be served
Expectant and parenting teens (females)	1	High School	18-19	300	40	80	110	230
Expectant and parenting young men/fathers	2	Comm. Service Center	17-24	100	20	40	40	100

Expectant and parenting college students	3	IHE	18-24	50	10	20	20	50
Expectant and parenting college students	4	Community Service Center	18-24	75	20	25	30	75

Needs and Resources Assessment

OAH expects applicants to perform, before submission of their application, an initial comprehensive needs and resources assessment at the State/Tribal level, local community levels, and potential individual setting/site levels to identify the current conditions of the expectant and parenting population, the underlying need for the PAF program, and resources available at these various levels. This assessment should gather and use data at these various levels to:

- Identify the needs of the community related to teen and young adult births and existing disparities
- Provide data on social determinants of health and co-occurring risk behaviors that impact the expectant and parenting population
- Describe the population the applicant plans to serve including race, ethnicity, geographical location, rural/urban/suburban, estimated reach, etc.
- Identify the risk and protective factors that affect the expectant and parenting population
- Identify the needs of the expectant and parenting population relative to the following 5 core services domains: 1. Personal Health; 2. Child Health; 3. Self-Sufficiency, Education and Employment; 4. Concrete Supports; and 5. Parenting Support. Identify areas of elevated need or significant gaps including core services that may warrant special emphasis, and/or deeply marginalized subpopulations with added vulnerabilities

- Identify and describe Federal, State/Tribal, local and community services and resources currently available to support the expectant and parenting population
- Identify and describe partnerships and collaborations currently available to support the 5 core services domains
- Identify and describe active referrals and linkages systems currently available relative to the 5 core services domains
- Identify and describe areas needing ongoing support relative to the interests of the expectant and parenting population

Within the first 6 months of the grant, OAH expects grantees to update their comprehensive needs and resources assessment. Throughout the life of the project, grantees should report on their progress toward filling the gaps found in the needs and resources assessment as part of their progress reports. In the final 6 months of the project, OAH expects grantees to conduct another comprehensive needs and resources assessment to identify and describe how successful they were in filling the gaps, improving resources, and improving access to resources for the expectant and parenting population, and what gaps still remain.

GOALS, OBJECTIVES, AND OUTCOMES

Applicants should specify broad goals, SMART (specific, measurable, attainable, realistic, and time-based) objectives, and relevant program activities in their application. The goals, objectives, and program activities shall be informed by the needs and resources assessment and expectations of the PAF FOA. OAH expects applicants to submit a logic model with their application. This logic model shall display all the elements of their program showing the relationship between

needs, goals, objectives, program activities, and results or outcomes. Outcomes are expected to be categorized as short-term, intermediate, and long-term outcomes. An example logic model template is provided in Appendix C. The logic model may be provided in a different format; however, it should contain the aforementioned information.

OAH expects grantees to use Getting to Outcomes[®] (GTO) to guide the planning, implementation, and evaluation of their project. OAH expects grantees to conduct the following activities during their project:

- Mobilize stakeholders at the State/Tribal and local community levels to develop and implement a plan to provide the expectant and parenting population with a seamless network of programs and supportive services including evidence-based/evidence-informed approaches;
- Mobilize the expectant and parenting population to continuously inform program development, implementation, and dissemination activities;
- Conduct comprehensive needs and resources assessments at the State/Tribal and local community levels including the relevant settings;
- Engage in an up to 6-month planning, piloting, and readiness period. OAH expects grantees to begin delivering services as soon as feasible;
- Establish, maintain, and leverage cross-sectoral partnerships and collaborations to meet the holistic needs of the expectant and parenting population through direct services and linkages and referrals;

- Implement the PAF program in multiple primary settings: high schools, community service centers, and Institutions of Higher Education and additional settings (if applicable);
- Provide direct core services and/or establish and maintain linkages and referrals for the expectant and parenting population to 5 core services domains: 1. Personal Health; 2. Child Health; 3. Self-Sufficiency, Education and Employment; 4. Concrete Supports; and, 5. Parenting Support (Appendix A);
- Ensure that programs, services, and materials provided therein are medically accurate, age appropriate, culturally and linguistically appropriate, and inclusive of all populations, including the LGBTQ population;
- Ensure that programs are implemented in a safe and supportive environment;
- Engage in strategic dissemination and communication to raise public awareness and educate various stakeholders including the expectant and parenting population, about the PAF Program and services and resources available to the expectant and parenting population. OAH expects this to include peer-to-peer sharing among grantees to support and build capacity of the entire PAF Program grantee cohort;
- Develop and implement a plan for sustainability to ensure continuation of program efforts beyond the grant;
- Collect and use performance measures and evaluation data to make continuous quality improvements;
- Evaluate the implementation and outcomes of program activities;
- Participate in the OAH Federal evaluation (if selected). As a condition of the grant award, all funded grantees will be required to participate in a Federal evaluation if OAH

conducts one, and if the grantee is selected, agree to follow all evaluation protocols established by HHS or its designee.

WORK PLAN

Applicants should submit two detailed work plans (one for year 1 and one for the entire grant period) comprising a list of all program activities from preparations through quality improvement at the end (See example in Appendix D). This work plan is also expected to include a timeline showing who, what, where, when, and how activities will be implemented. OAH will expect successful applicants to update this work plan in the first 6 months of the project and annually. The purpose of a detailed work plan is to ensure that no key program tasks are left out, to serve as a tool for teamwork and partner communication, to identify the need for changes as things begin to run counter to the plan, and to explain the scope of the program to people with an interest in the program. The work plan should align with applicant's budget projections.

The Year 1 work plan is expected to include all the six month planning milestones (Appendix E) in addition to other unique program specific components. The six month planning milestones include concrete goals, objectives, and activities specific to: mobilizing cross-sectoral stakeholders; building partnerships and collaborations; establishing and maintaining linkages and referrals to core services; ensuring programs and services are medically accurate, age appropriate, culturally and linguistically appropriate, inclusive of all populations including LGBTQ youth, and trauma-informed; strategic dissemination and communication to raise public awareness and educate stakeholders about the PAF program and the services and resources available to the expectant and parenting population; collection and reporting of performance

measures and using performance measures for continuous quality improvement (CQI); and implementation evaluation.

The work plan should also include a sustainability objective with corresponding objectives and activities focused on implementing strategies aimed at sustaining the project over time. OAH encourages successful applicants 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. Links to these resources can be found in Appendix F.

Grantees should be aware of the new uniform guidance as per 45 CFR §75.442 pertaining to fundraising and investment management costs. Costs of organized fundraising, including financial campaigns, endowment drives, solicitation of gifts and bequests, and similar expenses incurred to raise capital or obtain contributions are unallowable. Fundraising costs for the purposes of meeting the Federal program objectives are allowable with prior written approval from the Federal awarding agency.

BEST PRACTICES

Community Mobilization

Community mobilization is a process that engages all sectors of the population in a community-wide effort to address a health, social, economic or educational issue. It brings together various stakeholders including policymakers and opinion leaders, local and state governments, professional groups, religious groups, businesses, individual community members, and members of the expectant and parenting population to take some kind of action to facilitate change. OAH

expects grantees to establish 3 types of advisory groups (or work with existing ones) to lead the community mobilization efforts: State/Tribal, local Community, and Expectant and Parenting Advisory groups. The underlying goal of engaging a wide-range of community members is to create and implement a shared vision and plan that pools and leverages resources to enhance the ability of the State/Tribal and local community to address the needs of the expectant and parenting population and enhance community connection supports for this population. OAH expects grantees to engage partners with expertise working with the expectant and parenting population and/or whose work has an impact on all 5 domains of the core services mentioned in this FOA as it relates to the expectant and parenting population, namely: 1. Personal Health; 2. Child Health; 3. Self Sufficiency, Education and Employment; 4. Concrete Supports; and, 5. Parenting Support (Appendix A).

OAH encourages grantees to engage partners with experience working with marginalized subpopulations, such as LGBTQ and runaway-homeless youth, and with expertise in trauma-informed approaches, community mobilization, communication and dissemination, and other areas related to PAF. Selection of advisory group members should be informed by the needs and resources assessment and program goals, objectives, and outcomes. If pre-existing advisory groups are leveraged, then it is the responsibility of the grantee to ensure that the interests of the expectant and parenting population are prioritized and the intent of the various advisory groups is fulfilled throughout the project period.

Once funded, OAH expects grantees' State/Tribal Advisory Group to assume a proactive leadership role in building partnerships at the State/Tribal level, exploring opportunities for

leveraging funds, advising State/Tribal level stakeholders on current issues related to the expectant and parenting population, and encouraging new strategies and continued high standards with regards to serving the expectant and parenting population. OAH expects grantees to have local Community Advisory Groups that are unique to each local community. Grantees may define their local community by geographical location (city, county, etc.), or type of setting (high school, community center, IHE). The local Community Advisory Groups will play an active role in informing program design and delivery and in continuous quality improvement of the program. The Expectant and Parenting Advisory Group(s) should include members of the expectant and parenting population and should ensure opportunities for authentic participation and decision-making. Grantees will determine how many Expectant and Parenting Advisory Groups would be ideal based on their needs and resources assessment and scope of their program. For example, if a grantee plans to serve a geographically diverse group, they may need to have more than one Expectant and Parenting Advisory Groups for logistical purposes, as well as to ensure that the unique needs of these diverse groups are heard and met. OAH expects the Expectant and Parenting Advisory Group to be continuously engaged to provide critical input and feedback to ensure that programs, strategies, and services are relevant and a good fit for their needs.

Grantees will be expected to implement strategies outlined in Strategies Guided by Best Practice for Community Mobilization (Appendix F) over the life of the grant.

Engaging in a Planning, Piloting, and Readiness Period of up to 6 Months

During the first project year grantees will engage in a planning, piloting and readiness period of up to 6 months. Continued funding is contingent on the recipient's satisfactory progress in meeting planning period milestones and the continued availability of funds. The specific milestones OAH expects grantees to successfully complete by the end of the planning period are included in Appendix E. This period should be shorter for grantees that demonstrate readiness in less than 6 months. The duration of the length of the planning period is contingent upon each grantee's demonstrated readiness, but will not exceed 6 months. Grantees will be expected to use Getting to Outcomes[®] (GTO) to guide the planning, implementation, and evaluation of their program. GTO is a ten-step systematic process aimed at facilitating program planning, implementation, and evaluation of programs and improving organizational capacity and program performance. GTO has been tailored for and successfully used in the past by teen pregnancy prevention (TPP) grantees funded by the CDC and is currently being used by OAH TPP Program grantees to guide program planning and implementation. GTO has also been successfully used for home visiting and positive youth development programs as well. Links to detailed information about GTO may be found in Appendix F.

Core Services

OAH expects grantees to implement a comprehensive, integrated approach to fulfill the holistic needs of the expectant and parenting population through provision of a seamless network of services. These services are expected to target not only health outcomes but also social, educational, and economic outcomes that have a bearing on the health of the expectant and

parenting population.⁵¹ In addition, all of these services are for the purpose of assisting expectant and parenting teens, women, fathers, and their families within the Pregnancy Assistance Fund Program.

OAH expects grantees to provide core services in the 5 domains mentioned below either through direct service provision or referrals and linkages. For each implementation setting (high school, community service centers, IHE, and additional non-traditional setting if chosen) or site, OAH expects grantees to select at least 3 focus areas each from domains 1, 2, and 3 and at least 2 focus areas each from domains 4 and 5 in their application. The focus areas selected for each of the settings and/or each of the potential sites may be the same or may be different. During the course of the project period, OAH expects grantees to scale up efforts to attain the full list of comprehensive services in each domain as applicable. Selection of focus areas in each domain for each setting or site is expected to be informed by the needs and resources assessment. Similarly, the needs and resources assessment should continuously inform decisions regarding scaling up of services, improvement of services, and increase of access to services in each of these domains. The lists of focus areas under each domain are not exhaustive and grantees may propose to implement other focus areas if warranted by their needs and resources assessment. OAH expects grantees **not to** duplicate programs or services that already exist in the community, but should rather work to align programs, services, and resources when feasible.

Table 2: Select at least 3 focus areas from each domain (1, 2, and 3) for each setting/site

⁵¹ Gilmore, C., & Eisler, A. (2014). Picture Perfect: A Snapshot of What Helps Teen Families Grow & Thrive. Baltimore, MD: Healthy Teen Network. Retrieved from <http://www.healthyteennetwork.org/wp-content/uploads/2014/10/PicturePerfect.jpg>.

Domain 1: Personal Health	Domain 2: Child Health	Domain 3: Self-Sufficiency, Education and Employment
Focus Areas	Focus Areas	Focus Areas
<ul style="list-style-type: none"> • Obstetric Care (prenatal, delivery, and postpartum care) • Reproductive health care (family planning, birth control, and STI screening and prevention, etc.) • Breastfeeding skills and resources • Primary health care • Nutritional counseling and services • Mental and behavioral health services (including suicide prevention) • Violence prevention and intervention services (domestic violence, sexual violence, sexual assault, stalking, dating violence) • Substance abuse prevention and counseling (tobacco, alcohol, and drug cessation) • Evidence-based Sexuality Education • Dental hygiene • Health literacy • Social and Emotional Well-being • Self-care (yoga, mindfulness, etc.) 	<ul style="list-style-type: none"> • Well child visits (including immunizations, safe sleep, car seat safety) • Nutritional counseling and services • Early childhood education, Head Start/Child Care • Health literacy • Adoption and foster care services • Child welfare • Dental hygiene 	<ul style="list-style-type: none"> • Mentorship • Academic Supports • School connectedness • Job readiness • Vocational training • Workforce development • Job placement • Life Skills (financial literacy and budgeting, home economics) • Adult literacy • College planning and readiness • Education on rights under the law (Title IX, etc.)

Table 3: Select at least 2 focus areas from each domain (4 and 5) for each setting/site

Domain 4: Concrete Supports	Domain 5: Parenting Support
Focus Areas	Focus Areas

<ul style="list-style-type: none"> • Safe and stable housing • Food support • Clothing support • Transportation support • Child needs (Diapers, Formula, Bottles, Car seats, Cribs, etc.) • Child support • Benefits-Supplemental Nutrition Assistance Program (SNAP), Women Infants and Children program (WIC), Temporary Assistance for Needy Families (TANF) • Health Insurance (enrollment and other supports) • Legal Aid • Accompaniment services 	<ul style="list-style-type: none"> • Parenting education and resources (including co-parenting) • Healthy relationship education, skill building, and resources • Communication skills • Stress management support
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OAH expects grantees to use evidence-based program models or frameworks such as the wraparound approach, case management model, medical home model, and home visiting model. Grantees are expected to link and refer to pre-existing program models or frameworks in the community (Federal, State/Tribal, or local). Grantees that choose sexuality education as one of the focus areas will be expected to implement evidence-based programs with fidelity and quality. Existing evidence-based program models for the expectant and parenting population can be found in the TPP Evidence Review (see Appendix F) and include:

- AIM for Teen Moms, Generations,
- Be Proud! Be Responsible! Be Protective,
- Generations,
- Love Notes,
- Respeto/ Proteger, and
- Teen Options to Prevent Pregnancy (T.O.P.P.).

Fidelity refers to the degree to which an implementer adheres to the core components of a program. The core components of an evidence-based program are the parts of the program or its implementation determined by the developer to be the key ingredients related to achieving the program's outcomes. Implementation with fidelity increases the likelihood that the participants served will experience similar outcomes to those found in the original evaluation study. OAH expects grantees to monitor the extent to which the evidence-based programs are implemented with fidelity and quality. Grantees will be expected to implement a monitoring plan that requires, at minimum, reviewing facilitator's compliance with core components of the program and providing feedback to make improvements to the program.

Adaptations are changes made to the program content, program delivery, or other core components of the program. Grantees will be allowed to make minor adaptations to the evidence-based programs as long as the adaptation(s) are justified and shown to not impact the program's core components. Minor adaptations do not significantly change the core components, program delivery, or program content. Examples of minor adaptations include, but are not limited to, adding icebreakers, team-builders or energizers; adding reflection activities; adding a session on general reproductive anatomy; updating statistics or providing information about local statistics; including information about local teen friendly health centers; adding implementation strategies to better expectant and parenting youth; and revising materials to ensure LGBTQ inclusivity.

Cross-sectoral Partnerships and Collaborations

OAH expects grantees to establish and maintain cross-sectoral partnerships and collaborations with a diverse range of stakeholders across State/Tribal and local entities to fulfil the expectations of this FOA. These cross-sectoral partnerships and collaborations are expected to support delivery of core services through expansion of linkages and referrals. Establishment of these partnerships and collaborations should be informed by the needs and resources assessment and aligned with the selected focus areas under each core services domain in each setting/site. OAH expects grantees to scale up the number, depth, and breadth of these cross-sectoral partnerships during the course of the project period to coincide with the expectation of scaling up focus areas under the core services domains.

Examples of cross-sectoral partnerships and collaborations include, but are not limited to those with Title X Family Planning clinics, School Based Health Centers, University based hospitals, Safety Net Clinics such as Federally Qualified Health Centers, local pediatricians, pharmacies, urgent care clinics, State Attorney General, State and City housing authorities, food banks, Department of Employment Services, Early Childhood/Head Start programs, Medicaid programs, Department of Transportation, faith based community, legal aid programs, and breastfeeding programs.

OAH expects grantees to have written formal agreements with partners detailing the roles and responsibilities of the partners and services that will be provided to the expectant and parenting population. Grantees will coordinate roles and responsibilities within and across partner organizations, and ensure clear lines of communication, in order to maximize referral and linkage efforts. Grantees must not duplicate current Federal, State/Tribal, local, or community

programs, and should coordinate with existing programs and resources as appropriate. Federal funds shall not be used to supplant (refer to Appendix G for examples of supplanting) the non-Federal or other Federal funds that would otherwise be made available for an activity.

Establishing and Maintaining Linkages and Referrals to a Wide Range of Services

OAH expects grantees to establish and maintain linkages and referrals to a network of a wide range of organizations that provide services in the aforementioned 5 core services domains and corresponding focus areas. These services are expected to be of high-quality and equitable, accessible, acceptable, appropriate, and effective in meeting the needs of the expectant and parenting population. Along with direct service provision, linkages and referrals to core services are expected to be the primary mechanism through which grantees meet the holistic needs of the expectant and parenting population.

Specifically, grantees will be expected to:

- Develop a State/Tribal level plan to support and boost the expansion of linkages and referrals and the receipt of services at the local levels in each of the settings;
- Develop a local linkages and referrals plan;
- Identify and recruit organizations and professionals within the community(ies) that provide a wide range of high quality services for the expectant and parenting population;
- Assess identified organizations and providers to ensure services provided are youth friendly, accessible, and particularly sensitive and responsive to the needs of the expectant and parenting population. OAH recommends grantees/sub-recipients visit

providers identified as offering youth-friendly services to collect information on ease of access, location, transportation options, accessibility, and receptiveness of staff;

- Develop protocols and procedures for how referrals to services will be made at the local levels in each of the settings and how often the information will be updated to ensure accuracy;
- Develop and disseminate a provider referral guide for the expectant and parenting population;
- Identify and train key staff in organizations responsible for making referrals to ensure awareness of available services and familiarity with referral protocols and procedures.

Engaging in Strategic Dissemination and Communication Activities to Raise Awareness of the Program

Strategic dissemination and communication is the targeted distribution and communication of information, knowledge, and results to specific audiences to complement and support the overall project. Despite their potential, traditional ways of disseminating information (e.g., journals, conferences, and presentations) often do not lead to widespread diffusion or understanding of project impacts.

To ensure that the PAF Program has the greatest impact, OAH expects grantees to develop a strategic dissemination and communications plan to raise public awareness and educate various stakeholders, including the expectant and parenting population, about the PAF Program and services and resources available to the expectant and parenting population.

The strategic dissemination and communications plan should include:

- A specific goal and objective(s) to guide all dissemination activities and identification of the intended outcomes of dissemination and communication activities;
- Plans to regularly assess the communication preferences of key stakeholders, including policymakers, expectant and parenting participants, parents and family members, and community partners to ensure communication strategies are developed to match preferences;
- Identification of strategies and diverse approaches (e.g., public website, social media) for disseminating and communicating information about project activities, lessons learned, successes, and evaluation results with key stakeholders;
- Plans to engage in peer-to-peer sharing of subject matter knowledge and expertise, implementation strategies, and State and local tools and resources with other PAF Program grantees to support and build capacity of the entire PAF Program grantee cohort.

Ensuring Programs and Services are Medically Accurate, Age Appropriate, Culturally and Linguistically Appropriate, Inclusive of all Populations, and Implemented in a Safe and Supportive Environment

OAH expects grantees to ensure that the program and all services and materials included therein, are medically accurate, age appropriate, culturally and linguistically appropriate, inclusive of all populations including LGBTQ youth, and implemented in a safe and supportive environment.

Definitions of all key terms are included in Appendix H. To ensure that the most current science is reflected in the program materials, OAH expects grantees to do a review of the proposed

services and materials for medical accuracy. This review for medical accuracy will occur prior to the use of any materials and provision of services in the OAH-funded grant program.

Grantees should also review all program materials and services for age appropriateness, cultural and linguistic appropriateness, and inclusivity all populations including LGBTQ youth prior to use in the grant. The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards), 78 Fed. Reg. 58539, 58543 (HHS Office of Minority Health, 2013, www.gpo.gov/fdsys/pkg/FR-2013-09-24/pdf/2013-23164.pdf), provides a practical framework for grantees to provide quality health care and services to culturally and linguistically diverse communities, including persons with limited English proficiency. This review should be conducted post-award, using guidance and templates to be provided by OAH. OAH expects grantees to inform OAH of their review process, results, and changes made to ensure that all program materials and services are age appropriate, culturally and linguistically appropriate, and inclusive of all populations including LGBTQ youth.

Grantees should implement the PAF Program-funded activities in environments that are positive, safe, supportive, and healthy for the whole expectant and parenting population. This includes, but is not limited to, ensuring inclusivity of all populations, including LGTBQ youth, applying Positive Youth Development practices when interacting with youth, and using a trauma-informed approach.

Inclusivity

- Programs should be inclusive and non-stigmatizing toward the entire expectant and parenting population, including LGBTQ youth.
- Grantees should establish and publicize policies prohibiting discrimination and harassment based on race, sexual orientation, gender, gender identity/expression, religion, and national origin. Title IX policies are particularly relevant to gender equity in educational institutions.
- Staff members should be trained to prevent and respond to harassment or bullying in all forms.
- Grantees should be prepared to monitor reports of harassment or bullying, and document their corrective action(s) so program participants are assured that programs are safe, inclusive, and non-stigmatizing by design and in operation.
- OAH expects that all grantees will ensure that services are widely accessible by not discriminating on the basis of sexual orientation or gender identity.

Implementing Positive Youth Development Practices when Interacting with Youth

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 positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths. According to research on positive youth development, youth may have fewer behavioral problems and may be better prepared for a successful transition to adulthood if they have a variety of opportunities to learn and participate at home, at school, in community-based programs, and in their neighborhoods.

OAH expects grantees to integrate key positive youth development practices into all interactions with and programs for youth including ensuring:

- Physical and psychological safety;
- Appropriate structure;
- Supportive relationships;
- Opportunities to belong;
- Positive social norms;
- Support for efficacy and mattering;
- Opportunities for skill building;
- Integration of family, school, and community efforts.

Using a Trauma-Informed Approach

OAH expects grantees to use a trauma-informed approach in their PAF program. A trauma-informed approach refers to how a program, agency, organization, or community thinks about and responds to those who have experienced or may be at risk for experiencing trauma, and refers to a change in the organizational culture. In this approach, all components of the organization incorporate a thorough understanding of the prevalence and impact of trauma, the role that trauma plays, and the complex and varied paths in which people recover and heal from trauma. A trauma-informed approach includes:

- Realizing the widespread impact of trauma and potential paths for recovery;
- Recognizing the signs and symptoms of trauma in youth, families, staff, and others;
- Responding by fully integrating knowledge about trauma into policies, procedures, and practices;

- Seeking to actively resist re-traumatization.

Using a trauma-informed approach in PAF Program funded activities may include, but is not limited to, reviewing and adapting program materials to ensure sensitivity to the expectant and parenting population who have experienced trauma, shame, and stigma; providing professional development for staff on the impact of trauma, signs and symptoms of trauma, and strategies for addressing trauma; assessing, establishing, and reinforcing relevant organizational policies including policies on disclosure and reporting; and establishing referrals to specialists trained in addressing trauma.

EVALUATION

Performance Measures and Continuous Quality Improvement

The evaluation of the PAF program has three parts: (a) performance measures and continuous quality improvement, (b) implementation and innovation descriptive studies, and (c) federal evaluation. 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. All grantees will be expected to continuously collect and report annually on a common set of performance measures to assess program implementation and whether the program is achieving intended outcomes. Please refer to Performance Measures under the section on Reporting (Section 3) below and Appendix I for more details.

Evaluating the Implementation of the Project

OAH expects applicants to propose a plan for evaluating the implementation of their PAF program. Applicants should budget no more than 10% of the total budget for evaluation activities, including the collection of performance measure data. Implementation evaluation is an assessment of how well a program does what it sets out to do and focuses on the process by which a program provides services or otherwise accomplishes its mission. OAH expects applicants to evaluate the implementation of the proposed PAF program to document the process of developing and implementing the program and to identify key successes, challenges, and lessons learned. The implementation study will describe the processes and strategies utilized to implement all components (including the 5 core service domains) of the PAF program, discussions of the successes or challenges of these strategies, the experiences of both those implementing (through direct services and linkages and referrals) and receiving the program services, and lessons learned from these efforts. The implementation study should utilize the program performance measures as well as participant surveys, interviews, observations, and focus groups. Grantees will be expected to develop an implementation study report by the end of the grant that summarizes the findings. Technical assistance resources for conducting the implementation study and writing the implementation report will be offered to all PAF grantees through an OAH support contractor. OAH expects grantees to have an at least 25% FTE Independent Evaluator on the project.

Topics for the implementation study include but are not limited to:

- Planning – How the service area was selected, the needs and resources of the community, process for selecting partners, services to be provided, development of a system of linkages

and referrals, strategies for implementing programs in multiple settings, efforts to promote public awareness, and sustainability activities;

- Implementation – reach, community engagement, recruitment and retention, services provided in the five core services domains: 1. Personal Health; 2. Child Health; 3. Self Sufficiency, Education and Employment; 4. Concrete Supports; and, 5. Parenting Support, in multiple settings, linkages and referrals, continuous quality improvement activities, implementation challenges, sustainability efforts;
- Outcomes – How well was the project implemented and received by participants? How well was the program received by the community? Were there necessary adjustments and why? What were participants’ satisfactions? Level of engagement of community partners? Were any particular strategies or services not effective in achieving the intended results?
- Lessons Learned - Summary of lessons learned throughout the project.

Incorporating Innovation (optional)

Additionally, applicants are encouraged to identify topics in need of investigation for better serving the field of the expectant and parenting population and their families for a descriptive study. Like the implementation study, the innovation descriptive study will gather and analyze data that describes who is served, how the services were provided, what changes were observed over time in those who are served, and how specific subgroups of interest differ in their reactions to the services or outcomes they experience. This study does not employ an experimental design with random assignment of subjects to treatment and control groups. Descriptive studies may utilize surveys, interviews, observations, focus groups, or other data collection approaches.

Topics could include, but are not limited to: innovative strategies for recruitment and retention of this population, engaging families, use of smart phones or technology to deliver services, strategies specifically for the deeply marginalized subpopulations or the settings, or innovative strategies in one of the 5 core services domains. Applicants should present a plan for conducting an innovative descriptive study that includes a description of the innovative strategy, the research questions, how the innovation is important to the field of serving the expecting and parenting population, how the study will contribute to the knowledge base and support future research, the data that will be collected, and the outcomes that will be reported on. Applicants conducting innovative strategy descriptive studies, should budget no more than 15% of the total budget for evaluation activities, including the collection of performance measure data and the implementation study. Grantees will be expected to provide a descriptive study report by the end of the grant that summarizes the results of their study. Support and resources for conducting the innovative descriptive studies and writing the findings report will be offered to all PAF grantees through an OAH support contractor.

Federal Evaluation

Further, as a condition of the grant award, all funded grantees will be required to participate in a Federal evaluation if OAH conducts one, and if the grantee is selected, agree to follow all evaluation protocols established by HHS or its designee. Any costs associated with evaluation data collection for the Federal evaluation will be paid for by the Federal evaluation contractor.

Report to the State or Tribe

For each year that the grantee provides an eligible institution or organization with funds from the Pregnancy Assistance Fund, 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 and referrals and linkages 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 the expectant and parenting population.

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 is expected to submit a copy of reports received from funded institutions or organizations to OAH.

SUSTAINABILITY

OAH expects that grantees will design their program approach and plans with sustainability in mind from the very beginning of the grant. OAH expects that grantees implement activities specifically focused on the goal of sustaining the program within 12 months of receiving funding and consistently throughout the end of the grant. OAH expects grantees to include a sustainability objective in their work plan, with corresponding objectives and activities focused on implementing strategies aimed at sustaining the project over time. Resources that may assist with sustainability planning can be found in Appendix F.

Applicants should be aware that Federal funding cannot be used for fundraising activities or lobbying. Grantees must comply with the restrictions on lobbying as set out in 45 CFR Part 93. Applicants should be aware of the new uniform guidance as per 45 CFR §75.442 pertaining to fundraising and investment management costs. Costs of organized fundraising, including financial campaigns, endowment drives, solicitation of gifts and bequests, and similar expenses incurred to raise capital or obtain contributions are unallowable. Fundraising costs for the purposes of meeting the Federal program objectives are allowable with prior written approval from the Federal awarding agency. Activities that fall into these categories should not be included in the grantee's work plan or budget.

PROJECT MANAGEMENT

OAH expects grantees to have a team to manage and implement the program that has experience implementing programming for the expectant and parenting population, coordinating implementation at the local community level, working with teams in the primary settings, mobilizing cross-sectoral partners and decision makers to work toward a common goal, and providing training and technical assistance to local implementation partners. The team should include someone with experience collecting and analyzing performance measure data and using performance measure data to make continuous quality improvements. In addition, the team should have experience managing and monitoring implementation partners. OAH expects the project to have a 100% FTE Project Manager/Coordinator; a 15% FTE Data Manager/Coordinator; and an at least 25% FTE Independent Evaluator. If the Independent

Evaluator also assumes the role of Data Manager/Coordinator, this position may only require 25% FTE.

Grantees should have well developed plans to ensure that all staff responsible for implementing the project, including sub-recipients and partner staff, are well trained and prepared to successfully fulfill their roles and responsibilities. The goal is to hire and retain staff that are qualified, well trained, and actively engaged in the program. Grantees should assess the professional development needs of staff on a regular basis and use the results to develop a plan for providing ongoing professional development and support for staff. Grantees should work to establish their own internal capacity to provide training and technical assistance to their local implementation partners.

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

B. FEDERAL AWARD INFORMATION

The Office of Adolescent Health intends to make available approximately \$22 million for competing grants. The final funding amount available will not be determined until enactment of the FY 2017 federal budget.

We will fund grants in annual increments (budget periods) and generally for a project period of up to 3 years although we may approve shorter project periods. 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 Federal Funds Available: \$22,000,000

Anticipated Number of Awards: 20

Range of Awards (Federal Funds): \$500,000 to \$1,500,000 per budget period

Anticipated Start Date: 07/01/2017

Period of Performance: Not to exceed 3 years

Budget Period Length: 12 months

Type of Award: Grant

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

C. 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 States or Tribes that are already receiving Pregnancy Assistance Fund (PAF) Program funding for FY 2015-2019 are eligible to apply for this funding opportunity. Any entity expecting to receive FY17 funds under this award would have to propose a different project than the currently funded project.

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/Tribal education, human services, or health agencies. Interested State/Tribal agencies are encouraged to partner with other interested State/Tribal agencies early in the application process to ensure that the holistic needs of the expectant and parenting population in that State/Tribe 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 (IHE) that receives funding from a grantee to provide services is required to provide a match from non-Federal funds in the amount of 25 percent of the amount of funding provided to this institution. The match may be in cash or in-kind (Appendix B) and must comply with 45 CFR §75.306 Cost sharing or matching. For example, a grantee may provide an IHE with \$20,000 in Year 1 of the PAF Program to conduct their needs assessment. The IHE may provide \$5,000 in cash to meet the 25% matching requirement or may provide x% of staff time or space instead which must be equivalent to \$5,000 in cash. College students may be served in settings other than IHEs in which case a match is not required. High schools, community service centers (non-profit organizations that provide social services to residents of a specific geographical area via direct service or by contract with a local governmental agency) and other settings receiving funds from a State or Tribe to provide services are not required to provide matching or cost sharing.

Examples of institutional support could include: donated equipment and space, institutional funded staff time and efforts, or other investments. Applicants with the commitment of institutional support from other entities should indicate this is their application 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. If a concern regarding the match is identified during application review, this concern will need to be addressed with before funding an award will be made by HHS/OASH.

3. Other Eligibility Information

Application Responsiveness Criteria

We will review your application to determine whether it meets the following responsiveness criteria. If your application does not meet the responsiveness criteria, we will eliminate it from the competition and it will not be reviewed.

The applicant appears to have demonstrated:

A. All eligible applicants as described in Section C 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.

Application Disqualification Criteria

If your application is appropriately submitted, it will be screened to assure a level playing field for all applicants. If your application fails to meet the criteria described below it will be disqualified, that is, **not** reviewed and will receive **no** further consideration.

- a. Your application must be submitted electronically via www.grants.gov (unless an exemption was granted 2 business days prior to the deadline) by 5 p.m. ET on the date indicated in the DATES section on page 1 of this announcement.
- b. If you successfully submit duplicate applications from the same organization for the same project, only the last application received by the deadline will be reviewed.
- c. Your 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.
- d. Your Project Narrative must **not** exceed 35 pages. NOTE: The following items do not count toward the page limit: all required forms, including SF-424, SF-424A, SF-424B, SF-LLL, Project Abstract Summary, and Budget Narrative (including budget tables).
- e. Your total application, including the Project Narrative plus Appendices, must **not** exceed 125 pages. NOTE: items listed in “d” immediately above do not count toward total page limit.
- f. Your Federal funds request does **not** exceed the maximum indicated in Range of Awards.
- g. Your application meets the **Application Responsiveness Criteria** outlined above.

D. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package

You may obtain an application package electronically by accessing Grants.gov at <http://www.grants.gov/>. You can find it by searching on the CFDA number shown on page 1 of this funding opportunity announcement. If you have problems accessing the application or difficulty downloading, contact:

Office of Grants Management

Phone: 240-453-8822

Email: ogm.oash@hhs.gov

2. Content and Form of Application Submission

i. Letter of Intent

If you plan to apply for this funding opportunity, you should submit a letter of intent as early as possible, but no later than the **deadline indicated in DATES on page 1 of this announcement**.

Although you are not required to submit a letter of intent, the information that it contains allows HHS/OASH to estimate the potential review workload and plan the review. A letter of intent is not binding, and does not enter into the review of a subsequent application. Your letter of intent should include a descriptive title of your proposed project, the name, address, and telephone number for the designated authorized representative of your organization, and the FOA number and title of this announcement. Your letter of intent should be sent to the address listed under the AGENCY CONTACTS in section G.

ii. Application Format

Your application must be prepared using the 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 Disqualification Criteria listed in Section C.

You must double-space the Project Narrative pages.

You should use an easily readable typeface, such as Times New Roman or Arial. You *must* use 12-point font. You may single-space tables or use alternate fonts but you must ensure the tables are easily readable. The page limit does not include the Budget Narrative (including budget tables), required forms, assurances, and certifications as described in Application

Disqualification Criteria. Please do not number pages or include a table of contents. Our grants management system will generate page numbers once your application is complete.

If your application exceeds the specified page limits for the Project Narrative or Project Narrative plus Appendices when printed on 8.5” X 11” paper by HHS/OASH/OGM, it will not be considered. We recommend you print out your application before submitting electronically to ensure that it is within the page limits and is easily readable.

Appendices

Your Appendices should include any specific documents outlined in Section D.2.iii., under the heading “Appendices” in the Application Content section of this funding opportunity announcement. Your documents should be easy to read. You should use the same formatting specified for the Project Narrative. However, documents such as resumes/CVs, organizational charts, tables, letters of commitment may use formatting common to those documents, but the pages must be easily readable.

Project Abstract Summary

You 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. If your project is funded, HHS may publish information from your form; therefore, do 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.

iii. **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 provide a clear and concise description of your project. HHS/OASH recommends that your project narrative include the following components:

- Expectant and Parenting Population, Settings and Need
- Program Approach
 - Goals, Objectives, and Outcomes
 - Work Plan (Appendix)
 - Community Mobilization
 - Planning and Readiness
 - Core Services
 - Cross-Sectoral Partnerships and Collaborations
 - Linkages and Referrals
 - Strategic Dissemination and Communication
 - Ensuring Programs and Services are Medically Accurate, Age Appropriate, Culturally and Linguistically Appropriate, Inclusive of all Populations, and Implemented in a Safe and Supportive Environment
 - Sustainability

- Partnerships and Collaborations
- Performance Measures, Continuous Quality Improvement, Implementation Evaluation, and Innovation Descriptive Study (if applicable)
- Capacity and Experience of the Applicant Organization
- Project Management

Expectant and Parenting Population, Settings, and Need

The applicant should include:

- Description of how community needs and resources were identified and how the applicant plans to continually assess community needs and resources on an ongoing basis to ensure programs and services are aligned with changing community needs;
- Results of the comprehensive needs and resources assessment relative to the expectant and parenting population (expectant and parenting teens, women, fathers, and their families) at the State/Tribal level, local community levels, and in all primary setting levels (high school, community services centers, and IHE) and any additional settings to identify the current conditions of the expectant and parenting population, the underlying need for the PAF program, and resources available at these various levels. This assessment should use data at these various levels to:
 - Describe the population that the applicant plans to serve including race, ethnicity, geographical location, rural/urban/suburban, estimated reach, etc.;
 - Describe the primary settings (high school, community service centers, and IHEs) and additional settings selected based on the needs assessment;

- Identify the risk and protective factors that affect the expectant and parenting population;
- Identify the needs of the expectant and parenting population relative to the following 5 core services domains: 1. Personal Health; 2. Child Health; 3. Self-Sufficiency, Education and Employment; 4. Concrete Supports; and 5. Parenting Support (Appendix A). Identify areas of elevated need or significant gaps including core services that may warrant special emphasis, and/or deeply marginalized populations with added vulnerabilities;
- Identify and describe services and resources currently available to support the expectant and parenting population;
- Identify and describe partnerships and collaborations currently available to support the 5 core services domains;
- Identify and describe active referrals and linkages systems currently available relative to the 5 core services domains;
- Identify and describe areas needing ongoing support relative to the interests of the expectant and parenting population;
- If proposing to serve deeply marginalized subpopulations with added vulnerabilities, such as expectant and parenting runaway and homeless youth, youth in foster-care, youth in the juvenile justice system, immigrant youth, and youth with disabilities, a description of the needs of this/these subpopulations in non-traditional settings (if applicable) and the community-at-large.
- Clear estimates of the number of eligible expectant and parenting population in each of the primary settings as well as any additional non-traditional settings proposed. Clear

estimates regarding the number of expectant and parenting population intended to be served in each setting per year and total over the course of the 3 year project period.

Separate estimates for the expectant and parenting population subsets, namely, expectant and parenting teens, women, young men/fathers, and college students. Estimated number of sites per setting in which programming will be offered.

- Description of how the proposed program will contribute and enhance the services and strategies already available without duplicating efforts.
- Description of how the proposed program approach aligns with the needs of the expectant and parenting population and the resources available.
- Description of specific strategies that will be used to recruit and retain program participants and the rationale for why the strategies are expected to be successful.

Program Approach

Applicants should include:

- The goals, objectives, and desired outcomes of the project;
- Two detailed work plans (one for year 1 and one for the entire grant period). The work plan should include goals, SMART objectives, activities to accomplish each objective, and, for each activity, the person(s) responsible, timeline for completing activities, and measures of success. The work plan should be aligned with OAH expectations. A detailed logic model clearly depicting the inputs, activities, intended outputs, and short, intermediate, and long-term outcomes of the overall program; aligned with the work plan and evaluation plan; and aligned with OAH expectations described in the Program Description section above;

- A description of applicant’s focus and activities for the initial planning and readiness period of up to 6 months, including how it will ensure successful completion of all milestones included in Appendix E. Includes a description of plans to establish State/Tribal, local Community, and Expectant and Parenting Advisory Groups during the initial planning period. Also includes a description of what kind of diverse representation will be included in these advisory groups and how the applicant proposes to get buy-in from these diverse stakeholders;
- A description of how the applicant proposes to implement the program in multiple primary settings: high schools, community service centers, and Institutions of Higher Education and any additional non-traditional settings, if applicable, through direct service provision and referrals and linkages to core services in 5 domains: 1. Personal Health; 2. Child Health; 3. Self-Sufficiency, Education and Employment; 4. Concrete Supports; and 5. Parenting Support. Includes selection of 3 focus areas each from domains 1, 2, and 3 for each setting, and 2 focus areas each from domains 4 and 5 for each setting. An indication of which services will be provided directly vs. through referrals. A description of how the applicant will ensure that these settings are linked and will provide clear pathways for transition and continuation of services. A description of how applicant intends to scale up core services delivery throughout the project period either through expansion of direct service provision, expansion of referrals and linkages, and/or addition of settings;
- A description of how the applicant will establish, maintain, and leverage cross-sectoral partnerships and collaborations with diverse stakeholders to meet the holistic needs of the expectant and parenting population. A description of how the applicant will establish and

maintain linkages and referrals to a wide range of high-quality, expectant and parenting friendly (and youth-friendly) services and how it will ensure that program participants are aware of these services and receive referrals when necessary;

- A description of what type of strategic dissemination and communications activities the applicant will conduct to raise public awareness and educate various stakeholders including the expectant and parenting population about the PAF Program and services and resources available to the expectant and parenting population. A description of how these activities will be conducted to maximize public awareness and education;
- A description of the process that the applicant will use throughout the project to ensure that programs, and services and materials provided therein are medically accurate, age appropriate, culturally and linguistically appropriate, and inclusive of all populations including the LGBTQ population, and staff and sub-recipients are adequately trained on implementation of these key concepts and approaches. A description of the applicant's plans for ensuring all programs are implemented in a safe and supportive environment for the expectant and parenting population, including ensuring inclusivity, integrating key positive youth development practices, and using a trauma-informed approach;
- A description of applicant's plan for sustainability that is likely to result in the project being sustained after federal funding ends. Includes a description of how sustainability will be integrated into the earliest stages of program planning.

Partnerships and Collaboration

OAH expects applicants to:

- Describe the project management and partner monitoring plan for the grant, including a clear delineation of the roles and responsibilities of project staff, sub-recipients, and partners and how they will contribute to achieving the project's objectives and outcomes. Sub-recipients do not need to be identified at the time of the application, but the applicant should describe how the sub-recipients will be identified including process and selection criteria. Describe how it will monitor sub-recipients, 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;
- Document support from key stakeholders at the State/Tribal and local levels to develop and implement a plan to provide a seamless network of services to the expectant and parenting population and reduce existing disparities. Applications should include letters of commitment or signed, detailed MOUs in the Appendix when feasible;
- Describe the diversity of partners who will be engaged in the State/Tribal, local Community, and Expectant and Parenting Advisory Groups and the various sectors of the community that the partners represent. If there are key cross-sectoral representatives who have not yet provided support to the project, the applicant should describe how it plans to obtain their support;
- Provide a detailed description of the partnerships with existing systems and/or networks in each community served that will provide access to the expectant and parenting population. The applicant should describe at what level the partnership exists (e.g.,

State/Tribe-level vs. local community-level vs. setting level; network of clinics vs. individual clinic) and how the partnership will enable implementation of the program and delivery of the 5 core services domains and selected focus areas;

- Clearly describe the roles and responsibilities for all implementation partners as well as all cross-sectoral partners who will be responsible for providing programming and services;
- For each local implementation partner in the primary settings (and additional settings if applicable), the applicant should describe when possible:
 - The partner's experience implementing programs for the expectant and parenting population;
 - The partner's experience working with the specific expectant and parenting population;
 - The partner's commitment to and motivation for the proposed program;
 - The partner's ability to implement integrated programs;
 - The partner's ability to form cross-sectoral partnerships at the local level;
 - The partner's experience collecting and using performance measure data to make continuous quality improvements to programs;
 - How the program aligns with the partner organization's mission and vision;
 - The processes used by the partner organization to effectively and efficiently manage financial resources;
 - The organization's process for measuring staff performance, holding staff accountable, and providing staff professional development;

- The level of and rationale for turnover within the partner organization over the last several years; and
- The strategies used to ensure high quality program delivery.

Performance Measures, Continuous Quality Improvement, and Evaluation

OAH expects applicants to:

- Describe plans for ensuring all required performance measures data are collected from all program implementation sites and reported to OAH annually, including plans to review applicable laws, policies, and procedures to confirm ability to collect required data;
- Articulate clearly the plans for using data for continuous quality improvements;
- Describe plans for conducting an implementation and outcomes evaluation that is aligned with the logic model and is feasible and reasonable. The implementation evaluation includes all components of the PAF project including the 5 core service domains, multiple settings, and linkages and referrals for the expectant and parenting population. The final evaluation report will identify, through the CQI work, the key successes, challenges, and lessons learned;
- If addressing an innovation issue (as described earlier in the FOA), clearly define the innovation issue, and articulate its importance to the field and how this research would build the knowledge base and support further research; and
- Propose an at least 25% FTE Independent Evaluator who has experience in conducting descriptive studies including implementation studies. Include resumes/curriculum vitae for the lead evaluator(s) in a separate attachment.

Capacity and Experience of the Applicant

OAH expects applicants to describe:

- The organization's experience, expertise, and previous accomplishments in working with other organizations;
- The organization's experience, expertise, and previous accomplishments working in or partnering with other organizations to work in multiple settings;
- 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. Resumes or curriculum vitae for key personnel should be included in the Appendices;
- History of programmatic sustainability, including description of success and status of current and past efforts to serve the expectant and parenting population;
- History of financial sustainability, including documentation of success in securing diverse funding and resources, and a history of sustaining grant-funded programs once funding ended. How well the proposed program aligns with the organization's mission and the capacity of the organization to implement the program. Specifically, the applicant should describe:
 - The organization's mission and vision, and experience working with the target community(ies) and proposed target populations; and
 - Describe how the goals and activities of the proposed program align with the organization's mission and vision, especially in terms of expectant and parenting population and outcomes

- Describe how the organization’s leadership demonstrates a commitment to the goal of providing a seamless network of services to the expectant and parenting population, improving access, and reducing health inequity; and
- Describe policies that the organization has in place to prohibit discrimination in the provision of services on the basis of age, disability, sex, race, color, national origin, religion, sexual orientation or gender identity and how the policies are enforced.
- For applicants that are state, local, tribal, or territorial public health departments: The Office of the Assistant Secretary for Health believes that accreditation is important. You should describe your current status in public health department accreditation through the Public Health Accreditation Board (PHAB). Examples of your status may include one of the seven steps in the PHAB process listed here: <http://www.phaboard.org/accreditation-process/seven-steps-of-public-healthaccreditation/>.

Project Management

Applicant should:

- Describe how it will manage, implement, and monitor the overall program. The plan should describe an understanding of the complexity of the overall program and potential challenges. The applicant should describe the approach that will be used to monitor and track progress, completion, and quality of all program objectives and activities;
- Provide a description of the project team, including the Project Director, Project Manager, Data Manager/Coordinator, Independent Evaluator and other key staff. The applicant should describe the roles and responsibilities of all staff and how they will contribute to achieving the program’s objectives and outcomes. The applicant should

describe who will have day-to-day responsibility for key tasks including, but not limited to: leadership of the overall program and of specific tasks, monitoring the program's progress, monitoring local implementation partners/sub-recipients, collection of performance measures, conducting CQI and the evaluation, and preparation of reports.

Sub-recipients do not need to be identified at the time of the application, but the applicant should describe how the sub-recipients will be identified;

- Describe the experience and expertise of all proposed staff, including staff experience implementing programs for the expectant and parenting population, coordinating integrated implementation efforts at the community level, mobilizing multiple cross-sectoral partners and decision makers to work toward a common goal, providing training and technical assistance to multiple partners, and collecting and analyzing data to assess program progress. The application should include resumes or CVs for proposed staff already employed by the organization and position descriptions for all open positions that will need to be filled if funds are awarded (in the Appendix). The applicant should describe its process and timeline for recruiting and hiring staff;
- The applicant should describe how it will work to minimize the amount of staff turnover over the course of the grant and ensure that staff are actively engaged in their work;
- Describe the criteria it will establish in making any sub-awards, how it will monitor sub-recipients, and how it will coordinate efforts to assist expectant and parenting teens, women, fathers, and their families. OAH expects that, throughout the grant period, the grantee Project Director will have involvement in, and substantial knowledge about, all aspects of the project;

- Applicant should describe its plans for ensuring that all staff responsible for implementing the project, including partner staff, are well trained and prepared to successfully fulfill their roles and responsibilities; and
- Describe common anticipated challenges and measures that will be taken to ensure that project goals and objectives are met in a timely manner.

Budget Narrative

You must complete the required budgetary forms and submit a budget narrative with detailed justification as part of your application. You must enter the project budget on the Budget Information Non-construction Programs standard form (SF 424A) according to the directions provided with this standard form. The budget narrative consists of a detailed line-item budget that includes calculations for all costs and activities by "object class categories" identified on the SF-424A and justification of the costs. You must indicate the method you are selecting for your indirect cost rate. See Indirect Charges below for further information.

Project budget calculations must include estimation methods, quantities, unit costs, and other similar quantitative detail sufficient to verify the calculations. If matching or cost sharing is required, you must include a detailed listing of any funding sources identified in box 18 of the SF-424 (Application for Federal Assistance).

Please be sure to carefully review section D.6 Funding Restrictions for specific information regarding allowable, unallowable, and restricted costs.

You must provide an object class category budget using Section B, box 6 of the SF 424A for the first year of the proposed project. Provide a budget justification, which includes a budget narrative and a line-item detail, for the first year of the proposed project. The budget narrative

should describe how the categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs.

For subsequent budget years, provide a summary narrative and line item budget. For categories or items that differ significantly from the first budget year, provide a detailed justification explaining these changes. Note, do not include costs beyond the first budget year in the object class budget in box 6 of the SF- 424A or box 18 of the SF-424; the amounts entered in these sections should only reflect the first budget year.

Your budget narrative should justify the overall cost of the project as well as the proposed cost per activity, service delivered, and/or product. For example, the budget narrative should define the amount of work you have planned and expect to perform, what it will cost, and an explanation of how the result is cost effective. For example, if you are proposing to provide services to clients, you should describe how many clients are you expecting to serve, the unit cost of serving each client, and how this is cost effective.

Use the following guidelines for preparing the detailed object class budget required by box 6 of the SF-424A. The object class budget organizes your proposed costs into a set of defined categories outlined below. Both federal and non-federal resources (when required) must be detailed and justified in the budget narrative. "Federal resources" refers only to the HHS/OASH grant funds for which you are applying. "Non-federal resources" are all other non-HHS/OASH federal and non-federal resources. We recommend you present budget amounts and computations in a columnar format: first column, object class categories; second column, federal funds requested; third column, non-federal resources; and last column, total budget. Note, subrecipient/contract and consultant detailed costs should all be included in those specific line

items, not in the overall project object class line items, i.e., subrecipient travel should be included in the Contractual line item not in Travel.

Object Class Descriptions and Required Justifications

Personnel Description: Costs of staff salaries and wages, excluding benefits.

Personnel Justification: Identify the project director or principal investigator, if known at the time of application. Provide a separate table for personnel costs detailing for each proposed staff person: the title; full name (if known at time of application), time commitment to the project as a percentage or full-time equivalent; annual salary and/or annual wage rate; federally funded grant salary; non-federal grant salary, if applicable; and total salary. No salary rate may exceed the statutory limitation in effect at the time you submit your application (see D.6 Funding Restrictions, *Salary* Limitation for details). Do not include the costs of consultants, personnel costs of delegate agencies, or of specific project(s) and/or businesses to be financed by the applicant. Contractors and consultants should not be placed under this category.

Fringe Benefits Description: Costs of employee fringe benefits unless treated as part of an approved indirect cost rate.

Fringe Benefits Justification: Provide a breakdown of the amounts and percentages that comprise fringe benefit costs such as health insurance, Federal Insurance Contributions Act (FICA) taxes, retirement insurance, and taxes.

Travel Description: Costs of travel by staff of the applicant organization.

Travel Justification: For each trip, show the date of the proposed travel, total number of traveler(s); travel destination; duration of trip; per diem; mileage allowances, if privately owned vehicles will be used; and other transportation costs and subsistence allowances.

Equipment Description: "Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year per unit and an acquisition cost that equals or exceeds the lesser of: (a) the capitalization level established by the organization for the financial statement purposes, or (b) \$5,000. (Note: Acquisition cost means the net invoice unit price of an item of equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Ancillary charges, such as taxes, duty, protective in-transit insurance, freight, and installation, shall be included in or excluded from acquisition cost in accordance with your organization's regular written accounting practices.)

Equipment Justification: For each type of equipment requested applicants must provide a description of the equipment; the cost per unit; the number of units; the total cost; and a plan for use of the equipment in the project; as well as a plan for the use, and/or disposal of, the equipment after the project ends. An applicant organization that uses its own definition for equipment should provide a copy of its policy, or section of its policy, that includes the equipment definition; include this with your Budget Narrative file. Reference the policy in this justification and include the policy copy in your Budget Narrative file (not your appendices).

Supplies Description: Costs of all tangible personal property other than those included under the Equipment category. This includes office and other consumable supplies with a per-unit cost of less than \$5,000.

Supplies Justification: Specify general categories of supplies and their costs. Show computations and provide other information that supports the amount requested.

Contractual Description: Costs of all contracts or subawards for services and goods except for those that belong under other categories such as equipment, supplies, construction,

etc. Include third-party evaluation contracts, if applicable, and contracts or subawards with subrecipient organizations (with budget detail), including delegate agencies and specific project(s) and/or businesses to be financed by the applicant. This line item is not for individual consultants.

Contractual Justification: Demonstrate that all procurement transactions will be conducted in a manner to provide, to the maximum extent practical, open, and free competition. Recipients and subrecipients are required to use 45 CFR § 75.328 procedures and must justify any anticipated procurement action that is expected to be awarded without competition and exceeds the simplified acquisition threshold fixed by 41 U.S.C. § 134, as amended by 2 CFR § 200.88, and currently set at \$150,000. Recipients may be required to make pre-award review and procurement documents, such as requests for proposals or invitations for bids, independent cost estimates, etc., available to HHS/OASH.

Note: Whenever you intend to delegate part of the project to another agency, the applicant must provide a detailed budget and budget narrative for each subrecipient/contractor, by agency title, along with the same supporting information referred to in these instructions. If you plan to select the subrecipients/contractors post-award and a detailed budget is not available at the time of application, the applicant must provide information on the nature of the work to be delegated, the estimated costs, and the process for selecting the delegate agency.

Other Description: Enter the total of all other costs. Such costs, where applicable and appropriate, may include but are not limited to: consultants; insurance; food (when allowable); professional services (including audit charges); space and equipment rent; printing and publication; training, such as tuition and stipends; staff development costs; and any other costs not addressed elsewhere in the budget.

Other Justification: Provide computations, a narrative description, and a justification for each cost under this category.

Indirect Charges Description: Total amount of indirect costs. This category has one of two methods that an applicant may select. You may only select one.

1) Your organization currently has an indirect cost rate approved by the Department of Health and Human Services (HHS) or another cognizant federal agency. You should enclose a copy of the current approved rate agreement. If you request a rate that is less than allowed, your authorized representative must submit a signed acknowledgement that the organization is accepting a lower rate than allowed.

2) Per 45 CFR § 75.414(f) Indirect (F&A) costs, “any non-Federal entity [i.e., applicant] that has never received a negotiated indirect cost rate, ... may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. As described in § 75.403, costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate for a rate, which the non-Federal entity may apply to do at any time.”

This method only applies to applicants that have never received an approved negotiated indirect cost rate from HHS or another cognizant federal agency. Applicants awaiting approval of an indirect cost rate may request the 10 percent de minimis. When the applicant chooses this method, costs included in the indirect cost pool must not be charged as direct costs to the grant.

Program Income Description: Program income means gross income earned by your organization that is directly generated by this project if funded except as provided in 45 CFR § 75.307(f). Program income includes but is not limited to income from fees for services performed or the use or rental of real or personal property acquired under the award. Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulations, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them. See also 45 CFR §§ 75.307, 75.407 and 35 U.S.C. §§ 200-212 (applies to inventions made under Federal awards).

Program Income Justification: Describe and estimate the sources and amounts of Program Income that this project may generate if funded. Unless being used for cost sharing, if applicable, these funds should not be added to your budget. This amount should be reflected in box 7 of the SF-424A.

Non-Federal Resources Description: Amounts of non-federal resources that will be used to support the project as identified in box 18 of the SF-424. For all federal awards, any shared costs or matching funds and all contributions, including cash and third-party in-kind contributions, must be accepted as part of the recipient's cost sharing or matching when such contributions meet all of the criteria listed in 45 CFR § 75.306. For awards that require matching by statute, recipients will be held accountable for projected commitments of non-federal resources in their application budgets and budget justifications by budget period or by project period for fully-funded awards, even if the justification by budget period, or by project period for fully-funded awards, exceeds the amount required. A recipient's failure to provide the required matching amount may result in the disallowance of federal funds. If you are funded, you will be required to report these funds on your Federal Financial Reports. For awards that do not require

matching or cost sharing by statute, where “cost sharing” refers to any situation in which the recipient voluntarily shares in the costs of a project other than as statutorily required matching and are accepted by HHS/OASH, we will include this non-federal cost sharing in the approved project budget and the recipient will be held accountable for the non-federal cost-sharing funds as shown in the Notice of Award (NOA). A recipient’s failure to provide voluntary cost sharing of non-federal resources that have been accepted by HHS/OASH as part of the approved project costs and that are shown as part of the approved project budget in the NOA may result in the disallowance of federal funds. If you are funded, you will be required to report these funds on your Federal Financial Reports.

Non-federal Resources Justification: You must provide detailed budget information for every funding source identified in box 18. "Estimated Funding (\$)" on the SF-424. Provide this documentation as part of your Budget Narrative file, not your Appendices.

You must fully identify and document in your application the specific costs or contributions you propose in order to meet a matching requirement. You must provide documentation in your application on the sources of funding or contribution(s). In-kind contributions must be accompanied by a justification of how the stated valuation was determined. Matching or cost sharing must be documented by budget period (or by project period for fully-funded awards).

Applications that lack the required supporting documentation will not be disqualified from competitive review; however, it may impact an application’s scoring under the evaluation criteria in Section V.1 of this announcement.

Plan for Oversight of Federal Award Funds

You must include a plan for oversight of federal award funds which:

- Describes how your organization will provide oversight of federal funds and how grant activities and partner(s) will adhere to applicable federal grant and programmatic regulations.
- Describes the organizational systems that demonstrate effective control over and accountability for federal funds and program income, compare outlays with budget amounts, and provide accounting records supported by source documentation.
- Describes organizational controls that will ensure timely and accurate submission of Federal Financial Reports to the OASH Office of Grants Management and Payment Management Services as well as timely and appropriate withdrawal of cash from the Payment Management System.

The following budget guidelines apply:

- Applicants should budget no more than 10% of the total budget for evaluation activities, including the collection of performance measure data.
- If innovative descriptive studies are included, applicants should budget no more than 15% of the total budget for evaluation activities including the collection of performance measures data and the implementation study.
- Applicants should budget no more than 3% of the total budget on incentives for recruitment and retention.
- OAH expects grantees to attend the following meetings and trainings and should include funds in the budget. The location for the meetings has not been determined, however, grantees should budget for the meetings to occur in the Washington, D.C. metro area.
 - Two (2) staff to attend the PAF Orientation in September/October 2017
 - Two (2) staff to a Project Director's Meeting in 2018

- Three (3) staff to annual Regional Trainings
- Three (3) staff to the PAF Conference in 2019
- Applicants must include a match from non-Federal funds in the amount of 25 percent of the total funding awarded to each Institutions of Higher Education (IHE), provided from all IHEs that will receive funding from the applicant to provide programming. The match may be in cash or in-kind.

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-recipient 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

Your Work Plan should reflect, and be consistent with, the Project Narrative and Budget Narrative, and must cover all years of the project period. However, each year's activities should be fully attainable in one budget year. You may propose multi-year activities, as well as activities that build upon each other, but each phase of the project must be discreet and attainable within a single budget year. 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 three 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 Year 1 work plan is expected to include all the planning year milestones (Appendix E) in addition to other unique program specific components. The planning year milestones

include concrete goals, objectives, and activities specific to: mobilizing cross-sectoral stakeholders; building partnerships and collaborations; establishing and maintaining linkages and referrals to core services; ensuring programs and services are medically accurate, age appropriate, culturally and linguistically appropriate, inclusive of all populations, trauma-informed, and implemented in a safe and supportive environment; engaging in strategic dissemination and communication to raise public awareness and educate stakeholders about the PAF program and the services and resources available to the expectant and parenting population; collecting and reporting performance measures and using performance measures for continuous quality improvement; and conducting an implementation evaluation and innovation descriptive study (if applicable). 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.

Other

The appendices may also include resumes or 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. Unique Entity Identifier and System for Award Management (SAM)

- 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 through Grants.gov. 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.

- You will find instructions on the Grants.Gov web site as part of the organization registration process at <http://www.grants.gov/web/grants/applicants/organization-registration.html>.
- Your organization must register online in the System for Award Management (SAM). **Grants.gov will reject submissions from applicants with nonexistent or expired SAM Registrations.**
- A quick start guide for grant registrants is available at https://www.sam.gov/sam/transcript/Quick_Guide_for_Grants_Registrations.pdf.
You should allow a *minimum* of five days to complete an initial SAM registration. Allow up to 10 business days *after you submit* your registration for it to be active in SAM.
- If your organization is already registered in SAM, 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 if you plan to apply for this funding opportunity or think you might apply, you should *ensure your organization's registration is active in SAM well before the application deadline and will be active through the competitive review period.*
- If you are successful and receive a grant award, you must maintain an active SAM registration with current information at all times during which your

organization has an active award or an application or plan under consideration by an HHS agency.

HHS/OASH cannot make an award until you have complied with these requirements. In accordance with 2 CFR § 25.205, at the time an award is ready to be made, if you have not complied with these requirements, HHS/OASH:

- May determine that you are 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 you, the recipient, make a sub-award.

4. Submission Dates and Times

You must submit your application for this funding opportunity by **5:00 p.m. Eastern Time on the date indicated in the DATES section on page 1 of this announcement.** Your submission time will be determined by the date and time stamp provided by Grants.gov when you **complete** your submission.

If you fail to submit your application by the due date and time, we will not review it, and it 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 or rejected submission. You are better off having a less-than-perfect application successfully submitted and under consideration than no application.

If your submission fails due to a system problem with Grants.gov, we may consider your application if you provide verification from Grants.gov indicating system problems existed at the time of your submission **and that time was before the submission deadline**. A “system problem” does not include known issues for which Grants.gov has posted instructions regarding how to successfully submit an application such as compatible Adobe versions or file naming conventions. As the applicant, it is your responsibility to review all instructions available on Grants.gov regarding successfully submitting an application.

5. Intergovernmental Review

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, you should discuss the project with the State Single Point of Contact (SPOC) for the State in which your organization is located. The current listing of the 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.

6. Funding Restrictions

The allowability, allocability, reasonableness, and necessity of direct and indirect costs that may be charged to HHS/OASH grants must be 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.” These requirements apply to you, the applicant, *and* any subrecipients.

Indirect costs may be included per 45 CFR § 75.414. Applicants should indicate which method and/or rate is used for this application. See the Budget Narrative section of this announcement for more information. To obtain a negotiated indirect cost rate with the Federal Government you may contact the U.S. Department of Health and Human Services Cost Allocation Services (CAS) regional office that is applicable to your State. CAS regional contact information is available at <https://rates.psc.gov/fms/dca/map1.html>.

Pre-Award Costs:

Pre-award costs are not allowed.

Salary Limitation:

Each year’s appropriations act limits the salary amount that you may be awarded and charge 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 \$185,100. This amount reflects an individual’s base salary exclusive 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.

The breakdown below provides an example of the application of this limitation to an individual with a base salary of \$350,000 per year and fringe benefits of 25% who works on the project 50% of a full-time equivalent, and how you must adjust the salary to comply with the limitation.

Individual's <i>actual</i> 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 <i>adjusted</i> to Executive Level II: \$185,100 50% of time will be devoted to the project	
Direct salary (50% of salary)	\$92,550.00
Fringe (25% of salary)	\$23,137.50
Total amount	\$115,687.50

Appropriate salary limits will apply as required by law.

7. Other Submission Requirements

Electronic Submission

HHS/OASH requires that all applications be submitted electronically via the Grants.gov portal unless an exemption has been granted. If you submit an application via any other means of electronic communication, including facsimile or electronic mail, it *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.

Your application 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. If your application does not adhere to the due date and time requirements, it will be deemed ineligible and receive no further consideration.

If you choose to apply, you are encouraged to initiate electronic applications early in the application development process. Applying in advance of the deadline will allow you to address any problems with submissions prior to the application deadline.

Applications, excluding required standard forms, must be submitted as three (3) files (see acceptable file types below). One file must contain the entire Project Narrative, another the entire Budget Narrative including supporting documentation described in the Budget Narrative content section; and the third file must contain all documents in the Appendices. Any additional files submitted as part of the Grants.gov application will not be accepted for processing and will be excluded from the application during the review process.

Any files uploaded or attached to the Grants.gov application must be Adobe PDF, Microsoft Word, or image formats (JPG, GIF, TIFF, or BMP only) and must contain a valid file format extension in the filename. HHS/OASH strongly recommends that electronic applications be uploaded as Adobe PDF. If you convert to PDF prior to submission you may prevent any unintentional formatting that might occur with submission of an editable document. Please note, even though Grants.gov allows you to attach any file format as part of your 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 listed above will not be accepted for processing and will be excluded from the application during the review process.

Any file submitted as part of the Grants.gov application that contains password protection will not be accepted for processing and will be excluded from the application during the review process. We will not contact you for passwords or resubmission of unprotected files.

Unprotected information in the application will be forwarded for consideration but password

protected portions will not. You should avoid submitting personally identifiable information such as on résumés.

In addition, the use of compressed file formats such as ZIP, RAR, or Adobe Portfolio will not be accepted. We will not contact you for resubmission of uncompressed versions of files. Compressed information in the application will not be forwarded for consideration.

You must submit your application in a 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. If you submit documents that do not conform to the above, we will exclude them from your application during the review process.

Important Grants.gov Information

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, both of which can be found on page 1 of this funding opportunity announcement.

To ensure successful submission of your application, you 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. You are responsible for reviewing all Grants.gov submission requirements on the Grants.gov site.

You should contact Grants.gov with any questions or concerns regarding the electronic application process conducted through Grants.gov. See Section D.3 for requirements related to DUNS numbers and SAM registration.

Program-Specific 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.

E. APPLICATION REVIEW INFORMATION

1. Criteria: Eligible applications will be assessed according to the following criteria:

Expectant and Parenting Population, Settings and Need (15 points overall)

Expectant and Parenting Population and Need	Pages where discussed
Extent to which the applicant clearly demonstrates a need for the program in the community(ies).	26, 28, 62
<ul style="list-style-type: none">• Extent to which the applicant’s needs and resources assessment clearly identifies the needs of the expectant and parenting population relative to the core services domains and identifies services and resources to meet these needs.• Extent to which the applicant provides clear estimates of the number of expectant and parenting population they intend to serve.• Extent to which the applicant describes how the proposed program approach aligns with the needs of the expectant and parenting population and the resources available and has been designed to have the greatest impact on the expectant and parenting population without duplicating efforts.• Extent to which the applicant describes specific strategies that will be used to recruit and retain program participants and the rationale for why the strategies are expected to be successful.	

Program Approach (20 points overall)

Program Approach	Pages where discussed
Extent to which the applicant describes how it proposes to implement the program in multiple primary settings and additional	26, 64

<p>non-traditional settings, through direct service provision and referrals and linkages to core services in the 5 domains.</p>	
<ul style="list-style-type: none"> • Extent to which the applicant includes a detailed work plan for Year 1 and a work plan and logic model for the three-year project period. The work plan includes goals, SMART objectives, activities to accomplish each objective, and, for each activity, the person(s) responsible, timeline for completing activities, and measures of success. • Extent to which the applicant describes its focus and activities for the initial planning and readiness period of up to 6 months. • Extent to which the applicant describes plans to establish State/Tribal, local Community, and Expectant and Parenting Advisory Groups with diverse representation during the initial planning period. • Extent to which the applicant describes how it will establish, maintain and leverage partnerships and collaborations with diverse stakeholders to establish and maintain linkages and referrals to a wide range of high-quality services. • Extent to which the applicant describes how it will scale up efforts to attain the full list of comprehensive services in each domain. • Extent to which the applicant describes the process that will be used throughout the project to ensure that programs, and services and materials provided therein are medically accurate, age appropriate, culturally and linguistically appropriate, and inclusive implemented in a safe and supportive environment. • Extent to which the applicant describes plans for sustainability. 	<p>32, 35, 36, 42, 44, 52</p>

Partnerships and Collaborations (20 points overall)

<p>Partnerships and Collaboration The extent to which the applicant describes how it proposes to build and sustain partnerships with multiple stakeholders including implementation partners in the primary settings and cross-sectoral partners with experience and expertise in the 5 core domains, to achieve the goals and objectives of the program.</p>	<p>Pages where discussed 66</p>
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<ul style="list-style-type: none"> • The extent to which the applicant demonstrates a plan to involve potential implementation partners in the multiple primary settings, and cross-sectoral partners from the 5 core services domains and corresponding focus areas, in the design and implementation of the proposed project. • The extent to which clear roles and responsibilities for each partner are identified. The extent to which the Memoranda of Understanding or Letters of Commitment provided for all organizations and entities that are specifically named as a sub-recipients or primary partners are adequately detailed and support the scope of the proposed partnership and the overall program. 	
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Performance Measures, CQI and Evaluation (15 points overall)

Performance Measures, CQI and Evaluation	Pages where discussed
Extent to which the applicant describes its plans for collecting and reporting performance measures, using the data for continuous quality improvement, and conducting an evaluation.	48
Extent to which the applicant describes its plans for collecting the OAH required performance measures from all sites and reporting the data to OAH annually.	48
Extent to which the applicant describes its plans for using the collected data for continuous quality improvement (CQI).	48
Extent to which: <ul style="list-style-type: none"> • The implementation evaluation plan aligns with the logic model and will result in a detailed description of the intervention and operating context. • The implementation evaluation includes all components of the PAF project including the 5 core service domains, multiple settings, and linkages and referrals for the expectant and parenting population including college students. • Extent to which the outcomes evaluation is feasible and reasonable. 	49

Capacity of Applicant Organization (10 points overall)

<p>Capacity of Applicant Organization-</p> <ul style="list-style-type: none"> • The extent to which the applicant describes past experience and capacity to work in the relevant settings, work with diverse partners, and sustain the work beyond grant funding. • The extent to which the applicant describes how well the proposed program aligns with the organization’s mission. • The extent to which the applicant describes policies that the organization has in place to prohibit discrimination in the provision of services on the basis of age, disability, sex, race, color, national origin, religion, sexual orientation or gender identity and how the policies are enforced. 	<p>Pages where discussed 70</p>
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Project Management (10 points overall)

<p>Project Management</p> <ul style="list-style-type: none"> • The extent to which the applicant describes how it will manage, implement and monitor the overall program and proposes a management plan that is likely to succeed. • The extent to which the proposed project team has the experience and expertise needed to successfully accomplish the goals and objectives of the project and implement all stated activities. • The extent to which the applicant describes the criteria it will establish in making any sub-awards, how it will monitor sub-recipients, and how it will coordinate efforts to assist expectant and parenting teens, women, fathers, and their families. 	<p>Pages where discussed 53, 71</p>
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Budget (10 points overall)

<p>Budget The extent to which the applicant includes a combined multi-year Budget Narrative and a detailed Budget Narrative for each year of the potential grant which is in compliance with OAH guidelines as mentioned in the FOA.</p>	<p>Pages where discussed 73</p>
<p>The extent to which the applicant includes a 25 percent match from the total funding awarded to each Institutions of Higher Education (IHE). If the specific IHEs that will receive funding are unknown at the time of the application, the extent to which the applicant allows for the 25% match (if applicable).</p>	<p>56</p>

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 E.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. The Director of the Office of Adolescent Health will make final award decisions. In making these decisions, the Director of the Office of Adolescent Health will take into consideration the following additional criteria:

- a. Extent to which projects are geographically dispersed across the country.
- b. Extent to which projects best promote the purposes of the Pregnancy Assistance Fund Program within the limit of funds available for such projects.
- c. Extent to which tribal entities are represented.

All award decisions, including level of funding if an award is made, are final and you may not appeal.

3. 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 § 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:

- (a) Applicant's financial stability;
- (b) Quality of management systems and ability to meet the management standards prescribed in 45 CFR part 75;
- (c) 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;
- (d) Reports and findings from audits performed; and
- (e) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

Prior to making a Federal award with a total Federal share greater than the simplified acquisition threshold (currently \$150,000), we are required to review and consider any information about you that is in the designated integrity and performance system accessible through the System for Award Management (SAM) (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). You may, at your option, review information in SAM and comment on any information about yourself that a Federal awarding agency previously entered and is currently available through SAM. We will consider any comments by you, in addition to the other information in the designated system, in making a judgment about your

integrity, business ethics, and record of performance under Federal awards when completing the review of risk posed by applicants.

4. Anticipated Announcement and Federal Award Dates

HHS/OASH seeks to award funds as much in advance of the anticipated project start date shown in Section B “Federal Award Information,” as practicable, with a goal of 10-15 days.

F. FEDERAL AWARD ADMINISTRATION INFORMATION

1. Federal 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 you 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. If you are successful, you 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. You 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.

If you are unsuccessful, you 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, you 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

If you are successful and receive a Notice of Award, in accepting the grant award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, 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, your organization must comply with all terms and conditions outlined in the Notice of Award, the U.S. Department of Health and Human Services (HHS) Grants Policy Statement (GPS), 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. The current HHS GPS is available at <http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf> Please note HHS plans to revise the HHS GPS to reflect changes to the regulations; 45 CFR parts 74 and 92 have been superseded by 45 CFR part 75.

You may only use grant funds to support activities outlined in the approved project plan. If your application is funded, your organization will be responsible for the overall management of activities within the scope of the approved project plan. Please consult the HHS GPS Section II and 45 CFR §75.308 for aspects of your funded project that will require prior approval from the Grants Management Officer for any changes. Modifications to your approved project that

will require prior approval, include but are not limited to, a change in the scope or the objective(s) of the project or program (even if there is no associated budget revision such as reduction in services, closing of service or program site(s)); significant budget revisions, including changes in the approved cost-sharing or matching; a change in a key person specified in your application; reduction in time devoted to the project by the approved project director or principal investigator, either as percentage of full-time equivalent of 25% or more or absence for 3 months or more; or the subawarding, transferring or contracting out of any work that was not described in the approved proposal.

Program Specific Terms and Conditions

- [Participate in the OAH Federal evaluation (if selected). As a condition of the grant award, all funded grantees will be required to participate in a Federal evaluation if OAH conducts one, and if the grantee is selected, agree to follow all evaluation protocols established by HHS or its designee.

Lobbying Prohibitions

Pursuant to the each year's appropriations act, you shall not use any funds from an award made under this announcement for other than normal and recognized executive legislative relationships. You shall not use funds for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or

pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

You shall not use any funds from an award made under this announcement to pay the salary or expenses of any employee or subrecipient, or agent acting for you, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

The above prohibitions include any activity to advocate or promote any proposed, pending, or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

Non-Discrimination Requirements

Pursuant to Federal civil rights laws, if you receive an award under this announcement you must not discriminate on the basis of race, color, national origin, disability, age, and in some cases sex and religion. The HHS Office for Civil Rights provides guidance to grantees in complying with civil rights laws that prohibit discrimination.

www.hhs.gov/ocr/civilrights/understanding/index.html.

HHS provides guidance to recipients of federal financial assistance on meeting the legal obligation to take reasonable steps to provide meaningful access to persons with limited English

proficiency. See *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*, 68 Fed. Reg. 47311, 47313 (HHS Office for Civil Rights, 2003, www.gpo.gov/fdsys/pkg/FR-2003-08-08/pdf/03-20179.pdf) or www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html. You must ensure your contractors and sub recipients also comply with federal civil rights laws

The *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* (National CLAS Standards), 78 Fed. Reg. 58539, 58543 (HHS Office of Minority Health, 2013, www.gpo.gov/fdsys/pkg/FR-2013-09-24/pdf/2013-23164.pdf), provides a practical framework for grant applicants to provide quality health care and services to culturally and linguistically diverse communities, including persons with limited English proficiency. Compliance with the National CLAS Standards meets the legal obligation to take reasonable steps to provide meaningful access to persons with limited English proficiency.

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 and HHS Rights to Materials and Data

Federal grant support must be acknowledged in any publication you develop using funds awarded under this program, with language such as:

This publication (journal article, etc.) was supported by Award No. _____ from the Office of the Assistant Secretary of Health (OASH). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of OASH.

All publications you develop or purchase with funds awarded under this announcement must be consistent with the requirements of the program. You own the copyright for materials that you develop under this grant, and pursuant to 45 CFR § 75.322(b), HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for Federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal government has the right to obtain, reproduce, publish, or otherwise use data produced under this grant and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for Federal purposes.

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://www.hhs.gov/grants/contracts/contract-policies-regulations/efficient-spending/>

Pilot Whistleblower Protection

If you receive an award, you will be subject to a term and condition that applies the terms of 48 CFR § 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.”

3. Reporting

Performance Reports

You must submit performance reports on a [semi-annual] basis. Your performance reports must address content required by 45 CFR § 75.342(b)(2). You must submit your performance reports by upload to our grants management system (GrantSolutions.gov), in the Grant Notes module.

You will also be required to submit a final progress report covering the entire project period 90 days after the end of the project period. You must submit the final report by upload to our grants management system (GrantSolutions.gov), in the Grant Notes module.

Performance Measures

Performance Measure Data shall be submitted to OAH no later than 30-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). OAH will provide training on collecting and reporting required performance measure data. A list of potential measures is included in Appendix I. Performance measure data must be submitted by upload to the OAH PAF performance measure database (<https://paf.rti.org>). 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. All grantees will be expected to continuously collect and report annually 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). Grantees 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. OAH expects grantees to use data to inform continuous quality improvement (CQI). CQI is the systematic process of identifying, describing, and analyzing strengths and problems and then testing, implementing, learning from, and revising solutions. More simply, CQI may be described as an ongoing cycle of collecting data and using it to make decisions to gradually improve program processes. CQI also helps find solutions when programs are not producing the desired outcomes. OAH expects grantees to use performance measures data to provide continuous and timely feedback to staff, stakeholders, research and evaluation experts, the expectant and parenting population, and sub-recipients to identify gaps and make quick improvements at all levels of program delivery and service provision.

Ideally, grantees and partners must have access to years of administrative data for both program participants as well as non-participants and must be able to demonstrate an ability to use that data to develop and refine programs over time to be more effective and efficient. For example, a State Health Department could have access to health administrative data but would need to obtain a data-sharing agreement with the State Educational Agency (SEA) or individual IHEs to get education data. Grantees must establish a process for ensuring that all OAH-required

performance measures are collected from all implementation sites on a regular basis. During the planning period, grantees will be expected to conduct a review of the applicable laws, policies, and regulations of each funded sub-recipient to ensure that all OAH-required data can be collected at each site. OAH expects grantees and their sub-recipients to review the performance measures data periodically and use continuous quality improvement. OAH expects grantees to have mechanisms in place to assure the quality and timeliness of the data prior to submitting it to OAH. Grantees will be expected to report all data to OAH on an annual basis. OAH also expects grantees to have at least a 15% FTE Data Manager for the project.

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 on which they will be required to report

Financial Reports

You will be required to submit quarterly Federal Financial Reports (FFR) (SF-425). Your specific reporting schedule will be issued as a condition of grant award. You will also be required to submit a final FFR covering the entire project period 90 days after the end of the project period. You must submit FFRs via our grants management system (GrantSolutions.gov) FFR module.

Quarterly cash reporting to the HHS Payment Management System on the FFR is also required. Please note, at this time, these FFR reports are separate submissions via the Payment Management System. At this time, data is not transferable between the two systems and you will report twice on certain data elements.

Audits

If your organization receives \$750,000 or greater of Federal funds, it must undergo an independent audit in accordance with 45 CFR part 75, subpart F or regulations and policy effective at the time of the award.

Non-competing Continuation Applications and Awards

Each year of the approved project period, you will be 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. HHS/OASH will award continuation funding based on availability of funds, satisfactory progress of the project, and grants management compliance, including timely reporting. Additionally, failure to provide final progress or financial reports on other grants with HHS may affect continuation funding.

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.

Reporting of Matters Relating to Recipient Integrity and Performance

If the total value of your currently active grants, cooperative agreements, and procurement contracts from all Federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this Federal award, then you must maintain the currency of information reported to the System for Award Management (SAM) that is made available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)) about civil, criminal, or administrative proceedings described in paragraph A.2 of Appendix XII to 45 CFR part 75—Award Term and Condition for Recipient Integrity and Performance Matters. This is a statutory requirement under section 872 of Public Law 110-417, as amended (41 U.S.C. § 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for Federal procurement contracts, will be publicly available. For more information about this reporting requirement related to recipient integrity and performance matters, see Appendix XII to 45 CFR part 75.

Other Required Notifications

Before you enter into a covered transaction at the primary tier, in accordance with 2 CFR § 180.335, you as the participant must notify HHS/OASH, if you know that you or any of the principals for that covered transaction:

- (a) Are presently excluded or disqualified;
- (b) Have been convicted within the preceding three years of any of the offenses listed in 2 CFR § 180.800(a) or had a civil judgment rendered against you for one of those offenses within that time period;

(c) Are presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses listed in 2 CFR § 180.800(a); or

(d) Have had one or more public transactions (Federal, State, or local) terminated within the preceding three years for cause or default.

At any time after you enter into a covered transaction, in accordance with 2 CFR § 180.350, you must give immediate written notice to HHS/OASH if you learn either that—

(a) You failed to disclose information earlier, as required by 2 CFR § 180.335; or

(b) Due to changed circumstances, you or any of the principals for the transaction now meet any of the criteria in 2 CFR § 180.335.

G. HHS AGENCY CONTACTS

Administrative and Budgetary Requirements and Program Requirements:

For information related to administrative and budgetary requirements, contact the HHS/OASH grants management specialist listed below.

Brenda Donaldson

1101 Wootton Parkway, Suite 550

Rockville, MD

Phone: 240-453-8822

Email: brenda.donaldson@hhs.gov

For information on program requirements, please contact the program office listed below. Letters of Intent should be directed to the email address below (* Please make the subject line “ FY2017 PAF FOA”):

Attn: OAH PAF Program FY2017 FOA

1101 Wootton Parkway, Suite 700

Rockville, MD 20852

Phone: 240-453-2846

Email: FY17PAF.FOA@hhs.gov (* Please make the subject line “ FY2017 PAF FOA”).

H. OTHER INFORMATION

Awards under this Announcement

We are not obligated to make any Federal award as a result of this announcement. Only the grants officer can bind the Federal government to the expenditure of funds. If you receive communications to negotiate an award or request additional or clarifying information, this does not mean you will receive an award; it only means that your application is still under consideration.

Application Elements

The below is a summary listing of all the application elements required for this funding opportunity.

Application for Federal Assistance (SF-424)

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

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

Disclosure of Lobbying Activities (SF-LLL)

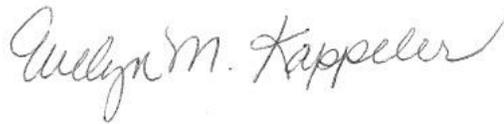
Project Abstract Summary

Project Narrative – Submit all Project Narrative content as a single acceptable file, specified above.

Budget Narrative – Submit all Budget Narrative content as a single acceptable file, specified above.

Appendices – Submit all appendix content as a single acceptable file, specified above.

Appendices should include the Letter from the Authorized Representative, MOUs or Letters of Commitment, work plan, and logic model. Other appendices may include resumes/CVs, organizational structure, examples of organizational capabilities, or other supplemental information.



Evelyn M. Kappeler
Director, Office of Adolescent Health

APPENDICIES

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Appendix A – Core Services Domains

Table 1: Select at least 3 focus areas from each domain (1, 2, and 3) for each setting/site

Domain 1: Personal Health Supports and access expectant and parenting teens and young adults require to manage their healthcare needs and responsibilities	Domain 2: Child Health Supports and resources expectant and parenting teens and young adults need to take care of the health and well-being of their children	Domain 3: Self-Sufficiency, Education and Employment Supports and resources expectant and parenting teens and young adults need to complete school and move toward attaining a livable wage and becoming self-sufficient adults
Focus Areas	Focus Areas	Focus Areas
<ul style="list-style-type: none"> • Obstetric Care (prenatal, delivery, and postpartum care) • Reproductive health care (family planning, birth control, and STI screening and prevention, etc.) • Breastfeeding skills and resources • Primary health care • Nutritional counseling and services • Mental and behavioral health services (including suicide prevention) • Violence prevention and intervention services (domestic violence, sexual violence, sexual assault, stalking, dating violence) • Substance abuse prevention and counseling (tobacco, alcohol, and drug cessation) • Evidence-based Sexuality Education • Dental hygiene • Health literacy • Social and Emotional Well-being • Self-care (yoga, mindfulness, etc.) 	<ul style="list-style-type: none"> • Well child visits (including immunizations, safe sleep, car seat safety) • Nutritional counseling and services • Early childhood education, Head Start/Child Care • Health literacy • Adoption and foster care services • Child welfare • Dental hygiene 	<ul style="list-style-type: none"> • Mentorship • Academic Supports • School connectedness • Job readiness • Vocational training • Workforce development • Job placement • Life Skills (financial literacy and budgeting, home economics) • Adult literacy • College planning and readiness • Education on rights under the law (Title IX, etc.)

Table 2: Select at least 2 focus areas from each domain (4 and 5) for each setting/site

<p>Domain 4: Concrete Supports Basic necessities that all expectant and parenting teens and young adults need and deserve that have an impact on their ability to take care of themselves and their children</p>	<p>Domain 5: Parenting Support Supports and resources aimed at increasing the effectiveness of parenting through careful planning, learning, and practice</p>
<p>Focus Areas</p>	<p>Focus Areas</p>
<ul style="list-style-type: none"> • Safe and stable housing • Food support • Clothing support • Transportation support • Child needs (Diapers, Formula, Bottles, Car seats, Cribs, etc.) • Child support • Benefits-Supplemental Nutrition Assistance Program (SNAP), Women Infants and Children program (WIC), Temporary Assistance for Needy Families (TANF) • Health Insurance (enrollment and other supports) • Legal Aid • Accompaniment services 	<ul style="list-style-type: none"> • Parenting education and resources (including co-parenting) • Healthy relationship education, skill building, and resources • Communication skills • Stress management support

Appendix B - Matching for Institutes of Higher Education

- If grant funding is given directly from the grantee to an Institution of Higher Education (sub-recipient), the IHE must match 25% of the total funding provided to the IHE. This 25% match may be in cash or in-kind.
- If grant funding is given directly to a high school or community service center, no matching is required even if a part of the served population comprise of college students.
- All matching funds must be allowable under 45 CFR §75.306 Cost sharing or matching, and reported on the Federal Financial Report (SF 425)

Scenario 1:

The state gives money to a community service center to specifically serve College X's students.

The community service center uses space on the college campus to provide these services and pays part of a college employee's salary to help with the program. College X must comply with the matching requirement in this case.

Scenario 2:

The state gives money to a community service center to specifically serve College Y's students.

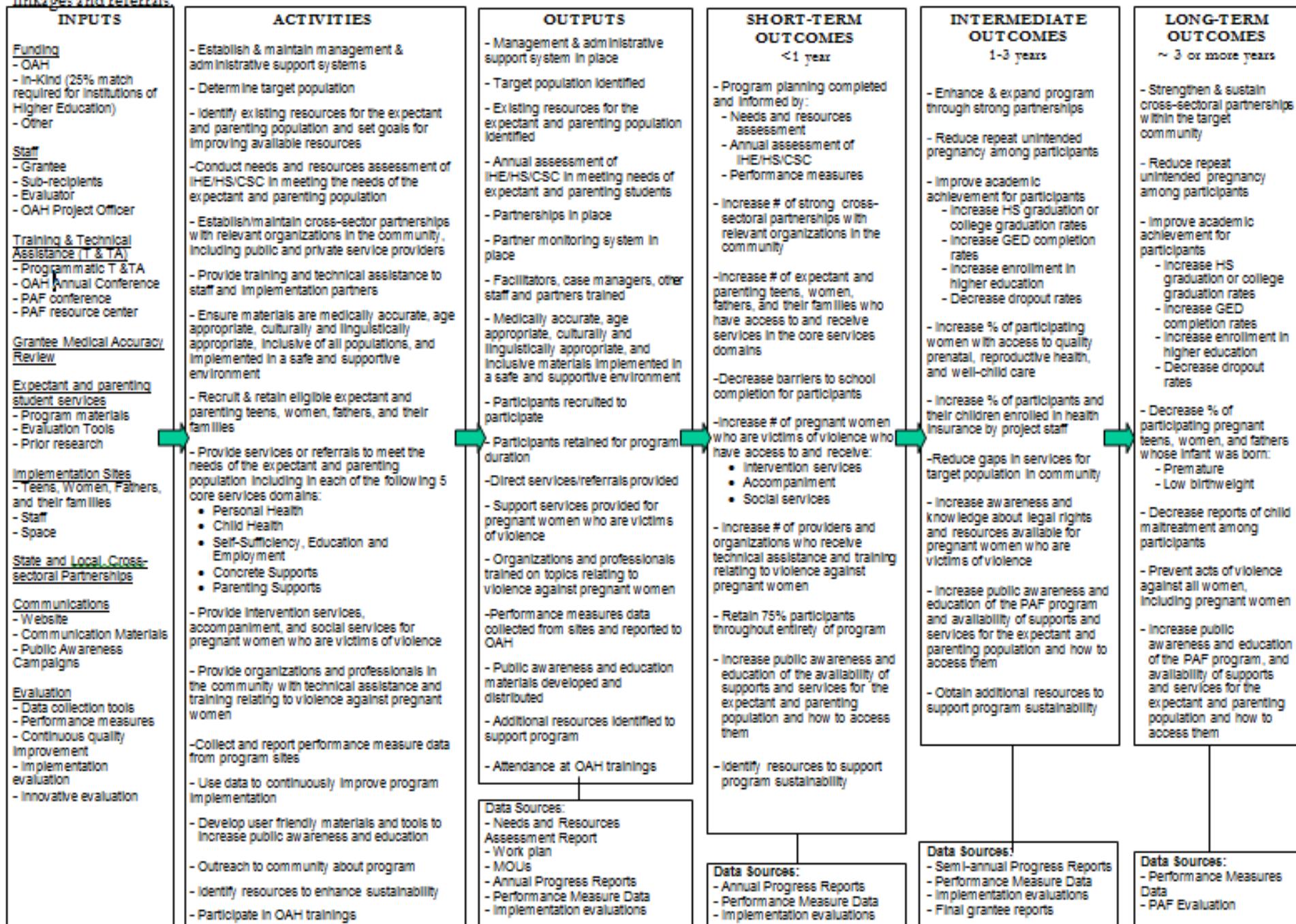
The community service center recruits expectant and parenting students on the campus of College Y using grant money but provides services at its location. The community service center does not give any grant money to the college and therefore there is no matching requirement.

Scenario 3:

The state gives money to a community service center to help College Z build their supports for expectant and parenting students. The community service center collaborates with college staff on capacity building to conduct a needs assessment on campus and provide training on the needs of parenting students. The college staff time and efforts are paid through other college resources and not the PAF grant. In this case there is no matching requirement.

Appendix C - Pregnancy Assistance Fund (PAF): Support for Expectant and Parenting Teens, Women, Fathers, and Their Families

Goal: Adopt a holistic and integrated approach to support expectant and parenting teens, women, fathers, and their families through service provision in five core services domains and in multiple primary settings: high schools (HS), community service centers (CSC), and Institutions of Higher Education (IHE) through direct service provision and linkages and referrals.



Appendix D - Example Work Plan Template

Month XX, 20XX-Month XX, 20XX

Grantee Name _____

Funds Requested _____

<i>Goal I:</i>		
<i>Objective 1:</i>		
<i>Rationale</i> for Objective 1:		
Measures of Accomplishment for Objective 1: a. b. c.		
<i>Activities</i> in support of Objective 1: a. b. c.	Person/agency responsible for <i>Accomplishing Activities</i> . a. b. c.	<i>Activity Timeline</i> . a. b. c.

Example Work Plan Template
Month XX, 20XX-Month XX, 20XX

Grantee Name _____

Funds Requested _____

Goal I: Goal Statement															
Objectives	Activities	Timeline												Measures of Accomplishment	Person Responsible
		S	O	N	D	J	F	M	A	M	J	J	A		
Objective 1: Objective Rationale:	Activity 1:														
	Activity 2:														
	Activity 3:														
	Activity 4:														
	Activity 5:														
Objective 2: Objective Rationale:	Activity 1:														
	Activity 2:														
	Activity 3:														

Work Plan Instructions

- 1) **Name:** Name of the grantee organization.
- 2) **Funds Requested:** Funds requested for project period.
- 3) **Goal 1:** A broad statement of program purpose which describes the expected long-term effects of a program. Goals should address the program's effect in reducing a health problem and identify the target population to be affected. Although only Goal I is shown as an example in the suggested work plan format, you should include all programmatic goals in your work plan.
- 4) **Objective 1:** A statement describing the results to be achieved and the manner in which these results will be achieved. Objectives should be **SMART**, that is, **S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**ime-phased. **Specific** objectives include *who* will be targeted and *what* will be accomplished; **measurable** objectives include *how much* change is expected specifically enough that achievement of the objective can be measured through counting or through documenting change or completion; **achievable** objectives can be realistically accomplished given existing resources and constraints; **realistic** objectives address the scope of the problem and reasonable programmatic steps; and **time-phased** objectives provide a time line indicating when the objective will be measured or a time by which the objective will be met. Although we only include one-two objectives in the example work plan template, you should list all objectives that support each goal in your work plan.
- 5) **Rationale for the Objective:** why you think the objective will contribute to accomplishing the goal. The objective should relate to the goal and should link to outcomes on the logic model leading to the desired outcomes. In addition, you may provide context that shows why this objective is necessary given your program's resources or constraints.
- 6) **Activities** - describe anticipated events that will take place as part of your program in support of the objective. Although we only include a few activities in the example work plan template for each objective, you should list all activities for each objective.
- 7) **Timeline for Activities** – identify when the activity will be implemented.
- 8) **Measurement of Accomplishment** – these are the quantifiable criteria that describe how you know if you succeeded in accomplishing an objective. Measures might include target numbers or they might include quantifiable changes or completion of an activity.
- 9) **Person Responsible** – the person who is most responsible for ensuring that each activity is accomplished

Example Work Plan Template
Month XX, 20XX-Month XX, 20XX

Goal I: Build the capacity of communities to sustain support for expectant and parenting teens beyond federal funding.																
Objectives	Activities	Timeline											Measures of Accomplishment	Person Responsible		
		S	O	N	D	J	F	M	A	M	J	J			A	
<p><u>Objective 1:</u> By July 31, XXXX state and local partner agencies will have developed sustainability plans that link expectant and parenting teens, their children, and families to appropriate existing programs and community-based services.</p> <p><u>Objective Rationale:</u> To ensure that the needs of expectant and parenting teens, their children, and families are continued to be met, it is imperative to develop plans to sustain the program beyond the life of the grant. This can be achieved by having detailed sustainability plans, and forming partnerships with existing programs and community-based organizations.</p>	<p><u>Activity 1:</u> Finalize statewide and local partner sustainability plans</p>	X	X	X	X	X									Sustainability plans completed	Project Director
	<p><u>Activity 2:</u> Research community-based organizations and other agencies providing services to expectant and parenting teens, their children, and families</p>	X	X	X	X	X	X								Potential organizations identified	Project Coordinator
	<p><u>Activity 3:</u> Assess organizations and services to determine suitability for EPT, their children, and families.</p>			X	X	X	X	X							Assessment report completed	Project Director
	<p><u>Activity 4:</u> Secure formal partnerships with organizations</p>				X	X	X	X	X	X					MOUs signed	Project Director

Appendix E - PAF Grantee Planning Period Milestones

All of the following in section I must be completed within six months before OAH will grant approval to begin full implementation. Items listed in Section II must be completed within the first year of implementation. Grantees are expected to use Getting to Outcomes[®] (GTO) to guide the planning, implementation, and evaluation of their program.

- Hire all key staff (grantee & all implementation partners)
- Train all staff involved in program implementation & establish a plan for ongoing training & technical assistance
 - Program planning using Getting to Outcomes[®]
 - Training on selected evidence-based programs (if applicable)
 - Positive youth development
 - Using a trauma-informed approach
 - Ensuring inclusivity and creating safe spaces for youth
 - Other topics relevant to this FOA
- Finalize implementation partners with signed MOUs outlining clear roles and responsibilities
- Complete an in-depth needs and resource assessment
- Ensure the program is not duplicating current Federal, State/Tribal, local, or community programs
- Finalize work plan and logic model
- Establish cross-sectoral partnerships and collaborations to meet the holistic needs of the expectant and parenting population
- Establish 3 advisory groups
 - State/Tribal level
 - Community level
 - Expectant and parenting population
- Establish a plan and processes for direct service delivery and/or linkages and referrals to the five core services
- Ensure programs and services are medically accurate, age appropriate, culturally and linguistically appropriate, and implemented in a safe and supportive environment
- Develop a plan to collect, submit and use performance measures data to make continuous quality improvements
- Submit evaluation plan
 - Plan for implementation and short-term/intermediate outcomes evaluation
 - Plan for innovation descriptive evaluation (if applicable)
- Develop a strategic dissemination and communication plan to raise public awareness and educate stakeholders about the PAF program and the services and resources available to the expectant and parenting population

Appendix F - Relevant Resources for Applicants

Disclaimer: This is a list of some, but not all, of the relevant resources available to applicants. OAH does not endorse any of the resources listed other than those developed by OAH.

ADOLESCENT DEVELOPMENT

Annie E. Casey Foundation. Realizing the Power of Youth and Young Adult Voice Through Youth Leadership Boards. Available at <http://www.aecf.org/resources/realizing-the-power-of-youth-and-young-adult-voice/>

OAH. Online Learning: Adolescent Development E-Learning Module. Available at http://www.hhs.gov/ash/oah/resources-and-publications/learning/ad_dev/index.html.

COLLABORATION

OAH. Building Collaborations. Available at http://www.hhs.gov/ash/oah/oah-initiatives/paf_rc/training/building-collaborations.html.

COMMUNICATIONS

OAH. Online Learning: Strategic Communications Toolkit. Available at <http://www.hhs.gov/ash/oah/resources-and-publications/learning/sc-tk/index.html>.

OAH. Strategic Communications. Available at http://www.hhs.gov/ash/oah/oah-initiatives/paf_rc/training/strategic-communications.html.

COMMUNITY MOBILIZATION

Advocates for Youth. Strategies Guided by Best Practices for Community Mobilization. Available at <http://www.advocatesforyouth.org/publications/publications-a-z/2398-strategies-guided-by-best-practice-for-community-mobilization>.

CULTURAL AND LINGUISTIC COMPETENCE

Office of Minority Health. The Center for Linguistic and Cultural Competence in Health Care. Available at <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=34>.

Office of Minority Health. National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards). Available at <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>.

DATA ON ADOLESCENT HEALTH & TEEN PREGNANCY

Centers for Disease Control and Prevention. National Vital Statistics System. Available at <http://www.cdc.gov/nchs/nvss.htm>.

Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance System. Available at <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>.

National Campaign to Prevent Teen and Unplanned Pregnancy. National & State Data. Available at <http://thenationalcampaign.org/data/landing>.

OAH. National and State Facts. Available at <http://www.hhs.gov/ash/oah/resources-and-publications/facts/>.

Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps. Available at <http://www.countyhealthrankings.org/>.

ENGAGING DIVERSE POPULATIONS

OAH. Engaging Diverse Populations. Available at http://www.hhs.gov/ash/oah/oah-initiatives/paf_rc/training/engaging-diverse-populations.html.

OAH. Online Learning: Engaging Select Populations. Available at <http://www.hhs.gov/ash/oah/resources-and-publications/learning/esp/index.html>.

EVALUATION

Centers for Disease Control and Prevention, Program Performance and Evaluation Office. Other Evaluation Resources. Available at <http://www.cdc.gov/eval/resources/>.

Peters, D.H., Adam, T., Alonge, O., & Agyepong, I.A. Implementation Research: what is it and how to do it. *BMJ*. Available at <http://www.bmj.com/content/bmj/347/bmj.f6753.full.pdf>.

World Health Organization. Implementation Research Toolkit. Available at http://www.who.int/tdr/publications/year/2014/9789241506960_workbook_eng.pdf.

EVIDENCE-BASED PROGRAMS

CDC. The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies. Available at <https://www.cdc.gov/breastfeeding/resources/guide.htm>.

Coalition for Evidence-Based Programs. Social Programs That Work. Available at <http://evidencebasedprograms.org/>.

HHS. Evidence-Based Practices in Domestic Violence Services. Available at <https://www.childwelfare.gov/topics/systemwide/domviolence/casework-practice/evidence-based/>.

HHS. Home Visiting Evidence of Effectiveness (HomVEE). Available at <http://homvee.acf.hhs.gov/>.

HHS. Love Notes. Available at <http://tppevidencereview.aspe.hhs.gov/document.aspx?rid=3&sid=281&mid=1>.

HHS. Teen Pregnancy Prevention Evidence Review. Available at <http://tppevidencereview.aspe.hhs.gov/>.

OAH. Be Proud! Be Responsible! Be Protective! Available at http://www.hhs.gov/ash/oah/oah-initiatives/tpp_program/db/programs/ebp-bpbrbp.html.

OAH. Evidence-Based TPP Programs. Available at http://www.hhs.gov/ash/oah/oah-initiatives/tpp_program/db/.

OAH. Respeto/Protoger. Available at http://www.hhs.gov/ash/oah/oah-initiatives/tpp_program/db/programs/ebp-respeto.html.

SAMHSA. National Registry of Evidence-based Programs and Practices. Available at: <http://www.samhsa.gov/nrepp>.

U.S. Department of Labor. What Works in Job Training: A Synthesis of the Evidence. Available at <https://www.dol.gov/asp/evaluation/jdt/jdt.pdf>.

FIDELITY AND ADAPTATIONS

OAH. Fidelity and Adaptation Guidance and Resources. Available at http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/implementation.html.

GENERAL RESOURCES

Interagency Working Group on Youth Programs. Youth.gov. Available at <http://www.youth.gov>.

OAH. Adolescent Health: Think, Act, Grow[®] (TAG). Information on this national call to action to improve adolescent health is available at <http://www.hhs.gov/ash/oah/tag/>.

University of California, San Francisco. National Adolescent and Young Adult Health Information Center. Available at <http://nahic.ucsf.edu/>.

GETTING TO OUTCOMES (GTO)[®]

Centers for Disease Control and Prevention. Little PSBA GTO: 10 Steps to Promoting Science-Based Approaches (PSBA) to Teen Pregnancy Prevention using Getting to Outcomes[®] (GTO). Available at <http://www.cdc.gov/TeenPregnancy/PDF/LittlePSBA-GTO.pdf>.

Healthy Teen Network. Getting to Outcomes[®] (GTO). Available at <http://www.healthyteennetwork.org/evidence-based-resource-center>.

RAND Corporation. Getting to Outcomes[®]: 10 Steps for Achieving Results-Based Accountability. Available at http://www.rand.org/content/dam/rand/pubs/technical_reports/2007/RAND_TR101.2.pdf.

RAND Corporation. Getting to Outcomes[®]: Guide for Teen Pregnancy Prevention. Available at <http://www.rand.org/pubs/tools/TL199.html>.

RAND Corporation. Introduction to Getting to Outcomes[®] for Home Visiting. Available at <http://www.rand.org/pubs/tools/TL114/manual.html>.

GOALS AND OBJECTIVES

Centers for Disease Control and Prevention. Division of Adolescent and School Health. Writing SMART Objectives. Available at <http://www.cdc.gov/HealthyYouth/evaluation/pdf/brief3b.pdf>

HHS. Strategic Goals. Available at <http://www.hhs.gov/about/strategic-plan/>

HHS Office of Disease Prevention and Health Promotion. Healthy People. Available at <https://www.healthypeople.gov/>.

HHS Office of Disease Prevention and Health Promotion. Public Health 3.0. Available at <https://www.healthypeople.gov/2020/tools-resources/public-health-3>.

HEALTHY RELATIONSHIPS

OAH. Resources and Publications: Healthy Relationships. Available at <http://www.hhs.gov/ash/oah/resources-and-publications/publications/healthy-relationships.html>.

LGBTQ YOUTH & INCLUSIVITY

Administration for Children, Youth, and Families. Creating a Safe Space for LGBTQ Youth and Teens. Available at <http://ncfy-learn.jbsinternational.com/course/index.php?categoryid=12>.

American Institutes for Research. A Guide for Understanding, Supporting, and Affirming LGBTQI2-S Children, Youth, and Families. Available at <http://www.air.org/resource/guide-supports-lgbtqi2-s-children-youth-and-families>.

Centers for Disease Control and Prevention. Lesbian, Gay, Bisexual and Transgender Health. Available at <http://www.cdc.gov/lgbthealth/youth.htm>.

LOGIC MODELS

Center for Disease Control and Prevention, Program Performance and Evaluation Office. Manuals/Assistance with Specific Evaluation Steps – Logic Models. Available at <http://www.cdc.gov/eval/resources/>.

ETR Associates. BDI Logic Model. Available at <http://recapp.etr.org/recapp/logicmodelcourse/>.

Healthy Teen Network. A BDI Logic Model for Working with Young Families. Available at <http://www.healthyteennetwork.org/resources/bdi-logic-model-working-young-families/>.

MENTAL HEALTH

OAH. Resources and Publications: Mental Health. Available at: <http://www.hhs.gov/ash/oah/resources-and-publications/publications/mental-health-new.html>.

NEEDS AND RESOURCE ASSESSMENT

Advocates for Youth. The Needs and Assets Assessment: What it is and Why it's Important. <http://www.advocatesforyouth.org/statetppmanual/1106-support-center>.

OAH. A Snapshot of Your Community: Understanding Resources and Needs Assessments. Available at http://www.hhs.gov/ash/oah/oah-initiatives/webinars/slides_needsassessmentwebinar.pdf.

OAH. Best Practices for Conducting a Needs and Resource Assessment: Tip Sheet. Available at http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/tip_sheets/needs-assessment-508.pdf.

PERFORMANCE MEASURES

OAH. Performance Management and Online Assessment. Available at http://www.hhs.gov/ash/oah/oah-initiatives/paf_rc/training/performance-management.html.

OAH. PAF Performance Measure Resources. Available at <http://www.hhs.gov/ash/oah/oah-initiatives/evaluation/performance-measures.html>

PHYSICAL HEALTH & NUTRITION

OAH. Resources and Publications: Physical Health & Nutrition. Available at: <http://www.hhs.gov/ash/oah/resources-and-publications/publications/physical-health.html>.

PILOTING PROGRAMS

OAH. Testing the Waters: Pilot Testing Your Program webinar. Available at: http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/implementation.html.

OAH. Tips and Recommendations for Successfully Pilot Testing Your Program. Available at http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/tip_sheets/pilot-testing-508.pdf.

POSITIVE YOUTH DEVELOPMENT

Administration for Children & Families. Positive Youth Development. Available at <http://www.acf.hhs.gov/programs/fysb/positive-youth-development>

Interagency Working Group on Youth Programs. Positive Youth Development. Available at <http://youth.gov/youth-topics/positive-youth-development>.

OAH. Resources and Publications: Positive Youth Development. Available at: http://www.hhs.gov/ash/oah/resources-and-publications/publications/positive_youth_development.html.

RECRUITMENT, RETENTION, AND ENGAGEMENT

OAH. Getting Them to Come Back: Strategies for Retaining and Engaging Participants webinar. Available at http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/engagement.html.

OAH. Incorporating Strategies for Engaging Young People Tip Sheet. Available at http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/tip_sheets/youth-engagement-508.pdf.

REPRODUCTIVE HEALTH

OAH. Online Learning: Talking to Teens about Reproductive Health: How to Tackle the Tough Topics. Available at http://www.hhs.gov/ash/oah/resources-and-publications/learning/talking_with_teens/index.html.

OAH. Resources and Publications: Reproductive Health. Available at: <http://www.hhs.gov/ash/oah/resources-and-publications/publications/reproductive-health.html>.

SERVING THE EXPECTANT AND PARENTING POPULATION

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

Healthy Teen Network. A Policy Platform to Promote Health and Success among Young Families. Available at <http://www.healthyteenetwork.org/public-policy-platform-teen-parents>.

Healthy Teen Network. Picture Perfect: A Snapshot of What Helps Teen Families Grow & Thrive. Available at <http://www.healthyteenetwork.org/wp-content/uploads/2014/10/PicturePerfect.jpg>.

National Women's Law Center. 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>.

The National Campaign to Prevent Teen and Unplanned Pregnancy and America's Promise Alliance. Teen Pregnancy and High School Dropout: What Communities are Doing to Address these Issues. Available at <http://thenationalcampaign.org/resource/teen-pregnancy-and-high-school-dropout>.

OAH. List of Current Pregnancy Assistance Fund Grantees. Available at http://www.hhs.gov/ash/oah/oah-initiatives/paf_program/paf-map.html.

OAH. Pregnancy Assistance Fund Resource Center. Available at http://www.hhs.gov/ash/oah/oah-initiatives/paf_rc/.

SUBSTANCE ABUSE

OAH. Resources and Publications: Substance Abuse. Available at: <http://www.hhs.gov/ash/oah/resources-and-publications/publications/substance-abuse.html>.

SUSTAINABILITY

OAH. Sustainability Framework, Assessment, Resource Guide, and E-Module. Available at http://www.hhs.gov/ash/oah/oah-initiatives/paf_rc/training/sustainability.html.

TRAUMA-INFORMED APPROACH

Schladale, J. (2013). A Trauma Informed Approach for Adolescent Sexuality. Freeport, ME: Resources for Resolving Violence, Inc. Available at

<http://resourcesforresolvingviolence.com/wp-content/uploads/A-Trauma-Informed-Approach-for-Adolescent-Sexual-Health.pdf>

Substance Abuse and Mental Health Services Administration. Trauma-Informed Approach and Trauma-Specific Interventions. Available at <http://beta.samhsa.gov/nctic/trauma-interventions>.

YOUTH FRIENDLY CLINICAL SERVICES

Centers for Disease Control, Division of Reproductive Health. Teens Visiting a Health Clinic. Available at <http://www.cdc.gov/teenpregnancy/health-care-providers/teen-friendly-health-visit.htm>.

Healthy Teen Network. "Keep It Simple: A Lesson in Linking Teens to Sexual Health Care" Lesson Plan. Available at <http://www.healthyteennetwork.org/keep-it-simple>.

YOUNG FATHERS

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>.

OAH. Serving and Engaging Males and Young Fathers. Available at http://www.hhs.gov/ash/oah/oah-initiatives/paf_rc/training/young-fathers.html.

Appendix G - Supplant Guidance

General Definition

A grantee may not reduce State, local, or other non-Federal funds that have been allocated for a PAF Program permissible activity because Federal PAF funds are available (or expected to be available) to fund that same activity. Rather, Federal funds must be used to supplement existing State, local or other funds for relevant program activities. In those instances where a question of supplanting arises, the applicant or grantee will be required to substantiate that the reduction in non-Federal resources occurred for reasons other than the receipt or expected receipt of Federal funds.

In other words, a grant recipient may not use Federal grant funds to defray any costs that the recipient already is obligated to pay. For example, if a grantee, prior to applying to participate in the grant program, had committed to purchase 10 car seats for babies for their expectant and parenting students, then the grantee must purchase those 10 car seats in addition to any new car seats requested for the grant program.

Furthermore, funds currently allocated to purchase office equipment may not be reallocated to other purposes nor refunded, should a grant be made. Non-Federal funds for such equipment must remain available for and devoted to that purpose, with grant funds serving as a supplement to those non-Federal funds.

Any supplanting of non-Federal funds with grants is a ground for potential suspension or termination of grant funding, recovery of funds already provided, and other civil or criminal sanctions.

Additional Examples:

- In FY 2015, State A awards \$300,000 to a domestic violence shelter and advocacy organization to fund four (4) advocate positions to work with underserved populations and provide specialized domestic violence services in courts where a significant number of protection orders are granted. The shelter used non-federal funds to cover the costs of a fifth court advocate. In July 2016, the shelter received PAF Program funding, which it used to pay for the fifth court advocate position and shifted the non-federal funds previously used to pay for that position to cover the costs of a staff divorce attorney to represent survivors. Under these circumstances, **supplanting would have occurred**. Even though the shelter maintained the same level of violence against women grant activity, that is, it did not eliminate the 5th advocate position, but rather used the new federal funds to pay for it, the new federal funds did not increase or supplement the pre-existing State grant activity the shelter had previously paid for with nonfederal funds because those nonfederal funds were diverted to an activity that could not be paid for with PAF Program funds (the divorce attorney position). As a result, the new federal funding replaced or supplanted the nonfederal funding the shelter had previously used for violence against women grant activity.
- A local government agency currently has a budget to conduct a health related program. A grant is awarded from the PAF to increase the size of the program from 50 families to 100 families. Following receipt of the grant, the local government cuts the agency budget for the program. The program is now able to provide service for only 50 families. The decision to halt funding to the program was made after receipt of PAF funds. The PAF

funding has replaced the original governmental funding, with no increase in service, and therefore is **considered supplanting**.

- A State Health Department agency is seeking to start a new program for families. A request is made to the OAH to provide PAF Program funding sufficient to provide service for 100 families. A second request is made to a charitable foundation to provide funding for 50 families. Both OAH and the foundation are notified of the dual grant applications. The agency receives funding from both the OAH PAF program and the foundation and creates a program for 150 families. The two awards allow for a larger program and do not offset each other and therefore are **not considered supplanting**.

Appendix H - Glossary of Key Terms & Definitions

Adaptation- Changes made to the program content, program delivery, or other core components of an evidence-based program.

Age Appropriate- Topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group.

Collective Impact – The commitment of a group of individuals from different sectors to a common agenda for solving a complex problem.

Community Mobilization- Empowering community members and groups to take action to facilitate change.

Continuous Quality Improvement (CQI)- A philosophy that encourages programs and their staff to constantly identify problems, implement and monitor corrective action and study its effectiveness with the goal of improving service delivery and participant outcomes.

Core Components- The parts of the evidence-based program or its implementation that is determined by the developer to be the key ingredients related to achieving the outcomes associated with the program. Core components often focus on program content and program delivery strategies.

Cross-Sectoral Partnerships- Collaborations with a diverse range of stakeholders across State, local, and Tribal entities.

Culturally and Linguistically Appropriate- Respectful of and responsive to the cultural and linguistic needs of the population being served.

Evidence-Based Teen Pregnancy Prevention Programs- Programs identified by HHS as having undergone a rigorous evaluation been shown to be effective at preventing teen pregnancies, sexually transmitted infections, and/or sexual risk behaviors.

Expectant individuals- Anyone who is expecting a child regardless of biological sex, gender identity, or sexual orientation.

Families- Includes, but are not limited to children, spouses, partners, and parents.

Fidelity- The degree to which a program is implemented with adherence to its core components.

Fidelity Monitoring- Steps taken to ensure that an evidence-based program is implemented with adherence to its core components. Fidelity monitoring often includes collecting data on fidelity and quality of implementation from facilitators through independent observations, reviewing and analyzing data on a regular basis, using data to provide feedback to facilitators and staff, and using the data to make continuous quality improvements to the program and its implementation.

Fit - refers to how well a program matches, or is appropriate for, the community, organization, stakeholders, and potential participants (i.e., youth).

Getting to Outcomes (GTO)[®] - A ten-step systematic process aimed at facilitating program planning, implementation, and evaluation of programs and improving organizational capacity and program performance.

Health Disparities - a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

Implementation Ready – When a program has clearly defined curricula and components, necessary staff supports and training, and specified guidelines and tools for monitoring fidelity.

Implementation Study- Also known as a process evaluation, an implementation study is an assessment of how well a program does what it had set out to accomplish. The focus is on the process by which a program provides services or otherwise accomplishes its mission.

Intimate Partner Violence (IPV)- Physical, sexual, or psychological harm by a current or former partner or spouse.

Logic Model- A systematic and visual way to display what a program intends to do and what it hopes to accomplish and impact. The basic components of a logic model are resources, activities, outputs, outcomes, and goals.

Medical Accuracy- 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.

Minor Adaptation- Adaptations that do not significantly change the core components, program delivery, or program content.

Major Adaptation- Adaptations that significantly change the core components, program delivery, or program content of an EBP. Major adaptations could compromise a program's fidelity and thus might affect the intended outcomes

Multi-generational approach- An approach in which services are provided to the whole family and not just the children or parents.

Needs and Resource Assessment- A needs and resource assessment is a systematic way of gathering information that describes, in detail, the needs and resources of the priority population and the community.

Positive Youth Development- 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, utilizes, and enhances youths' strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths.

Scale- Deliberate efforts to increase the impact of service innovations successfully tested in pilot or experimental projects so as to benefit more people.

Sensitive and Inclusive of LGBTQ Youth- Supporting youth of all sexual orientations and gender identities/expressions.

SMART Objectives- Objectives that are specific, measurable, attainable, realistic, and time-based.

Strategic Dissemination and Communication- The targeted distribution and communication of information, knowledge, and results to specific audiences to complement and support the overall project.

Student- Women and men enrolled in institutions of higher education.

Sustainability- The ability for programs to effectively leverage partnerships and resources to continue programs, services, and/or strategic activities that result in improvements in the health and well-being of adolescents.

Teens- Young men and women of high-school age.

Trauma-Informed Approach- The way in which a program, agency, organization, or community thinks about and responds to those who have experienced or may be at risk for experiencing trauma.

Wraparound Approach- An approach in which a case worker works with youth and their family to examine all the issues they are facing and connect them with a variety of services.

Young Adult- Men and women aged 18 – 24.

**Appendix I - Candidate Pregnancy Assistance Fund Performance Measures
FY2017-2019 Cohort**

All measures in this list are draft measures, and are subject to change based on Office of Management and Budget (OMB) review and approval of these measures.

Training and Professional Development Activities

- How many grantee or partner staff have been trained or received professional development relevant to implementing the PAF program services or working with the expectant and parenting population during the federal grant year (July 1-June 30) through the PAF grant?

Partnerships:

- How many program partners from each sector listed below were actively engaged in the PAF project as of the first day (July 1) of the federal grant year? [Actively engaged partners should include both state-level and local/community partner organizations who either serve as a PAF program implementation site, provide core services to the expectant and parenting PAF participants, serve on the advisory group for a PAF project, and/or provide technical assistance, or advice related to the PAF program such as to a PAF grantee or sub-grantee]

Education (K-12, Institutions of Higher Education) _____

Labor/Workforce Development Agencies _____

Health Care and Public Health (Hospitals, providers, public health departments) _____

Mental & Behavioral Health Care Providers (including substance abuse prevention and treatment) _____

Housing Agencies _____

Child Care/Early Education (including Child Care Resource & Referrals, Day Care centers, Head Start, etc.) _____

Faith-Based Organizations _____

Social Services or Human Services Agencies _____

Adoption or Foster Care Agencies _____

Juvenile Justice _____

Other Non-profit agencies _____

Others (specify) _____

Total Number of Partners: _____

- How many program partners that were engaged at the beginning of the grant (July 1) are still engaged at the end of the grant year? _____

[Engagement means that the program partner is still as of June 30 either serving as a PAF site, providing core services to the expectant and parenting PAF participants, serving on the

advisory group for a PAF project, and/or providing technical assistance, or advice related to the PAF program to a PAF grantee or sub-grantee]

- How many program implementation sites (subawardees) were funded by the PAF grant during the grant year (July 1-June 30), by type:
 - School-based (high school, charter school, any secondary school) _____
 - Institutes of Higher Education (2 yr. colleges, community colleges) _____
 - Institutes of Higher Education (4 yr. colleges/universities, public or private) _____
 - Community Service Organizations _____
 - Other (specify) _____
 - Total _____

- How many program implementation sites (sub-recipients) were funded by the PAF grant in each of the following categories. [*Specific definitions will be provided to grantees based on the 2013 National Center for Health Statistics Urban–Rural Classification Scheme for Counties*]:
 - Urban _____
 - Rural _____
 - Suburban _____

Dissemination

- How many manuscripts have you had accepted for publication in the federal grant year (including both articles that were published and those that have been accepted but not yet published)? Do not include manuscripts previously reported as published. ____
 - Please list the references for any published manuscripts published in the federal grant year.
 - During the federal grant year, indicate the number of times each approach was used to communicate information and raise awareness about the PAF-funded program:
 - Brochure/Newsletter/E-Newsletter _____
 - Press Release _____
 - Radio/TV advertisement _____
 - Newspaper/Magazine article _____
 - Peer Reviewed Publication _____
 - Please list the references for any peer reviewed publication
 - Other (explain) _____
 - How many presentations have you made at each of the following levels during the federal grant year:
 - National or regional? _____
 - Please list titles of all presentations and venue (e.g., conference or organization to which the presentation was made)

- State? _____
 - Please list titles of all presentations and venue (e.g., conference or organization to which the presentation was made)

Sustainability

(Asked only in the final data collection)

- How many of the program sites (subawardees) report having plans to continue implementation of the core services for the expectant and parenting population after the end of OAH funding? (*Firm plans includes having a work plan to continue implementation of services at the site, formal agreements with program providers to continue core program services at the site*) _____

Participant Reach and Demographics

Overall Reach

- During the federal grant year (July 1-June 30), how many expectant and/or parenting participants did the PAF program serve within each of the following settings? Include the total number for each category:
 - Expectant or parenting teen mothers at high schools _____
 - Expectant or parenting teen fathers at high schools _____
 - Expectant or parenting mothers at Institutions of Higher Education _____
 - Expectant or parenting fathers at Institutions of Higher Education _____
 - Expectant or parenting teen or young adult mothers at community service organizations _____
 - Expectant or parenting teen or young adult fathers at community service organizations _____
 - Expectant or parenting teen or young adult mothers at other settings (specify) _____
 - Expectant or parenting teen or young adult fathers at other settings (specify) _____
 - Total number of expectant and parenting teens and young adults (all Settings): _____
- Of the total number of expectant and parenting teens and young adults served at each site during the federal grant year (July 1-June 30), how many were new to the PAF program? [A new participant did not receive any services during a previous year of the PAF grant funding]. *This question is asked only during the second and third federal grant years*
 - Expectant or parenting teen mothers at high schools _____
 - Expectant or parenting teen fathers at high schools _____
 - Expectant or parenting mothers at Institutions of Higher Education _____
 - Expectant or parenting fathers at Institutions of Higher Education _____

Expectant or parenting teens or young adult mothers at community service organizations _____

Expectant or parenting teens or young adult fathers at community service organizations _____

Expectant or parenting teens or young adult mothers at other settings (specify) _____

Expectant or parenting teens or young adult fathers at other settings (specify) _____

Total number of expectant and parenting teens and young adults (all Settings): _____

- During the federal grant year (July 1-June 30), how many dependent children of an expectant or parenting teens, students, or young adults were served by the PAF program?
Dependent Children of an expectant or parenting student, teen, or young adult _____
- During the federal grant year (July 1-June 30), how many extended family members of expectant and parenting participants were served by the PAF program? _____
[Extended family members are defined as partners, spouses, Parents or guardians of expectant and parenting students, teens, youth, and young adults]

Participant Demographics:

- Indicate the number of expectant and parenting teens, students, and young adults served by the PAF program during the federal grant year (July 1-June 30) by their racial category:
White _____
African American or Black _____
American Indian or Alaska Native _____
Asian _____
Native Hawaiian/Pacific Islander _____
More than 1 Race _____
Other Race _____
Race Unknown/Not Reported _____
- Indicate the number of expectant and parenting teens, students, and young adults served by the PAF program during the federal grant year (July 1-June 30) by their ethnicity:
Hispanic/Latino _____
Non-Hispanic/Latino _____
Ethnicity Unknown/Not-Reported _____
- Indicate the number of expectant and parenting teens, students, and young adults served by the PAF program during the federal grant year (July 1-June 30) by their age (as of [Insert Date]):
≤14 _____

- 15 _____
- 16 _____
- 17 _____
- 18 _____
- 19 _____
- 20-24 _____
- 25+ _____
- Unknown/not reported _____

Housing Status of PAF Program Participants at Baseline

The following 5 questions should be asked at baseline (program intake, the first contact with the participant) for all expectant and parenting teens, students, and young adults to assess housing stability.

These questions are adapted from the Housing Status Assessment Guide for State TANF and Medicaid Programs

- Where did you stay last night? [Please select the one response that best describes where you stayed last night]
 - a. Room, apartment or house that either you, your partner, or your parent/guardian rent
 - b. Apartment or house that either you, your partner, or your parent/guardian own
 - c. In a friend's or family member's room, apartment or house
 - d. Hotel or motel paid for without emergency shelter voucher
 - e. Foster care home or foster care group home
 - f. Group home or other supervised residential care facility
 - g. Place not meant for human habitation (street, car, park, etc.)
 - h. Emergency Shelter
 - i. Jail, prison or juvenile detention facility
 - j. Other (please describe): _____
 - k. Don't know
 - l. Refused

- How long have you stayed in the place you stayed last night? [Please select the one response that best describes how long you have stayed there]
 - a. One week or less
 - b. More than one week, but less than one month
 - c. One to three months
 - d. More than three months, but less than one year
 - e. One year or longer
 - f. Don't know

- g. Refused
- Are you able and interested in staying in this housing for the foreseeable future?
 - a. Yes (skip questions 4 & 5)
 - b. No (go to question 4)
- Why do you need or want to leave?
[Please check all of the reasons why you need to leave the place you stayed last night]
 - a. Received an eviction notice
 - b. Non-payment of rent or past due rent
 - c. Unable to pay future rent because lost housing subsidy, job, or other income source
 - d. Non-payment of utilities or utility shut-off
 - e. Housekeeping concerns (failure to maintain cleanliness of the unit)
 - f. Housing is or will be condemned
 - g. Friend or family member being evicted or threatened with eviction
 - h. Threat of abuse by partner, family member, or other
 - i. Being discharged or service is being terminated
 - j. Personal conflict with others
 - k. Other health or safety concerns
 - l. Other lease violation(s) (please describe): _____
 - m. Other (please describe): _____
 - n. Don't know
- Do you need help to find or secure housing tonight or within the next month?
 - a. Yes
 - b. No

Core Services Provided to PAF Program Participants during the federal grant year

The PAF Services and Referrals questions align with the five core services described in the PAF FOA on page 36 and in Appendix A. Grantees will be expected to report on the total number of the priority population receiving any services during the grant year within each of the 5 domains. Grantees should collect these numbers from each of their program sites; the grantee will report aggregate numbers to OAH annually.

Core Services Domain 1: Personal Health

- How many expectant and parenting participants received any of the following health care services through the PAF program during the federal grant year (July 1-June 30):
 - Obstetric Care (Prenatal, Delivery, and postnatal care) _____

Childbirth Classes _____
Reproductive Health Care (family planning, STI screening) _____
Breastfeeding skills and resources _____
Health Insurance (enrollment and other supports) _____
Primary health care _____
Nutritional counseling and services _____
Mental and behavioral health services (including suicide prevention) _____
Violence prevention and intervention services (domestic violence, sexual violence, sexual assault, stalking, dating violence) _____
Substance abuse prevention and counseling (tobacco, alcohol, and drug cessation) _____
Evidence-based Sexuality Education _____
Dental hygiene/oral health _____
Other health services _____

Core Services Domain 2: Child Health

- How many dependent children of the expectant and parenting participants received any of the following services through the PAF program during the federal grant year (July 1-June 30):
 - Well child/Primary Care visits _____
 - Nutritional counseling and services _____
 - Child Care Resources, Referrals, and Placement _____
 - Early childhood education (such as early Head Start, Head Start, other pre-school) _____
 - Dental hygiene _____
 - Other: _____

Core Services Domain 3: Self-Sufficiency, Education and Employment

- How many expectant and parenting PAF Participants received any of the following Self-Sufficiency, Education or Employment Services during the federal grant year (July 1-June 30)
 - Mentorship _____
 - Academic or educational supports (tutoring, credit recovery, advising) _____
 - Workforce development (Job Readiness, vocational training, job placement) _____
 - Life Skills (financial literacy and budgeting, home economics) _____
 - College planning and readiness _____
 - Other _____

Core Services Domain 4: Concrete Supports

- How many expectant and parenting participants received any of the following concrete supports through the PAF program during the federal grant year (July 1-June 30):
 - Housing assistance _____
 - Food _____
 - Clothing _____
 - Transportation _____
 - Child needs (Diapers, Formula, Bottles, Car seats, Cribs, etc.) _____
 - Child Support _____
 - Benefits Eligibility Screening or Application Assistance (such as SNAP, WIC, TANF, Child Care, Medicaid/CHIP) _____
 - Health Insurance (enrollment and other supports) _____
 - Legal Aid _____
 - Accompaniment services _____

Core Services Domain 5: Parenting Supports

- How many expectant and parenting participants received any of the following services or supports through the PAF program during the federal grant year (July 1-June 30):
 - Parenting education and resources (including co-parenting) _____
 - Healthy relationship education, skill building, and resources _____
 - Communication skills _____
 - Time management _____
 - Stress management support _____

Services Provided for Pregnant Women Experiencing Violence

- How many individuals from government, private non-profit, and other agencies serving victims of stalking, sexual assault, and IPV received training on violence against expectant and parenting teens and women? _____
- 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.
 - Supportive social services (e.g., individual or group counseling) _____
 - Accompaniment services (e.g., assisting, representing, and accompanying women during court proceedings) _____
 - Intervention services (e.g., referral to 24 hour telephone hotline services for police protection and referral to shelters) _____

Evidence-Based Teen Pregnancy Prevention (TPP) Programs:

For the purposes of this question, an evidence-based TPP Program is defined as a program identified as effective by the Department of Health and Human Services (HHS) Teen Pregnancy Prevention (TPP) Evidence Review

(<http://tppevidencereview.aspe.hhs.gov/EvidencePrograms.aspx>)

- How many evidence-based TPP program models are being implemented at program sites using PAF grant funding during federal grant year? _____
- How many expectant or parenting youth received any of the following Evidence-based TPP programs through the PAF program during the federal grant year:
 - AIM 4 Teen Moms _____
 - Be Proud! Be Responsible! Be Protective! _____
 - Respeto/Proteger _____
 - Love Notes _____
 - Teen Options to Prevent Pregnancy (T.O.P.P.) _____
 - Generations _____
 - Other (specify): _____

Educational Outcomes

- What is the level of education for eligible expectant and/or parenting teens, youth, young adults, or women served at program intake (***program intake defined as the participant's first contact with the program during the federal grant year***)
 - ≤ 9
 - 10
 - 11
 - 12
 - Attending secondary school, Grade Unknown/not specified
 - Candidate for high school equivalency credential (such as the GED)
 - Enrolled in an Institution of Higher Education
 - Employed, not enrolled in any educational program
 - Neither employed nor enrolled in in any educational program
- For expectant and parenting teens enrolled in high school and served by the PAF program during the federal grant year, how many dropped out of school during the federal grant year?

- For expectant and parenting teens enrolled in high school, how many graduated from high school during the federal grant year? _____
- For expectant and parenting teens not enrolled in high school, how many obtained a GED (or other high school equivalency credential) during the federal grant year? _____
- For expectant and parenting students enrolled at high school, how many credit hours were obtained during the federal grant year? Indicate the number of students for each category.
 - 0-2 credits accumulated _____
 - 2-4 credits accumulated _____
 - 5+ credits accumulated _____
- For expectant or parenting teens enrolled at high school, how many days of school did they report missing during the school year? Indicate the number of teens reporting.
 - ≤5 days missed _____
 - 5-10 days missed _____
 - 11-15 days missed _____
 - 15+ days missed _____
- For expectant and parenting students enrolled at an Institution of Higher Education (IHE) and served by the PAF program during the federal grant year, what level of education is being pursued? Indicate the total number of students served in each category:
 - Certificate program _____
 - Associate Degree (AA, AS) _____
 - Transfer Program _____
 - Bachelor's Degree (BA, BS) _____
 - Graduate Degree, any level _____
 - Other _____
 - Total: _____
- *NEW* For expectant and parenting students enrolled at an Institution of Higher Education (IHE), how many semester credit hours were obtained during the federal grant year? Indicate the total number of students within each category.
 - 0-10 semester credit hours accumulated _____
 - 10-20 semester credit hours accumulated _____
 - 20-30 semester credit hours accumulated _____
 - 30+ semester credit hours accumulated _____
 - Unknown credit hours _____

- For expectant and parenting students enrolled at an Institution of Higher Education (IHE), how many graduated from the IHE during the federal grant year with a credential? Indicate the total number of students in each category:
Certificate program _____
Associate Degree (such as AA, AS) _____
Bachelor's Degree (BA, BS) _____
Graduate Degree, any level _____
Other _____
Total: _____

Birth Outcome Measures

For Expectant Females served by the PAF program during the federal grant year:

To answer these questions, PAF grantees would have to administer the following items to all expectant or parenting females who had a live birth at any point during the federal grant year. Grantees would aggregate responses to report to OAH. These items are adapted from the Pregnancy Risk Assessment Monitoring System (PRAMS) Core Questionnaire [questions 17, 18, 19, 25, 27] from the Centers for Disease Control and Prevention.

- When did expectant females served by the PAF program during the federal grant year report having the first prenatal visit during the pregnancy? Indicate the number of females reporting a first prenatal visit within each of the following categories.
0-3 months into the pregnancy: _____
3-6 months into the pregnancy: _____
6-9 months into the pregnancy: _____
No prenatal visits during the pregnancy: _____
Unknown/not reported: _____
- What health insurance did expectant females served by the PAF program during the federal grant year report using to pay for their prenatal care?
Private insurance (includes insurance from a job held by the expectant female, her spouse/partner, or the parent of the participant) _____
Medicaid or Children's Health Insurance Program (CHIP) _____
Health Reform Exchange program _____
Other Health insurance _____
Uninsured/No Insurance _____
Insurance Status Unknown/Not Reported _____

- Of those expectant females served by the PAF program during the federal grant year, how many reported taking childbirth classes during their pregnancy to learn what to expect during labor and delivery? _____
- Of those expectant females served by the PAF program during the federal grant year, how many reported that a home visitor come to their home to help them prepare for the new baby during their pregnancy? _____
[A home visitor is a nurse, health care worker, social worker, or other person working for a program that helps pregnant women]
- Of those expectant females served by the PAF program, how many reported being on WIC (Supplemental Nutrition Program for Women, Infants, and Children) during the pregnancy? _____

The following questions specifically relate to topics covered during prenatal visits, and should be asked of any female PAF participant who reported receiving prenatal care during the federal grant year

- Of those expectant females served by the PAF program, how many reported receiving information about breastfeeding during their prenatal visit? _____
- Of those expectant females served by the PAF program, how many reported receiving information about how smoking during the pregnancy could affect the baby during any prenatal visit? _____
- Of those expectant females served by the PAF program, how many reported receiving information about how drinking alcohol during the pregnancy could affect the baby during any prenatal visit? _____
- Of those expectant females served by the PAF program, how many reported receiving information about how using illegal drugs during the pregnancy could affect the baby during any prenatal visit? _____
- Of those expectant females served by the PAF program, how many reported receiving information about doing tests to screen for birth defects or diseases that run in the family during any prenatal visit? _____
- Of those expectant females served by the PAF program, how many reported getting tested for HIV during any prenatal visit? _____
- Of those expectant females served by the PAF program, how many reported receiving information about the signs and symptoms of preterm labor (labor 3 weeks or more before the baby's due date) during any prenatal visit? _____
- Of those expectant females served by the PAF program, how many reported receiving information about using a seatbelt during the pregnancy their prenatal visit? _____

Breastfeeding

- How many parenting females served by the PAF program during the federal grant year report ever breastfeeding or feeding pumped milk to their newborn baby? _____
- How many parenting females served by the PAF program report that they are currently breastfeeding or pumping milk for the baby (as of June 30)? _____

Self-Sufficiency Outcomes

- How many expectant and parenting participants were linked to employment through the PAF program during the federal grant year? _____
- How many expectant and parenting participants received cash benefits or other services from the Temporary Aid to Needy Families (TANF) program during the federal grant year? _____
- How many parenting participants received benefits from the Child Care Assistance Program during the federal grant year? _____
- How many expectant and parenting participants received benefits from the Supplemental Nutrition Assistance Program (SNAP) during the federal grant year? _____