

# **FAQs for Tier 1A FOA: Capacity Building to Support Replication of Evidence-based TPP Programs**

## **Purpose and Grantee Expectations**

### **What is the goal of the Tier 1A FOA?**

The goal of this FOA is to fund intermediary organizations to provide capacity building assistance (CBA) to at least three youth-serving organizations to replicate evidence-based TPP programs in a defined service area with demonstrated need. CBA is the transmission of knowledge and building of skills to enhance the ability of organizations to implement, evaluate, and sustain evidence-based TPP programs. (FOA page 3)

### **What does OAH mean by “capacity building assistance”?**

Capacity building assistance (CBA) is defined as the transmission of knowledge and building of skills to enhance the ability of organizations to plan, deliver, monitor, evaluate, and sustain evidence-based teen pregnancy prevention programs. CBA can encompass diverse strategies and approaches, including but not limited to, training, technical assistance, coaching, mentoring, and peer-to-peer support. CBA can focus on building an organization’s capacity to develop and manage a TPP program (i.e., organizational CBA) as well as building an organization’s capacity to implement an evidence-based TPP program (i.e., programmatic CBA). (FOA pages 3-4 and Appendix B)

### **What types of organizations should receive CBA?**

Organizations selected to receive CBA should, at a minimum, be able to demonstrate (1) experience implementing programs for youth, (2) experience serving youth and families in the designated service area, (3) commitment to replicating evidence-based TPP programs, and (4) need for CBA. For each organization selected to receive CBA, the applicant should demonstrate that the organization will serve a population in need of TPP programs. (FOA page 18)

### **How many organizations does an applicant need to provide CBA to each year?**

Funded organizations are expected to provide CBA to at least 3 youth-serving organizations to replicate evidence-based TPP programs in a defined service area with demonstrated need each year. (FOA page 5)

### **Can an applicant propose providing CBA to more than 3 organizations each year?**

Yes. An applicant can propose providing CBA to more than three youth-serving organizations each year and should describe how many organizations it plans to provide CBA to in the application. (FOA page 17)

**Are grantees expected to provide funding to organizations that receive CBA?**

Yes, OAH anticipates that successful applicants will provide funding to organizations that receive CBA to support their efforts to replicate evidence-based TPP programs. The applicant must determine the length of time that each organization will be actively engaged in receiving CBA and the amount of funding each will receive. (FOA page 5)

**Do grantees need to provide CBA to the same three organizations each year or can a grantee provide CBA to different organizations over the 5-year project period?**

Grantees may elect to work with the same organizations over the course of the 5-year project period or may elect to work with organizations for a shorter period of time and initiate agreements with new organizations throughout the course of the project period. The applicant must determine the length of time that each organization will be actively engaged in receiving CBA and the amount of funding each will receive. If an applicant anticipates providing CBA to different organizations over the course of the five-year project period, it must describe how and when new organizations will be selected to receive CBA and whether those organizations that had previously received CBA will continue to receive CBA. (FOA pages 5-6, 17-18)

**Do the organizations that will receive CBA have to be known at the time of the application?**

Applicants may identify the organizations that will receive CBA in the application and include a signed Memorandum of Understanding (MOU) clearly outlining the roles, responsibilities, and expectations, or applicants may describe the process they will use to identify organizations to receive CBA during the initial six-month planning period. (FOA pages 17-18)

**Does OAH expect the grantee to provide tailored CBA to each organization that receives CBA?**

The goal is for the applicant to provide CBA to organizations that is tailored to the specific needs of the organization and uses diverse approaches to increase the organization's capacity to implement, evaluate, and sustain evidence-based TPP programs. It is expected that the priorities, content, and approach for CBA may differ across organizations; however, the applicant should ensure that all organizations receiving CBA use funds provided to begin implementation of at least one evidence-based TPP program within 12-15 months after the start of the grant. The applicant should describe its approach to providing CBA to youth-serving organizations, including the focus areas for CBA and how CBA will be designed to enhance the ability of organizations to replicate, evaluate, and sustain evidence-based TPP programs. (FOA pages 20-21, 45)

**Can an organization receive both organizational and programmatic CBA?**

Yes, an organization can receive both organizational CBA and programmatic CBA from the grantee. (FOA page 6)

**When do organizations receiving CBA need to begin implementing evidence-based TPP programs?**

The applicant should ensure that all organizations receiving CBA use funds provided to begin implementation of at least one evidence-based TPP program within 12-15 months after the start of the grant. (FOA pages 20-21)

**What is considered a “defined service area”?**

The service area must be defined by clear geographic boundaries and may be county-level, city-level, state-level, or regional. The service area should not be narrowly focused at the neighborhood-level nor broadly focused at a national-level. Applicants will be funded to serve a single service area and must be able to demonstrate a teen birth rate for the defined service area that is at least above the current national average of 26.6 births for every 1,000 adolescent females ages 15-19, 2013. OAH does not anticipate funding more than one applicant to serve the same service area. Furthermore, applicants are expected to be located in, or have a significant investment already in the service area, and be able to demonstrate how the CBA infrastructure developed under this grant will continue to serve the defined service area after the grant ends. (FOA page 4)

**In describing the defined service area, does the needs assessment need to take place prior to the applicant submission? (NEW)**

Yes. On page 16 of the FOA, the applicant should conduct a needs and resource assessment to identify the specific needs and resources available in the defined service area. Language in the FOA also includes what data should be included in the assessment. OAH asks that in the application (per the scoring criteria in the FOA), you are to describe the results of your needs assessment to justify the service area you have defined. In working with the organizations receiving CBA, you must describe how you plan to assess their capacity building needs in order to build their capacity to replicate and implement an evidence-based program.

**Will OAH fund more than one grantee to serve the same service area?**

OAH does not anticipate funding more than one applicant to serve the same service area. (FOA page 4)

**Can an applicant propose to serve more than one defined service area?**

No. Applicants can serve no more than one defined service area. (FOA page 4)

**In determining need, the FOA refers to the current national teen birth rate of 26.6 births per every 1000 adolescent females ages 15-19 as of 2013. Our state health department data has its most recent data prior to 2013. Do we have to find relevant local geographic data for 2013 to meet the documentation of teen birth rates in the defined service area? (NEW)**

No. Whatever data is most recent and most relevant in your state to describe the service area and need for teen pregnancy prevention in that area is acceptable to include in your application. OAH understands that teen pregnancy rates and other relevant data as well as access to this data will vary across the country based on how and when it is collected. The FOA does not set any specifications as to the data you must use. You must include the most recent and most relevant data that can justify your proposed project.

**Is there a minimum number or an expectation for a minimum number of youth reached through the evidence-based program for the organizations receiving CBA? (NEW)**

There is no minimum number of youth reached for organizations receiving CBA whose goal is to replicate and implement an evidence-based program. The number of youth these organizations will reach through the initial implementation of an evidence-based program may vary depending on the capacity of the recipient organization and the program model that will be implemented.

**Does the proposed service area have to be a Federally-designated Promise Zone?**

No. The intent of this FOA is to target limited resources to areas in greatest need for preventing teen pregnancy and reducing disparities. The service area must be defined by clear geographic boundaries in order to assure that the number of youth served can be identified and teen pregnancy and/or teen birth rates can be monitored throughout the project. The service area may be county-level, city-level, state-level, or regional. The service area should not be narrowly focused at the neighborhood-level nor broadly focused at a national-level. Applicants must be able to document a teen birth rate in the defined service area that is above the current national average of 26.6 births for every 1,000 adolescent females ages 15-19, 2013. This may include, but is not limited to, Federally-designated Promise Zones. (FOA page 15)

**What are Promise Zones?**

The Promise Zones initiative is a Federal effort to designate a number of high-poverty community Zones where the Federal government will partner with and invest in communities to create jobs, leverage private investment, increase economic activity, expand educational opportunities, and improve public safety. More information about Promise Zones can be found at:

[http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/comm\\_planning/economicdevelopment/programs/pz.](http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/economicdevelopment/programs/pz)

**How long will the planning period be and what will be expected of grantees during the planning period?**

Up to the first 6 months of the first grant year are for a planning and readiness period. This period should be devoted to finalizing the selection of organizations that will receive CBA, finalizing the needs and resource assessment of the defined service area, assessing each organization's CBA needs, finalizing CBA plans and strategies, and otherwise ensuring readiness. OAH expects grantees to begin providing CBA to selected organizations within 6 months of receiving funding. (FOA page 19)

**How is OAH defining medical accuracy, age appropriate, culturally and linguistically appropriate, and inclusive of LGBTQ youth?**

Definitions of all terms can be found in Appendix B of the FOA.

**When will program materials be reviewed to ensure that they are medically accurate, age appropriate, culturally and linguistically appropriate, and inclusive of LGBTQ youth?**

Grantees will ensure that program materials, including all materials associated with the evidence-based TPP program and any supplemental materials proposed by organizations receiving CBA (i.e., curricula, facilitator and participant manuals, videos, podcasts, posters, scripts, participant booklets, pamphlets, and handouts) are medically accurate, complete, and age appropriate, and should ensure that all materials are culturally and linguistically appropriate and inclusive of LGBTQ youth.

The review of materials will occur after grant funds have been awarded. Successful applicants will be required to submit all program materials prior to use in the project to OAH for a medical accuracy review. Program materials should not be submitted with the grant application. Grantees should do an initial review of the materials for medical accuracy prior to submitting to OAH for final review. The review of materials for medical accuracy will occur prior to the use of any materials in the OAH-funded grant program. Grantees will not be able to begin implementation of materials until after the OAH medical accuracy review is complete and materials have been approved for use in implementation by OAH. The grantee must verify that all modifications have been made and accepted by OAH.

Grantees should also review all program materials for use in the project for age appropriateness, cultural and linguistic appropriateness, and inclusivity of LGBTQ youth prior to use in the grant. Review of program materials should be conducted after an application is approved for funding using guidance and templates provided by OAH. Grantees are expected to inform OAH of their review process, results, and changes made to ensure that all materials are age appropriate, culturally and linguistically appropriate and inclusive of LGBTQ youth. (FOA pages 23-24)

## **Evidence-based TPP Program Questions**

### **What evidence-based TPP programs are eligible for replication by organizations receiving CBA under the Tier 1A FOA?**

Evidence-based TPP programs eligible for replication by organizations receiving CBA under the Tier 1A FOA are those that meet the following criteria prior to the end of the grantee's planning and readiness period:

1. Have been identified as having evidence of effectiveness by the [HHS TPP Evidence Review](http://tppevidencereview.aspe.hhs.gov/EvidencePrograms.aspx) (<http://tppevidencereview.aspe.hhs.gov/EvidencePrograms.aspx>) **and**
2. Have been assessed by the HHS TPP Evidence Review as being implementation ready, meaning that the program has clearly defined curricula and components, necessary staff supports and training, and specified guidelines and tools for monitoring fidelity.

A list of evidence-based TPP programs that currently meet the stated criteria and are eligible for replication under this FOA is included in **Appendix D** of the FOA. Additional evidence-based TPP programs identified by the HHS TPP Evidence Review prior to the end of the grantee's planning and readiness period will also be eligible for replication under this FOA as long as they meet the 2 criteria noted above. (FOA pages 13-14)

### **How does HHS identify evidence-based TPP programs?**

HHS conducts the HHS TPP Evidence Review (<http://tppevidencereview.aspe.hhs.gov/EvidencePrograms.aspx>), which uses a systematic process for reviewing evaluation studies against a rigorous standard in order to identify programs shown to be effective at preventing teen pregnancies, sexually transmitted infections, and/or sexual risk behaviors. The evidence review, first conducted in 2009 and updated periodically, is led by the HHS Office of the Assistant Secretary for Planning and Evaluation. The most recent update was released in August 2014. There are currently 35 evidence-based TPP program models identified by the HHS TPP Evidence Review. (FOA page 13)

### **Do the evidence-based TPP programs eligible for replication under the Tier 1A FOA include both abstinence education and comprehensive sexuality education programs?**

There are currently 37 evidence-based TPP program models that have been identified by the HHS TPP Evidence Review. The evidence-based TPP programs eligible for replication under this FOA (see pages 13-14 & Appendix D) reflect great diversity on several variables:

- Program Approach – abstinence education, sexuality education, youth development
- Target Population – age, race and ethnicity, designed for specific vulnerable populations including youth in juvenile detention, runaway and homeless youth, and expectant and parenting teens
- Implementation Setting – middle school, high school, after school, community-based, clinic-based
- Length of Program – single session, multiple sessions, multi-year
- Program Outcomes – delay in sexual initiation, increase in condom use, increase in contraceptive use, decrease in number of sexual partners, decrease in teen pregnancy, decrease in STIs; some programs have shown outcomes for both boys and girls, some have shown outcomes for either boys or girls
- Length of Program Outcomes – ranges from outcomes seen immediately after the program ends to several years after the program ends.

More information about each evidence-based TPP program is available in Appendix D and on the OAH website at [http://www.hhs.gov/ash/oah/oah-initiatives/teen\\_pregnancy/db/](http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/). (FOA Appendix D)

### **How can organizations determine which evidence-based TPP programs are best for their community?**

Applicants should work with organizations receiving CBA to carefully review information available about the evidence-based TPP programs, paying specific attention to differences across programs, to ensure that programs proposed for implementation are a good fit for (1) the needs of the target population, (2) the implementation setting, (3) the capacity of the implementing organization, and (4) the outcomes the organization is trying to achieve. In addition to ensuring fit, the evidence-based TPP programs proposed for implementation should be clearly aligned with the results of the community needs and resource assessment and should not duplicate programs or services that already exist in the community.

More detailed information about each evidence-based TPP program is available at [http://www.hhs.gov/ash/oah/oah-initiatives/teen\\_pregnancy/db/](http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/). In addition, an e-learning module designed specifically to assist organizations in selecting evidence-based TPP programs to ensure fit is available at <http://www.hhs.gov/ash/oah/resources-and-publications/learning/tpp-evidence-based/index.html>. (FOA pages 13-14)

### **How can we obtain more information on a particular evidence-based TPP program?**

Detailed information about each of the evidence-based TPP programs is available on the OAH website at [http://www.hhs.gov/ash/oah/oah-initiatives/teen\\_pregnancy/db/](http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/). Additional information, including copies of sample lessons from the program, may also be available from the program developer and/or distributor.

**Is there an opportunity to replicate a program model believed to be effective that is not currently on the HHS TPP Evidence Review?**

The only evidence-based TPP programs eligible to replicate with funding under the Tier 1A FOA are those that (1) have been identified as having evidence of effectiveness by the HHS TPP Evidence Review (<http://tppevidencereview.aspe.hhs.gov/EvidencePrograms.aspx>) **and** (2) have been assessed by the HHS TPP Evidence Review as being implementation ready prior to the end of the grantee's planning and readiness period. (FOA pages 13-14)

Organizations who want to implement a program that does not meet the eligibility criteria for the Tier 1A FOA, should review the three FOAs currently available for OAH's TPP Tier 2 Program for consideration. The three Tier 2 FOAs include:

- Supporting and Enabling Early Innovation to Advance Adolescent Health and Prevent Teen Pregnancy (Tier 2A)
- Rigorous Evaluation of New or Innovative Approaches to Prevent Teen Pregnancy (Tier 2B)
- Effectiveness of TPP Programs Designed Specifically for Young Males (Tier 2C)

**I have seen several evidence-based lists of effective programs related to teenage pregnancy prevention and other adolescent health areas. Some of the programs noted on those lists are not included on the list on the OAH web site. Why is that?**

HHS conducts an independent, systematic review of the evidence base for programs to prevent teen pregnancy. This review defines the criteria for the quality of an evaluation study and the strength of evidence for a particular intervention. Studies that meet the screening criteria are assessed for quality of the research design and its implementation. It is possible that some of the studies noted on other lists were reviewed and did not meet the criteria set out in the HHS TPP Evidence Review. A searchable database is available on the HHS TPP Evidence Review website which includes all studies reviewed and their results related to inclusion or exclusion. (FOA pages 13-14)

**Data Collection and Evaluation Questions**

**Will grantees be required to collect data on all performance measures listed in Appendix H? Are there any waivers?**

Grantees must collect all performance measures included in Appendix H and report to OAH on a semi-annual basis (OMB #0990-0390, Expiration May 2015, pending renewal). Applicants should review relevant state laws, school district policies, and other administrative procedures of their sites or partner organizations to ensure the feasibility of data collection. There are no exceptions or waivers for this requirement. (FOA pages 26-27)

**Will grantees be required to collect performance measure data from organizations receiving CBA?**

Yes, grantees will be responsible for collecting and reporting required performance measure data from all organizations that receive CBA upon the organization's implementation of an evidence-based TPP program. In addition to data collected from the organizations receiving CBA, grantees will also be responsible for collecting and reporting performance measure data on their own efforts regarding sustainability, partnerships, training, and dissemination. (FOA pages 26-27)

**Are applicants expected to evaluate their projects?**

Yes, applicants are expected to propose a plan for evaluating the implementation and success of the CBA provided to youth-serving organizations. Applicants are expected to evaluate the process of selecting organizations to receive CBA, assessing organization needs, and providing CBA to meet each organization's needs. In addition to evaluating the success of the overall process for providing CBA to youth-serving organizations, the applicant should work with each organization that receives CBA to evaluate the success of the organization's efforts to replicate evidence-based TPP programs. (FOA pages 27-28)

**Are applicants required to have an independent evaluator conduct the evaluation?**

The FOA does not include specific requirements for who should conduct the proposed evaluation. The applicant should describe who will oversee their evaluation efforts and the qualifications for the proposed evaluator in the application. (FOA page 31)

**Funding and Budget Questions**

**What are the minimum and maximum amounts of funding allowed under this funding announcement?**

The range of annual awards available for the Tier 1A FOA is \$400,000 - \$750,000. The applicant should justify the amount of funding requested ensuring that it is proportional when compared to the number of organizations that will receive CBA each year. OAH anticipates that successful applicants will provide funding to organizations that receive CBA to support their implementation of evidence-based TPP programs. (FOA page 54)

**Will agencies that apply for TPP funding be able to use the funds to provide funding through contracts or grants to other organizations to support program implementation or evaluation?**

Yes, the applicant can provide funding to other organizations through contracts or grants to assist in program implementation or evaluation. The applicant should clearly describe the role of all partners in the project narrative and the funding that will be provided to partners in the budget narrative. (FOA pages 54-55)

**Do applicants need to submit a budget narrative for all five years of the grant in the application, or just for the first year of the grant?**

Applicants are required to submit a combined multi-year Budget Narrative, as well as a detailed Budget Narrative for each year of the potential grant. Applicants should develop multi-year budgets based on level funding for each budget period. A level-funded budget is equal to the exact dollar figure of the year one budget. The Budget Narrative does not count toward your total application page limit. (FOA page 54)

**Are there any funding restrictions for the Tier 1A FOA?**

Yes, the following budget restrictions apply: Applicants should budget no more than 10% of the total budget for evaluation activities, including the collection of performance measure data. (FOA page 56)

**Are there any OAH-sponsored meetings that grantees are expected to budget to attend?**

Yes, grantees will be encouraged to attend the following meetings and trainings and should include funds in the budget to support this. The location for the meetings has not been determined, however, grantees should budget for the meetings to occur in Washington, DC.

- One staff to an OAH-sponsored annual Project Director's Meeting
- 2-3 staff to an OAH-sponsored annual Regional Training in years 2-4
- 2-3 staff to the HHS Teen Pregnancy Prevention Conference every other year (2016, 2018, 2020) (FOA page 56)

**Application Content Questions**

**What must an applicant include in the Project Abstract to ensure its application is sent forward for review?**

As stated on pages 34-35 of the FOA, applications will be reviewed to determine whether they meet the stated application responsiveness criteria. Those that do not will be administratively eliminated from the competition and will not be reviewed.

For the Tier 1A FOA, applicants must demonstrate **in the Project Abstract** that:

1. Plans to serve a designated service area that has a teen birth rate that is at least above the current national average for each community served (26.6 births for every 1,000 adolescent females ages 15-19, 2013) and
2. Plans to provide CBA to at least 3 youth-serving organizations in the designated service area. (FOA pages 34-35)

**Are applicants required to submit a work plan for the entire 5-year project period, or just for the first year?**

Applicants are expected to submit a detailed work plan (as an appendix) for the five-year project period that includes goals, SMART objectives (specific, measurable, achievable, realistic, and time-framed), and activities for developing and implementing a plan to prevent teen pregnancy, including a specific focus on implementing evidence-based TPP programs to scale in at least 3 settings in communities at greatest need. (FOA page 19)

**What is included in the 50-page page limit for the Project Narrative?**

The Project Narrative must not exceed 50 pages. The Project Narrative should provide a clear and concise description of your project and should include: target population & need, plan for selecting organizations to receive CBA, program approach, performance measures & evaluation, capacity and experience of the applicant organization, and project management.

All Appendices, including the work plan, logic model, MOUs, letters of commitment, resumes, job descriptions, and organizational chart do not count toward the 50-page Project Narrative page limit. In addition, the following items do not count toward the page limit: all required forms, including the SF-424, SF-424A, SF-424B, SF-LLL, Project Abstract Summary and Budget Narrative. (FOA page 35)

**What is included in the 100-page page limit for the overall application?**

The 100-page limit includes the Project Narrative and all Appendices, including the work plan, logic model, MOUs, letters of commitment, resumes, job descriptions, and organizational chart. The following items do not count toward the 100-page page limit: all required forms, including the SF-424, SF-424A, SF-424B, SF-LLL, Project Abstract Summary and Budget Narrative. (FOA page 35)

**What forms are not counted in the page limits?**

All required forms, including the SF-424, SF-424A, SF-424B, SF-LLL, Project Abstract Summary and Budget Narrative do not count toward the 50-page or 100-page page limits. (FOA page 35)

**Who is the applicant expected to provide signed MOUs from in the application?**

The application should include signed, detailed MOUs with any youth-serving organizations that have already been selected at the time of the application to receive CBA. The MOU should clearly outline the roles, responsibilities, and expectations of the applicant and the organization that will receive CBA, as well as a description of the CBA that will be provided. (FOA page 57)

## **Who should the applicant provide Letters of Commitment from in the application?**

The application should include Letters of Commitment from key decision makers in the designated service area. Letters of commitment include the specific role and resources that will be provided, or activities that will be undertaken, in support of the applicant. The organization's expertise, experience, and access to the targeted population(s) should also be described in the letter of commitment. (FOA page 57)

## **Who should the Letter of Intent be sent to?**

The letter of intent should be directed to:

- Office of Adolescent Health, Attn: OAH TPP Tier 1A, 1101 Wootton Parkway, Suite 700, Rockville, MD 20852, or
- via E-mail at TPPTier1A@hhs.gov

## **Application Review and Selection Questions**

### **How will OAH determine who receives funding?**

An independent review panel will evaluate applications that pass the screening and meet the responsiveness criteria. 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 on pages 61-65, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria. In addition to the independent review panel, Federal staff will review each application for programmatic, budgetary, and grants management compliance.

Final award decisions will be made by the Director of the HHS Office of Adolescent Health. In making these decisions, the following additional criteria will be taken into consideration:

- a. Representation of grantees serving defined service areas from across the country
- b. Representation of service areas of varying sizes, including rural, suburban, and urban areas.
- c. Inclusion of a range of populations disproportionately affected by teenage pregnancy.
- d. The prevalence of teen pregnancy in the defined service area, as indicated by a current government data source.
- e. Applicant demonstrates that it has and enforces a policy prohibiting discrimination in the provision of services on the basis of age, disability, sex, race, color, national origin, religion, sexual orientation and gender identity. (FOA pages 61-65)

**Will only one organization from a particular state or city be awarded funding?**

No, multiple organizations from a particular state or city are eligible to receive funding, as long as the organizations will not serve the same service area. OAH does not anticipate funding more than one applicant to serve the same service area. Furthermore, applicants are expected to be located in, or have a significant investment already in the service area, and be able to demonstrate how the CBA infrastructure developed under this grant will continue to serve the defined service area after the grant ends. (FOA page 4)

**What will OAH's role be in the cooperative agreement once funds are awarded?**

In addition to the usual monitoring and technical assistance provided with a cooperative agreement (e.g., assistance from assigned Federal project officer, monthly conference calls, occasional site visits, ongoing review of plans and progress, participation in relevant meetings, provision of training and technical assistance), OAH anticipated substantial programmatic involvement is described on page 32 of the FOA. (FOA page 32)