

FAQs for Tier 1B FOA: Replicating Evidence-based TPP Programs to Scale in Communities with the Greatest Need

Purpose and Target Population Questions

What is the goal of the Tier 1B FOA?

The goal of the Tier 1B FOA is to have a significant impact on reducing rates of teen pregnancy and existing disparities by replicating evidence-based TPP programs to scale in at least 3 settings in communities and with populations at greatest need. (FOA page 4)

Can applicants propose to work in multiple communities?

Applicants may propose serving a single community or multiple communities within a single application. Multiple communities could include communities within the same state, communities across states, etc. Each community must be defined by clear geographic boundaries in order to ensure that the number of youth served can be identified and teen pregnancy and/or teen birth rates can be monitored throughout the project. (FOA page 13)

Does each community served have to have a teen birth rate that is above the national average?

Yes, applicants must be able to document a teen birth rate that is at least above the current national average of 26.6 births for every 1,000 adolescent females ages 15-19 for each community served. (FOA page14)

Will OAH fund more than one grantee to serve the same community?

No, OAH will not fund more than one grantee to serve the same target community. Grantees will be expected to partner with a range of diverse organizations in the community to have the greatest impact on reducing rates of teen pregnancy, reducing existing disparities, and promoting healthy adolescent development. OAH anticipates that the applicant would establish partnerships with other organizations in the community to support the program and oversee various aspects of program implementation. (FOA page 36)

What does OAH consider “communities with the greatest need”?

Applicants must be able to document a teen birth rate that is at least above the current national average of 26.6 births for every 1,000 adolescent females ages 15-19 for each community served. (FOA page14)

Documenting the needs of the community and justifying that the community does have a great need for teen pregnancy prevention programming is the responsibility of the

applicant. Applicants are expected to document the specific needs and resources of the community(ies) that will be served as described on pages 48-49 of the FOA.

What is the target population for the Tier 1B FOA?

The target population for funded projects is individuals, or families of individuals, 19 years of age or under at program entry. Youth who are not yet teenagers are eligible since many of the evidence-based TPP programs include pre-teens as a target audience for the program. The target population(s), evidence-based TPP programs selected, and implementation settings should clearly align with the results of the community needs and resource assessment and be directed at serving populations and areas within the community with the greatest demonstrated need. (FOA page 14)

If an applicant plans to serve 3000 youth, and can do so for less than the amount listed for that target group, can that applicant apply for less funding? (NEW)

Yes, an applicant may apply for less funding than the amount listed for the targeted reach in the FOA if the applicant plans to serve a certain number of youth for less.

Program Expectation Questions

What are the minimum grantee expectations in each community served?

In each community served, grantees will be expected to:

- Mobilize the community to develop and implement a plan to prevent teen pregnancy and promote positive youth development
- Engage in an up to 12-month planning, piloting, and readiness period
- Implement evidence-based TPP programs to scale with fidelity and quality in at least 3 settings
- Ensure that program materials are medically accurate, age appropriate, culturally and linguistically appropriate and inclusive of Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth
- Ensure that programs are implemented in a safe and supportive environment for youth and their families
- Establish and maintain linkages and referrals to youth-friendly health care services
- Engage in strategic dissemination and communication activities to raise awareness of the program with youth, their families, and key stakeholders
- Develop and implement a plan for sustainability to ensure continuation of program efforts beyond the grant
- Collect and use performance measure data to make continuous quality improvements
- Evaluate the implementation and outcomes of program activities. (FOA pages 4-5)

What does OAH mean by taking evidence-based TPP programs to “scale”?

Implementing evidence-based TPP programs to scale focuses on expanding the reach of programs with an emphasis on impact and achieving better outcomes. For OAH, the goal of scaling evidence-based TPP programs is to prevent teen pregnancy, reduce existing disparities, and promote healthy adolescent development by expanding the number of youth and their families who receive evidence-based TPP programs. (FOA page 13)

It is important to note that the goal of scaling is not simply to implement evidence-based TPP programs with as many youth as possible. Rather, the goal of scaling is to have the greatest impact on preventing teen pregnancy, reducing disparities, and promoting healthy adolescent development. This will be accomplished by implementing evidence-based TPP programs with populations and in areas of the community with the greatest demonstrated need, ensuring that the evidence-based TPP programs selected are a good fit, and by adopting strategies to implement programs in ways that increase access for as many youth as possible. (FOA page 21)

In how many settings are organizations expected to implement evidence-based TPP programs?

In each community served, organizations are expected to implement evidence-based TPP programs to scale in **at least 3 settings**, reaching communities, and youth within those communities, with the greatest need. For the purpose of the Tier 1B FOA, settings include, but are not limited to: in-school middle school, in-school high school, alternative school, college, after school, community-based, faith-based, clinic-based, juvenile detention, out-of-home settings for youth in foster care, and other specialized settings (e.g., residential treatment facility). (FOA pages 20-21)

Are organizations expected to implement 3 different evidence-based TPP programs in each community served?

No. In each community served, organizations are expected to implement evidence-based TPP programs to scale in at least three settings. Organizations may propose implementing a single evidence-based TPP program in more than one setting, as long as the program was designed to be implemented in each of the settings proposed for implementation. Details about the settings that each evidence-based TPP program can be implemented in are included in Appendix D and on each program’s implementation report available at <http://tppevidencereview.aspe.hhs.gov/EvidencePrograms.aspx>. (FOA pages 20-21)

Do in-school middle school and in-school high school count as two different settings for this FOA?

Yes. For the purposes of the Tier 1B FOA, settings include, but are not limited to: in-school middle school, in-school high school, alternative school, college, after school, community-based, faith-based, clinic-based, juvenile detention, out-of-home settings for youth in foster care, and other specialized settings (e.g., residential treatment facility).

Each setting listed is counted separately, therefore in-school middle school is counted as one setting and in-school high school is counted as a separate setting. (FOA page 20)

How can organizations implement evidence-based TPP programs to scale?

In each setting, the applicant and its partners are expected to adopt strategies to implement the selected evidence-based TPP program to scale with as many youth in the target population as possible. A key strategy for taking programs to scale is to implement programs through existing systems and/or networks within the community. Partnerships for implementation through existing systems should be established at the highest level possible. For example, implementing programs district-wide in the community rather than within individual schools or in individual classrooms, implementing programs in partnership with an existing and well-established after-school program rather than creating a new after-school program, and implementing programs within all juvenile detention facilities in the community rather than one facility. (FOA page 21)

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 15)

Are grantees expected to establish both a Community Advisory Group and a Youth Leadership Council in each community served?

Yes, in each community served, the grantee is expected to establish a (or work with an existing) Community Advisory Group and a Youth Leadership Council to lead the community mobilization efforts. The Community Advisory Group should include representation from key decision makers, community champions, diverse organizations working to prevent teen pregnancy and promote healthy adolescent development, and members of the target population. The Youth Leadership Council should include members of the target population and should ensure opportunities for authentic participation and decision-making. (FOA pages 16-17)

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

Grantees will engage in a planning, piloting and readiness period of up to 12 months during the first grant year. Continued funding is contingent on the grantee's satisfactory progress in meeting planning period milestones and the continued availability of funds. The specific milestones that grantees will be expected to successfully complete by the

end of the planning period are included in **Appendix G** of the Tier 1B FOA. (FOA page 18)

What is *Getting to Outcomes (GTO)*TM and how will grantees be expected to use it?

*GTO*TM is a ten-step process aimed at facilitating program planning, implementation, and evaluation of programs and improving organizational capacity and program performance. *GTO*TM is tailored for use in TPP programs and has been used successfully in the past by TPP grantees funded by the Centers for Disease Control and Prevention to guide their program planning. Grantees will be expected to use *GTO*TM to guide the planning, implementation, and evaluation of their program. (FOA page 18)

What does OAH mean by implementing evidence-based TPP programs with fidelity?

Grantees will be required to implement evidence-based TPP programs with fidelity and quality. Fidelity refers to the degree to which an implementer adheres to the core components of a program. The core components of an evidence-based TPP program are the parts of the program or its implementation determined by the developer to be the key 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.

Grantees will be required to monitor the extent to which the evidence-based TPP programs are implemented with fidelity and quality. Grantees will be required to establish and implement a fidelity monitoring plan that includes, at a minimum, collecting data on fidelity and quality from program facilitators as well as from observations of at least 10% of all program sessions, reviewing and analyzing data on a regular basis, using data to provide feedback to facilitators, and using the data to make continuous quality improvements to the program and its implementation. (FOA pages 21-22)

Are grantees allowed to make adaptations to evidence-based TPP programs?

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 (often referred to as *green light adaptations*) to the evidence-based TPP programs as long as the adaptation(s) are justified and shown to not impact the program's core components. In addition, grantees may propose to implement an evidence-based TPP program with a population or in a setting other than the ones included in the program's original evaluation as long as the developer has indicated that the program is appropriate for the population or setting proposed.

Major adaptations (often referred to as *yellow or red light adaptations*) significantly change the core components, program delivery, or program content of an evidence-based TPP program and are discouraged among OAH grantees.

All proposed adaptations must be shared with OAH. Major adaptations must be approved by OAH prior to implementation. More information can be found on pages 22-23 of the Tier 1B FOA.

Is it possible to implement an evidence-based TPP program in a community that the program was not previously tested in (e.g., different racial or ethnic community or geographic area)?

Grantees may propose to implement an evidence-based program (EBP) with a population or in a setting other than the ones included in the program's original evaluation as long as the developer has indicated that the EBP is appropriate for the population or setting proposed. Also, grantees will be allowed to make minor adaptations to the evidence-based TPP programs as long as the adaptation(s) are justified and shown to not impact the program's core components. If implementation of the evidence-based program would require major adaptations and/or the developer indicates that the program is not appropriate for the population or setting proposed, the grantee may need to consider selection of another evidence-based TPP program. (FOA page 22)

Are grantees expected to only provide referrals to youth-friendly reproductive health care services?

No. Grantees are expected to establish and maintain linkages and referrals to a network of organizations and healthcare professionals within each community served who provide a *wide range* of high quality, youth-friendly healthcare services. (FOA page 27)

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?

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)

Can organizations provide access to contraceptive services under this FOA?

Grantees are expected to establish and maintain linkages and referrals to a network of organizations and healthcare professionals within each community served who provide a wide range of high quality, youth-friendly healthcare services. This can include establishing and maintaining linkages and referrals to organizations and professionals that provide access to contraceptive services. OAH does not expect applicants to provide contraceptive services, or other health care services, directly as a part of their grant funded activities. (FOA page 27)

How does OAH define reach? (NEW)

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

Funding and the budget are tied to the number of youth that will be reached just with the evidence-based programs. (Page 55 of the FOA)

Is the annual average number of youth served based on unduplicated youth? Are youth considered duplicated if they receive the in-school curricula during different times in the five year program period? (NEW)

The annual average reach should be based on unduplicated youth served. However, youth may be served multiple times over the five year program period.

Are applicants expected to identify the evidence-based program model in the proposal or should communities engage in planning using the Getting to Outcomes model and then identify the program model that will be delivered? (NEW)

Grantees are expected to use the Getting to Outcomes model during the planning, implementation, and evaluation of the program. However, an applicant must identify the evidence-based TPP programs it plans to implement in each of the proposed implementation settings in its application.

Does the lead applicant have to directly have the experience implementing teen pregnancy prevention programs or can the partner agency have the experience?
(NEW)

The FOA states that the successful applicant organization must be able to demonstrate experience either implementing TPP programs in the target community (ies) **or** working with partnering organizations to implement TPP programs in the target community (ies).

An independent review panel will evaluate applications that pass the screening and meet the responsiveness criteria. Based on the Application Review Criteria on pages 71-76, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria. The specific expectations related to the Capacity and Experience of the Applicant Organization is described on pages 33-35 of the FOA.

Evidence-based TPP Program Questions

What evidence-based TPP programs are eligible for replication under the Tier 1B FOA?

Evidence-based TPP programs eligible for replication under the Tier 1B 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 11-12)

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 11)

Do the evidence-based TPP programs eligible for replication under the Tier 1B 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 11-12 & 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/. (FOA page 19)

Can these funds be used to provide evidence-based TPP programs to teen parents to prevent repeat teen pregnancies?

Yes, there are currently two evidence-based TPP programs on the HHS TPP Evidence-Review that were designed specifically for use with expectant and parenting teens. (FOA Appendix D)

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

Applicants should 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/. 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 19-20)

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/. Additional information, including copies of sample lessons from the program, may also be available from the program developer and/or distributor. (FOA page 20)

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 1B FOA are those that (1) have been identified as having evidence of effectiveness by the HHS TPP Evidence Review (<http://tpp evidencereview.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 11-12)

Organizations who want to implement a program that does not meet the eligibility criteria for the Tier 1B 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 11-12)

What if my organization has never implemented one of the selected evidence-based TPP programs? Will other organizations that have past experience implementing those programs have a competitive advantage in the funding process?

An independent review panel will evaluate applications that pass the screening and meet the responsiveness criteria. Based on the Application Review Criteria on pages 71-76, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria. The specific expectations related to the Capacity and Experience of the Applicant Organization are described on pages 33-35 of the FOA.

Can applicants propose more than one evidence-based program? (NEW)

An applicant can propose to implement more than one evidence-based TPP program.

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 page 31)

Are applicants expected to evaluate their projects?

Yes, applicants are expected to propose a plan for evaluating the implementation and outcomes of the program. Applicants should budget no more than 10% of the total budget for evaluation activities, including the collection of performance measure data. OAH will not approve incentives for evaluation data collection activities. More information about OAH's specific evaluation expectations is included on pages 31-33 of the Tier 1B FOA.

Are grantees expected to conduct rigorous outcome evaluation?

Grantees are expected to state the outcome goals for the project, such as "X% reduction in teen births", "x% increase in referrals to Y", and propose how the outcomes will be measured. Given that pregnancy and birth rates have been on the decline in general, the

applicant must be able to demonstrate that the outcomes are a result of the grantee's program and not due to a general decline in teen pregnancy or teen birth rates overall.

Applicants may propose to use archival/administrative data to compare outcomes in the community(ies) served to outcomes in a similar community that did not receive the TPP program, or the applicant may propose to use data from national datasets to compare their community to national averages or to data from similar communities. Grantees are not expected to conduct individual-level surveys of participants. OAH also does not expect applicants to propose evaluation using a randomized controlled trial design. (FOA page 33)

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 37)

How does OAH anticipate how a grantee might demonstrate that outcomes are due to programming instead of other factors? (NEW)

Grantees may propose to use administrative data to compare outcomes in the community served to outcomes in a similar community that did not receive the TPP program, or grantees may use data from national data sets to compare community to national averages.

Curricula and Materials-Related Questions

If we propose use of a particular evidence-based TPP program in our application, should we go ahead and purchase the materials now?

OAH recommends that applicants wait to purchase any materials until after funding awards have been made and grantees have consulted with OAH on the selection of the evidence-based TPP programs to be implemented. 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/. Additional information, including copies of sample lessons from the program, may also be available from the program developer and/or distributor.

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

No. Grantees will engage in an up to 12 month planning, piloting, and readiness period prior to full implementation. During the planning and piloting period, grantees will work with OAH to review materials to ensure medical accuracy, age appropriateness, cultural and linguistic appropriateness, and inclusivity of LGBTQ youth. Grantees will also

revisit their community needs and resource assessment during the planning period and confirm that the programs selected for implementation are a good fit for the needs of the community and target population, the implementation setting, the capacity of the implementing organization, and the outcomes the grantee is trying to achieve. OAH will provide approval for the grantee to move forward with full implementation at the end of the planning and piloting period. (FOA page 18)

Should an applicant submit the proposed curriculum with the application?

No. While the applicant should identify the evidence-based TPP programs proposed for use in the project, actual materials should not be submitted with the grant application. The material review and approval process will occur during the planning phase of the first grant year. Applicants should describe the process that will be used to ensure all program materials implemented are medically accurate, age appropriate, culturally and linguistically appropriate, and inclusive of LGBTQ youth in the application, but the review of materials will occur after grant funding has been awarded. (FOA page 51)

Funding and Budget Questions

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

The amount of funding an applicant can request on an annual basis is linked to the number of youth, on average that the applicant will reach in years 2-5 with evidence-based TPP programs. The award ranges are based on existing performance measure data from the 2010-2015 OAH TPP Program and are included below: (FOA page 4)

Annual Budget	Annual Reach
\$500,000 - \$749,999	At least 700 per year
\$750,000 - \$999,999	At least 1,500 per year
\$1,000,000 - \$1,249,999	At least 3,000 per year
\$1,250,000 - \$1,499,999	At least 6,000 per year
\$1,500,000 - \$1,749,000	At least 10,000 per year
\$1,750,000 - \$2,000,000	At least 15,000 per year

What criteria were used by OAH to determine the funding levels and annual reach?

The funding and annual reach ranges are based on existing performance measure data from the FY 2010 – FY 2014 TPP Program. (FOA page 4)

For annual reach, how is the number per year calculated? Is this just the unduplicated number served annually or is there certain criterion for how a participant is calculated/counted? (NEW)

The application should document the specific needs of the community(ies) that will be served, including describing the number of youth that will be reached each year by the grant, including number reached with each evidence-based TPP program and number reached through referrals to healthcare services. Provide specific details on how the estimates were obtained, including the total number of the youth in community and the percentage of youth available who will be served. For each specific setting reached, the applicant should describe the total number of youth available in the setting and the percentage of available youth that will be reached (e.g., the number and breakdown of schools and enrollment in each; number of youth in foster care; number of youth in juvenile detention; number of expectant and parenting teens).

The amount of funding an applicant may request on an annual basis, however, is linked to the number of youth, on average, that the applicant proposes to reach in years 2-5 with evidence-based TPP programs. The number of youth reached per year should be based on unduplicated youth served. (FOA page 65)

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 65-66)

Can TPP grantees include the cost of curricula and educational materials in their grants?

Yes, applicants may budget for the use of grant funds to cover the cost of program materials. OAH recommends that grantees wait to purchase any materials until after funding awards have been made and grantees have consulted with OAH on the selection of the evidence-based TPP programs to be implemented. (FOA pages 65-66)

Can TPP projects include the cost of staff training in their grants?

Yes, applicants can budget grant funds for training and technical assistance (TA). However, applicants should budget no more than 10% of the total budget on training and TA, including training and TA support from the program developer. (FOA page 66)

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 pages 64-65)

Are there any funding restrictions for the Tier 1B 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.
- Applicants should budget no more than 3% of the total budget on incentives for recruitment and retention.
- Applicants should budget no more than 10% of the total budget on training and technical assistance, including training and TA support from the program developer. (FOA page 66)

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. The location for the meetings has not been determined, however, grantees can 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 66)

Does the 10% limit on funds of evaluation activities include the salary of staff working on evaluation? (NEW)

The 10% limit does apply to the salary of staff working on evaluation activities.

Application Content Questions

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

As stated on page 41 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 1B FOA, applicants must demonstrate **in the Project Abstract** that:

1. The applicant proposes serving a community or communities that have 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)
2. The applicant identifies the evidence-based TPP programs it proposes to implement in at least 3 settings, and
3. All evidence-based TPP programs proposed are eligible for replication under this FOA as defined on pages 11-12 and listed in **Appendix D**. (FOA page 41)

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, program approach, performance measures & evaluation, capacity and experience of the applicant organization, partnerships & collaboration, and project management.

All Appendices, including the work plan, logic model, MOUs, letters of support, 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 42)

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 support, 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 42)

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 42)

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

The application should include signed, detailed MOUs with partners in the community who will provide access to youth and their families for program implementation through their existing systems. The application should also include signed, detailed MOUs with all organizations that will be responsible for implementing evidence-based TPP programs. (FOA page 68)

Can an applicant use previous community needs assessment data? (NEW)

An applicant may use previous community needs assessment data if the data is current.

Who should the applicant provide Letters of Support from in the application?

The application should include Letters of Support from key decision makers, youth-serving organizations, and members of the community who will be engaged in the Community Advisory Group and Youth Leadership Council. (FOA page 68)

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 1B, 1101 Wootton Parkway, Suite 700, Rockville, MD 20852, or
- via E-mail at TPPTier1B@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 71-76, 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 from communities across the country
- b. Representation of project sites in communities of varying sizes, including rural, suburban, and urban communities.
- c. Representation of diversity in scale of projects (see table on page 65)
- d. Diversity of settings and populations served by projects.
- e. Representation of diverse eligible evidence-based TPP programs from the HHS TPP Evidence Review.
- f. The prevalence of teen pregnancy in the geographic community to be served, as indicated by a current government data source.
- g. 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 76-77)

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 target community. OAH will not fund more than one grant to serve the same target community. Grantees will be expected to partner with a range of diverse organizations in the community to have the greatest impact on reducing rates of teen pregnancy, reducing existing disparities, and promoting healthy adolescent development. (FOA page 36)

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 38 of the FOA. (FOA page 38)