FAQs for Tier 2A FOA: Supporting and Enabling Early Innovation to Advance Adolescent Health and Prevent Teen Pregnancy

Purpose and Grantee Expectations

What is the goal of the Tier 2A FOA?

The primary purpose of the Tier 2A FOA is to establish two independent intermediaries that will select, fund, and support a portfolio of innovators across the country to design, test, and refine interventions to advance adolescent health and prevent teen pregnancy. (FOA page 4)

What does it mean to be an intermediary organization in context of Tier 2A?

The grantees funded through the Tier 2A FOA will serve as intermediary organizations. As an intermediary organization, the grantee is responsible for selecting, funding, and supporting a portfolio of innovators (estimated 5-15 innovators per year) across the country to advance adolescent health and prevent teen pregnancy. The intermediary organization will be responsible for managing the grant and for meeting all OAH programmatic expectations. (FOA page 18)

What is the role of the intermediary?

The intermediary organization (i.e., Tier 2A grantee) will be responsible for managing the grant and for meeting all OAH programmatic expectations. The intermediary will determine the five-year strategy to competitively select, fund, and support a portfolio of innovators across the country; create an infrastructure to support and foster innovation; monitor and evaluate the outcomes of the TPP Early Innovation Program; and disseminate successes, lessons learned, and knowledge gained. (FOA page 5) The intermediary is not expected to have all of the technical expertise necessary to execute this project; rather, it is expected that the intermediary will form meaningful partnerships to help support their work. The intermediary and its partners should have the collective experience and expertise needed to successfully accomplish the goals and objectives of the project. (FOA page 18)

What is the difference between the program focused and the technology focused intermediary?

One intermediary will focus on supporting innovation of technology interventions and the other will focus on supporting innovation of program interventions. Interventions may be designed to improve knowledge and skills related to TPP, improve the delivery of programs (e.g., increase participant engagement), and/or expand the ability of programs to reach youth who have otherwise been difficult to reach. Examples of technology interventions may include, but are not limited to: mobile applications, video games or other gaming technology, use of Geographic Information Systems (GIS) technology, and
adaptation of a pre-existing technology for new use. Examples of program interventions may include, but are not limited to: infusion of TPP content into settings where youth work, live, and play; systems-level approaches; and use of non-traditional delivery approaches. Hybrid approaches that combine both program and technology may be classified as either, and will depend on whether the intervention is primarily (i.e., 50% or more) technology driven. Each intermediary is expected to fund a broad range of interventions to advance adolescent health and prevent teen pregnancy. The corresponding technical assistance from each intermediary should align with their focus area. (FOA page 5)

How is early innovation defined?

Innovation is defined as new or promising approaches, interventions, curricula, or strategies informed by scientific theory or empirical evidence that may lead to or have the potential to result in a substantial reduction in teen pregnancy rate, sexually transmitted infections (STIs) rates, and associated sexual risk behaviors. Early innovation is defined as an innovative that is in the initial stages of development and is not yet ready to be rigorously evaluated. (FOA Appendix B)

Do you have a working definition of what constitutes technology innovation? Specifically, what technologies are included? (NEW)

No, we do not have a working definition of what constitutes technology innovation. Although there is not a working definition, we do provide examples of technology interventions. (FOA page 5)

What should be part of the five-year strategy?

The five-year strategy should describe the applicant’s approach for the project; including how it will determine the types of interventions that will be supported and how the portfolio will foster innovation. The five-year strategy should set the overall vision for how the intermediary intends to foster innovation; it should guide the activities undertaken by the intermediary. There are numerous ways to foster innovation; this is where the intermediary will outline what methods they intend to use to foster innovation and why. The five-year strategy should be included within the Project Approach and Design section of the Project Narrative and should include the items listed on pages 37-38 of the FOA. (FOA pages 13-15, 37-38)

What does national scope mean?

National scope refers to the reach of the innovators; the intermediary should design a strategy and approach to fostering innovation that will result in innovators from across the country having the opportunity to participate as an innovator. (FOA page 13)
What is the difference between the plan to select innovators and the plan to support innovators?

The plan to select innovators should focus on how the intermediary will select the different innovators, whereas the plan to support innovators should focus on how the intermediary will ensure innovators who are selected have the support necessary to develop, test, and refine their interventions. (FOA pages 16-17)

What should be part of the plan to select innovators?

The will largely depend on the applicant, but the plan should describe the open, competitive process that the intermediary will use to select innovators and should include: a clear description of the selection process; the estimated number of innovators per year and overall; the estimated number of innovator cohorts; the estimated amount and range of financial awards provided to innovators; the length of time each innovator would receive support; the criteria used to determine the prospective innovators; a timeline outlining the stages of the selection process; and how the opportunity will be marketed to reach potential innovators. (FOA pages 16, 38)

What should be part of the plan to support innovators?

This will largely depend on the applicant, but at a minimum, the plan should include: the nature, content, and type of support available to the innovators to help them develop, prototype, and test their intervention. The plan should include a description of the capacity building assistance, logistical support, and opportunities for networking and collaboration that will be provided to the innovators. Additionally, the applicant should describe how it will monitor its innovators. (FOA pages 16-17, 39)

Is it permissible for applications to submit separate proposals to both the program and the technology FOAs? (NEW)

Yes, an applicant can submit one proposal for the program focused intermediary and one proposal for the technology focused intermediary. If a single organization wants to apply to be both the program intermediary grantee and the technology intermediary grantee, they must submit two separate applications.

If an organization receives a grant to be an intermediary, would the same organization be allowed to apply as a sub-grantee for the other focus area? (NEW)

Yes. They are separate grants and thus separate processes. However, it will be up to the grantee to determine the process for selecting the innovators. OAH has stated it needs to be open, competitive, marketed, and national in scope.
**Who are the innovators in the context of the Tier 2A FOA?**

The innovators are selected by the intermediary through an open, competitive selection process. The innovators are individuals and/or organizations across the country with an early-stage innovative intervention (programmatic or technology) to prevent teen pregnancy and advance adolescent health. The innovators should be well positioned to design, prototype, and conduct testing and refinement of their interventions. (FOA page 16)

**How many innovators does an applicant need to provide support to each year?**

OAH anticipates that funded recipients will work with approximately 5-15 innovators per year. (FOA page 16)

**Can an applicant propose providing support to less than 5 or more than 15 innovators each year?**

Yes. An applicant can propose providing support to fewer than 5 or more than 15 innovators per year; however OAH anticipates that funded recipients will work with approximately 5-15 innovators per year. (FOA page 16)

**Are grantees expected to provide funding to innovators that receive support?**

Yes, not less than 50% of the total budget should be awarded to directly support a portfolio of innovators to develop, test, and refine early innovations to prevent teen pregnancy and promote adolescent health. The amount of funding provided to each individual innovator will be determined by the applicant and described in the application. (FOA page 48)

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

Grantees may elect to work with the same innovators over the course of the 5-year project period or may elect to work with innovators for a shorter period of time and initiate agreements with new innovators throughout the course of the project period. The applicant can suggest one or multiple cohorts of innovators to support over the course of the project. The innovator selection plan, number of innovators, and number of cohorts should align with the applicant’s overall five-year strategy and approach to fostering innovation. OAH anticipates that funded recipients will work with approximately 5-15 innovators per year. (FOA page 16)

**Do the innovators that will receive support have to be known at the time of the application?**

The applicant should use an open, competitive process for selecting innovators to work with and support over the course of the five-year project. The innovators and their
interventions should not be pre-selected and should not be limited to members of an applicant’s pre-existing network; instead, the applicant must describe an efficient and objective process to attract and select innovators from across the country. (FOA page 16)

**Can an innovator propose an intervention with some evidence?**

The purpose of the Tier 2A FOA is to enable and support early innovation (i.e., innovation in the initial stages of development that is not yet ready to be rigorously evaluated). Interventions supported should be able to demonstrate that they are needed, relevant, feasible, and scalable (FOA pages 37-38).

If an intervention is well developed and has accumulated evidence of effectiveness, it may not be appropriate for the Tier 2A FOA. Interventions that are well developed and have accumulated evidence of effectiveness may want to consider applying for the TPP Tier 2B FOA to undergo a rigorous evaluation.

**Can an intermediary organization also be an innovator?**

The intermediary organization is expected to use an open, competitive process for selecting innovators to work with and support over the course of the five-year project. The innovators and their interventions should not be pre-selected and should not be limited to members of an applicant’s pre-existing network; instead, the intermediary must describe an efficient and objective process to attract and select innovators from across the country. (FOA page 16) If the intermediary organization were to also apply to be an innovator, the intermediary would need to clearly document how the process for selecting innovators would be open and competitive.

**What does “prototype” mean?**

A prototype is an early model of an intervention that is used to assist in the design and testing of the intervention.

**What does hybrid mean in the FOA and what would a hybrid model look like?** *(NEW)*

In the FOA, “hybrid” refers to combining technology and program approaches for an innovative intervention. The distinction will depend on whether the intervention is primarily technology or program driven (i.e. 50% or more). (FOA page 5). For example, a hybrid model might use a combination of videos and instruction. The intermediaries/grantees that are funded will determine their own eligibility and selection plans; ultimately, they will determine how to approach a hybrid intervention.

**What does sustainability mean in the context of Tier2A?**

OAH has defined sustainability as the ability to effectively leverage partnerships and resources to continue programs, services, and/or strategic activities that result in
improvements in the health and wellbeing of adolescents. At the intermediary level, successful applicants should demonstrate a commitment and capacity to sustain their activities beyond the life of the grant. At the innovator level, it is expected that some, though certainly not all, interventions would be positioned for rigorous impact evaluation and have the potential to be taken to scale after Tier 2A funding from the intermediary.

**Do partnerships need to be in place at the time of the application?**

OAH expects funded recipients to form partnerships and a collaborative culture to support the overall project. Partnerships to support the project should be formal, with roles, responsibilities, and expectations clearly outlined. For partnerships that already exist, the application should include a signed Memorandum of Understanding that describes how the partner will contribute to the project and clearly outlines roles, responsibilities, and expectations. For partnerships that have not been forged prior to the application submission, the applicant should describe which partners are needed and why, their roles and responsibilities, and how they plan to forge the partnership. (FOA page 19)

**How focused should the interventions from the innovators be on preventing teen pregnancy compared to adolescent health in general?**

Interventions receiving support under the Tier 2A FOA should aim to prevent teen pregnancy. However, other risk behaviors, such as substance abuse, violence, and poverty, relate to teen pregnancy prevention, and many of these behaviors and risk factors co-occur among adolescents. Interventions can strive to work with multiple, related risk factors while also maintaining a commitment to preventing teen pregnancy. (FOA pages 9-10)

**Can I run a contest or competition as part of the activities in Tier 2A?**

The selection of innovators should be done through an open, competitive selection process. (FOA page 16)

Intermediaries may also choose to run a contest as part of their five-year strategy. (FOA pages 13-14)

**Do innovators have to target their interventions to teens as their end-user or target population?**

Grantees are expected to fund and support innovative interventions that (1) address a demonstrated need, (2) are likely to reduce rates of teen pregnancy and/or adolescent sexual risk behavior, (3) expand the evidence based for TPP, (4) are relevant and feasible for the intended target population, and (5) have the potential to be taken to scale. (FOA page 38)

While we expect many innovators to design their interventions for teens, an intervention could select a different target population, as long as there is justification that the
intervention is designed to impact teen pregnancy. Most of the current evidence-based TPP programs were designed to be delivered directly to youth. Few evidence-based TPP programs are available where the focus is on families, schools, neighborhoods, environments, or addressing norms. (FOA page 11)

**Can funds be awarded to support interventions for preventing repeat teen pregnancies?**

Yes, interventions funded by the intermediary can be designed to prevent repeat teen pregnancies.

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

The first 6-12 months of the first grant year are for a planning and readiness period. This period should be devoted to hiring and training staff, finalizing partners, finalizing the strategy and approach to fostering innovation, competitively selecting innovation partners, and finalizing support activities. Each funded applicant will work with OAH to refine and receive approval for its plan for selecting and supporting innovators during the planning period. OAH expects that funded applicants will complete the selection of innovators within 10 months of receiving funding. (FOA pages 16, 18)

**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 intervention and any supplemental materials (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. Interventions should be implemented in environments that are positive, safe, supportive, and healthy for all youth and their families.

To ensure that the most current science is reflected in the program materials, successful applicants will be required to submit all program materials prior to use in the project to OAH for a medical accuracy review. While the applicant may identify the materials proposed for use in the grant, 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 any required modifications have been made. 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.

**Data Collection and Evaluation Questions**

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

Yes, both intermediaries and innovators will be expected to monitor and evaluate their projects as a part of the Tier 2A FOA, including the collection of performance measures. More details about the evaluation expectations are included on pages 19-23 of the FOA.

**What kind of evaluation is appropriate for early innovation at the intermediary-level?**

Grantees are expected to develop a strategic evaluation and learning plan for the project. Grantees are expected to evaluate the implementation and outcomes of their project, including implementation of the five-year strategy and approach to foster innovation, process for competitively selecting innovators, support provided to innovators, and the outcome of the supported innovators and interventions. The evaluation approach should be flexible, with new measures and monitoring mechanisms evolving over time, if needed. Rigorous impact evaluation is not appropriate for early innovation and is not the purpose of the Tier 2A FOA. (FOA page 19)

**Are innovators expected to evaluate their intervention?**

Yes, innovators should monitor and evaluate the implementation of their intervention to determine if it is feasible and relevant for the target population, being used as intended, and having the intended outcomes. Testing interventions may take the form of formative assessment, diagnostic testing or usability testing, where goals are measured, the intervention is assessed, refined and re-tested until goals are met or the intervention is deemed not feasible for the intended purpose. Evaluation of the innovators should use a flexible, iterative approach that focuses on providing rapid feedback so that changes can be made and retested within a short period of time. (FOA page 21)
Can applicants propose to conduct a rigorous impact evaluation?

The purpose of the Tier 2A FOA is to enable and support early innovation. The Tier 2A FOA is not intended to support rigorous evaluations of new or innovative approaches to prevent teen pregnancy (see the Tier 2B FOA). The approach for evaluation in Tier 2A should be flexible, iterative, and focused on providing rapid feedback so that changes can be made and retested. (FOA pages 12, 19-21)

Will grantees be required to collect data on all performance measures listed in Appendix F?

Grantees are expected to collect and report performance measures to OAH to assess implementation and to determine if the intervention is observing intended outcomes. The broad categories of the OAH performance measures include reach, dosage of intervention, fidelity and quality, linkages and referrals to healthcare services, cost of implementing the program, sustainability, partnerships, trainings, and dissemination (see Appendix F) (OMB #0990-0390, Expires May 2015; OAH will seek renewal).

Grantees and their innovators should use and report to OAH on the existing performance measures to the extent possible, however the existing performance measures were developed primarily for curricula-based programs and thus, OAH anticipates they may not be a good fit for all of the innovations to be developed and evaluated under this FOA. Where the OAH performance measures are not feasible for the innovation projects funded, the grantees will need to develop and propose proxy measures more suitable to the intervention. (FOA pages 21-23)

Will grantees be required to collect performance measure data from innovators?

Yes, grantees will be responsible for collecting and reporting required performance measure data from all innovators that receive support from the grantee. (FOA pages 21-23)

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 2A FOA is $1,000,000 - $1,500,000. (FOA page 28)

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 47-48)

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 47)

Are they any funding restrictions for the Tier 2A FOA?

Yes, the following budget restrictions apply:
- Not less than 50% of the total budget should be awarded to directly support a portfolio of innovators to develop, test, and refine early innovations to prevent teen pregnancy and promote adolescent health
- No more than 10% of the total budget should be used for monitoring and evaluation activities, including the collection and reporting of performance measures (FOA page 48)

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 48)

Application Content Questions

What should be included in the abstract?

The abstract should specify the focus of the applicant (program or technology). The abstract should include (1) project title, (2) applicant organization name, (3) address, (4) Project Director’s name and contact information, and (5) website address, if applicable. The abstract should also include the goals and objectives of the project, a description of the overall approach to how innovation will be fostered through the project, identification of key partners, and a brief description of planned evaluation and communication activities. (FOA page 33)
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), activities and a timeline for the proposed project. Grantees should use the first 6-12 months of the first grant year to engage in a planning and readiness period. Grantees are expected to have selected their innovation partners within 10 months of receiving funding. (FOA page 49)

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: project approach and design, partnerships and collaboration, monitoring and evaluation, dissemination and communication, experience and capacity, project management, and challenges and risks.

All Appendices, including the work plan, logic model, MOUs, letters of reference, 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 30)

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 reference, 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 30)

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 30)

Do I need to use the work plan or logic model template?

Example templates for both the work plan and logic model are included as Appendices. The use of these templates is not required.
Who should provide a letter of reference?

The application should include a letter of reference (up to 2) from an agency with whom the applicant has worked to demonstrate its experience and capacity to successfully implement the proposed project. (FOA page 50)

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 2A, 1101 Wootton Parkway, Suite 700, Rockville, MD 20852, or
- via E-mail at TPPTier2A@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. Diversity in focus of the applicant (i.e., program intervention vs. technology intervention)

b. 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 or gender identity. (FOA pages 53-59)

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 27 of the FOA. (FOA page 27)