
**DEPARTMENT OF
HEALTH AND HUMAN SERVICES
OFFICE OF THE
ASSISTANT SECRETARY FOR HEALTH**

Office of Population Affairs

Funding Opportunity: Optimally Changing the Map for Teen Pregnancy

Prevention (Tier 1)

Opportunity Number: AH-TP1-20-001

Amended March 20, 2020

Application Due Date:

Monday, April 27, 2020 6:00 PM Eastern

OVERVIEW

FEDERAL AGENCY NAME

Office of the Assistant Secretary for Health / Office of Population Affairs

FUNDING OPPORTUNITY TITLE

Optimally Change the Map of Teen Pregnancy through Replication of Programs Proven Effective (Optimally Changing the Map for Teen Pregnancy Prevention – Tier 1)

ACTION

Notice

ANNOUNCEMENT TYPE

Competitive Cooperative Agreement

FUNDING OPPORTUNITY NUMBER

AH-TP1-20-001

CFDA NUMBER AND PROGRAM:

93.297 Teen Pregnancy Prevention

DATES

Application Deadline: Monday, April 27, 2020 by 6:00 PM Eastern.

Technical Assistance: Monday, February 24, 2020 at 2:30 pm Eastern Time

EXECUTIVE SUMMARY

The Office of Population Affairs announces the availability of funds for Fiscal Year (FY) 2020 cooperative agreement awards under the authority of Division A, Title II of the Further Consolidated Appropriations Act, 2020 (Public Law No. 116-94).

This notice solicits applications for projects to serve communities and/or populations with the greatest need to Optimally Change the Map of Teen Pregnancy through Replication of Programs Proven Effective (Optimally Changing the Map for Teen Pregnancy Prevention – Tier 1).

The goal of this Funding Opportunity Announcement (FOA) is to have a significant impact on improving the optimal health of adolescents and reducing teen pregnancy and sexually transmitted infections (STIs) through saturation of communities with the greatest needs and disparities using a systems thinking approach to replicate effective programs with fidelity. The Office of Population Affairs (OPA) intends to make available approximately \$54 million for an estimated 65 awards. The amount of funding an applicant may request ranges from \$500,000 to \$1.5 million per year for a period of 3 years (three 12-month budget periods).

The goal of this FOA will be realized through:

- Ensuring areas of greatest need are targeted in an effort to promote equity in reaching optimal health and preventing teen pregnancy and STIs
- Utilizing a systems thinking approach to identify multiple leverage points to maximize impact on promoting optimal health and preventing teen pregnancy and STIs
- Replicating with fidelity effective programs and supportive services that are culturally appropriate, age appropriate, medically accurate, and trauma-informed.
- Applying the power of youth and community voice to ensure the project is of the highest quality and best fit for the community(ies) and population(s) to be served.
- Monitoring, evaluating, and improving the project; and using key performance measures to document the project.
- Communicating and disseminating information, successes, lessons learned, and knowledge.

For the purposes of this FOA, “project” refers to all activities described in the application and funded by the award (e.g., staffing, partnerships, supportive services, professional development, evaluation, dissemination, etc.) whereas “effective program(s)” refers to programs proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors and eligible for replication (e.g., curriculum, interventions, etc.).

HHS/OASH encourages applicants to review all program requirements, eligibility information, application format and submission information, evaluation criteria, and other information in this funding announcement to ensure that its application complies with all requirements and instructions.

FUNDING OPPORTUNITY DETAILS

A. DATES

1. **Application Deadline**

Your application is due Monday, April 27, 2020 by 6 p.m. Eastern Time. To receive consideration, you must submit your application electronically via Grants.gov no later than this due date and time. If you do not submit your application by the specified deadline, we will return it to you unread. You must submit electronically via Grants.gov unless you obtain a written exemption from this requirement 2 business days in advance of the deadline from the Director, HHS/Office of the Assistant Secretary for Health (OASH) Office of Grants Management (OGM). To obtain an exemption, you must request one via email from the HHS/OASH OGM, and provide details as to why you are technologically unable to submit electronically through Grants.gov. Your request should be submitted at least 4 business days prior to the application deadline to ensure your

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

The HHS/OASH OGM will only accept applications via alternate methods (hardcopy paper via U.S. mail or other provider or PDF via email) from applicants obtaining prior written approval. If you receive an exemption, you must still submit your application by the deadline. Only applications submitted through the Grants.gov portal or alternate format (hardcopy paper via U.S. mail or other service or PDF via email) with an approved written exemption will be accepted. *See* Section F.8 ("Other Submission Requirements") for information on application submission mechanisms.

To ensure adequate time to submit your application successfully, HHS/OASH recommends that you register as early as possible in Grants.gov since the registration process can take up to one month. You must register an authorizing official for your organization. HHS/OASH does not determine your organization's authorizing official; your organization makes that designation. For information on registering for Grants.gov, refer to <http://www.grants.gov> or contact the Grants.gov

Contact Center 24 hours a day, 7 days a week (excluding Federal holidays) at 1-800-518-4726 or support@grants.gov.

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

2. **Technical Assistance**

A technical assistance webinar for potential applicants will be held on Monday, Feb. 24th at 2:30 PM Eastern. Information on how to log-on to the technical assistance webinar will be available on the OPA website at www.hhs.gov/opa.

We recommend you review the entire announcement promptly so you can have any questions answered well in advance of the application due date. We also recommend you subscribe to this announcement in Grants.gov so you receive any amendments, question and answer documents, or other updates.

B. PROGRAM DESCRIPTION:

The Office of the Assistant Secretary for Health, Office of Population Affairs announces the availability of funds for Fiscal Year (FY) 2020 cooperative agreement awards under the authority of Division A, Title II of the Further Consolidated Appropriations Act, 2020 (Public Law No. 116-94).

The primary focus of the Office of the Assistant Secretary for Health is leading America to healthier lives, especially for those who are most vulnerable, including those who have suffered historic disparities. In support of this vision, the Office of Population Affairs promotes health across the reproductive lifespan through innovative, evidence-based adolescent health and family

planning programs, services, strategic partnerships, evaluation, and research. The Teen Pregnancy Prevention (TPP) Program is designed to give youth the information and skills to promote optimal health and prevent teen pregnancy across the United States, especially among those who are most vulnerable, including those who have suffered historic disparities.

1. **Background**

While there has been great progress in reducing teen pregnancy and sexual risk taking, the current teen birth rate in 2018 of 17.4 per 1,000 females aged 15-19¹ is still much higher than other western industrialized nations,² young people ages 15 to 24 account for nearly one-half of all new cases of sexually transmitted diseases (STDs),³ and we continue to see disparities by race, ethnicity,⁴ and among our most vulnerable populations, including youth who are experiencing homelessness,^{5,6} living in foster care,^{7,8} involved with the juvenile justice system,^{9-10,11,12,13} and expectant and/or parenting.^{14-15,16} Incidence and prevalence estimates suggest that young people aged 15–24 years acquire half of all new STDs and that one in four sexually active adolescent females has an STD, such as chlamydia or human papillomavirus (HPV). Compared with older adults, sexually active adolescents aged 15–19 years and young adults aged 20–24 years are at higher risk of acquiring STDs.¹⁷

OPA is especially interested in targeting resources to populations and communities of young people inordinately impacted by teen pregnancy and STIs, behavioral risk factors underlying teen pregnancy, or other associated risk factors (e.g., exposure to violence, substance abuse) as mentioned above, and aims to transform their adolescent health outcomes by promoting equity in reaching optimal health. Equity, as it relates to health, is the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing efforts to address avoidable inequalities and the elimination of health and healthcare

disparities.¹⁸ Prioritizing equity versus equality allows programs to be more in tune with the needs of the community and/or population and provides resources to overcome challenges.

OPA promotes health across the reproductive lifespan through innovative, evidence-based adolescent health and family planning programs, services, strategic partnerships, evaluation, and research. The Teen Pregnancy Prevention (TPP) Program is designed to give youth the information and skills to promote optimal health and prevent teen pregnancy across the United States through lifestyle change. “Optimal health is a dynamic balance of physical, emotional, social, spiritual, and intellectual health. Lifestyle change can be facilitated through a combination of learning experiences that enhance awareness, increase motivation, and build skills and, most important, through the creation of opportunities that open access to environments that make positive health practices the easiest choice.”¹⁹

Many risky behaviors associated with teen pregnancy have a shared set of risk and protective factors.²⁰ Protective factors or youth assets work by reducing exposure to risk or encouraging behaviors that prevent adverse outcomes. The U.S. Department of Health and Human Services sought the input of professionals who, through their work in out-of-school, community-based, faith-based, education, healthcare, public health, and social services settings, reach a large number of adolescents. Together these national leaders identified five essential components of adolescent health. The Adolescent Health: Think, Act, Grow® (TAG)²¹ five essentials for adolescent health are: (1) Positive connections with supportive people; (2) Safe and secure places to live, learn, work and play; (3) Access to high quality and teen friendly health care; (4) Opportunities to engage as learners, leaders, team members, and workers; and (5) Coordinated adolescent and family centered services.²² These five essentials provide a framework for promoting healthier communities within which adolescents live and serve as protective factors.

Research shows the more protective factors or assets a youth has, the more resilient the youth becomes, and the less likely they are to engage in risky behaviors.²² Addressing youth risk factors is fundamental, but defining goals only in terms of the negative risks is limiting. To have a more significant impact on teen pregnancy and STIs and to achieve optimal health, it is crucial to utilize a systems thinking approach; to identify multiple leverage points in the “system” within which a community or specific population is working to reach optimal health.

The optimal health²³ model and systems thinking approach are two concepts that are complementary of each other in that the purpose of the optimal health model is to bring individuals and communities to a place of optimal health and systems thinking provides an approach by which opportunities can be created that open access to environments that make optimal health attainable. The optimal health model focuses on population-level interventions that promote the best possible health outcome for the community while also meeting individuals where they are to provide them with the knowledge, skills and motivation to make appropriate changes that will lead them towards a position of increasingly lower risk.²⁴ The optimal health model can be applied to a broad range of programs proven effective at preventing teen pregnancy, and associated risk behaviors, including positive youth development, sex education, abstinence education, and programs designed for diverse populations and settings.

A systems thinking approach helps us to see the “big picture” in which the issue of teen pregnancy and STIs exists. It provides a framework to help examine the factors involved in the problem, the relations between these factors, and changes over time. With an understanding of the system, public health practitioners can then identify multiple leverage points where great impacts can be made in an effort to create a healthier system and achieve optimal health. As such, the solutions often require multi-level, multi-faceted approaches to help the system to function in

a better and more sustainable way for our youth, communities, and populations. As part of this approach, it's vital to engage organizations with a shared purpose and seek opportunities to collaborate in order to expand the impact on teen pregnancy and STIs. No one person or organization has a full understanding of the issue of teen pregnancy and STIs or all the resources necessary to achieve optimal health.

The integration of optimal health and systems thinking with an equitable lens will effectively deliver solutions that eliminate health disparities and achieve optimal health for adolescents and prevent teen pregnancy, STIs, and associated risk behaviors, while also increasing protective factors. Utilizing optimal health and the TAG five essentials with a systems thinking approach, projects are expected to:

- (a) Ensure areas of greatest need are targeted in an effort to promote equity in reaching optimal health and preventing teen pregnancy and STIs.
- (b) Utilize a systems thinking approach to identify multiple leverage points to maximize impact on promoting optimal health and preventing teen pregnancy and STIs.
- (c) Replicate with fidelity effective programs and supportive services that are culturally appropriate, age-appropriate, medically accurate, and trauma-informed.
- (d) Apply the power of youth and community voice to ensure the project is of the highest quality and best fit for the community(ies) and population(s) to be served.
- (e) Monitor, evaluate, and improve the project; uses key performance measures to document the project.

- (f) Communicate and disseminate information, successes, lessons learned, and knowledge.

2. **Expectations**

Successful applicants are expected to:

- a. Ensure areas of greatest need are targeted in an effort to promote equity in reaching optimal health and preventing teen pregnancy and STIs.**

The goal of this FOA is to have a significant impact on improving the optimal health of adolescents and reducing rates of teen pregnancy and STIs through saturation of communities with the greatest needs and disparities with effective programs and supportive services utilizing a systems thinking approach. The intent of targeting limited resources to serving communities with the greatest need is to ensure equity and improve health outcomes. Providing equal resources to all is not the answer to reducing the health disparities gap. Instead, the underlying issues and individual needs of underserved and vulnerable populations must be effectively addressed in an effort to support such communities and populations.

Applicants may propose, within a single application, serving a single community, multiple communities, or specific population(s) within a defined community that demonstrate the greatest need for resources. Multiple communities could include communities within the same state, communities across states, etc. The applicant should also describe the target population(s) for the proposed program. The target population for funded projects should be adolescents 19 years of age or under at the time of program entry. OPA is especially interested in projects that will focus on those specific populations inordinately impacted by teen pregnancy and STIs, behavioral risk factors underlying teen pregnancy, or other associated risk factors (e.g., exposure to violence, substance abuse, and mental health). This includes youth with juvenile justice involvement, youth

in the child welfare system/foster care, youth experiencing homelessness, and/or expectant and parenting youth. It is expected that each community and/or population(s) served be defined by clear geographic boundaries. Identifying the geographical boundaries of the community involves a balance between drawing a boundary wide enough to fully understand why the issue of teen pregnancy and STIs persist in creating barriers to optimal health and what multiple leverage points may be most effective to intervene, but narrow enough to make the task of understanding and acting within the community feasible.

In order to ensure equity and improve outcomes within communities and populations with the greatest need, applicants need to understand where the greatest need is, what the specific needs and resources are, who the key stakeholders are, and the relationship between all of these components. In other words, applicants must understand the “system.” For the purposes of this FOA, the factors involved in the problem, relationship among these factors, and the patterns of behavior identified, are considered the “system”. A system may be identified at a regional, state, or local level, and is not restricted to any particular setting (e.g., school, juvenile detention center, clinic).

Applicants are expected to gather data on the community and/or population to be served within the defined geographic area(s) through various means that will ensure they understand the systems within which they will be working to prevent teen pregnancy. There are various resources and tools available to collect all this data. This may include but is not limited to mapping the system to represent system elements and connections, stakeholder analysis, utilization of geographical information systems (GIS), traditional community needs and resource assessment, and concept mapping. At a minimum, applicants are expected to use data at the geographically defined level to:

- Identify the needs of the community related to teen pregnancy, teen births, prevalence of STIs including HIV among youth, sexual risk behaviors, and existing disparities;
- Identify areas of elevated need within the community;
- Provide data on social determinants of health and co-occurring risk behaviors that impact teen pregnancy, STIs, and sexual risk taking; and
- Describe resources currently available in the community to prevent teen pregnancy. Prove the community wants a solution to promote optimal health for all adolescents (including preventing teen pregnancy and STIs) and believes that these issues (teen pregnancy and STIs) are a priority for their community (i.e., demonstrated demand).

Note that the information collected through assessments is critical for applications, however, such assessments are expected to occur on a frequent basis throughout the life of the project and not be limited to this one occurrence.

b. Utilize a systems thinking approach to identify multiple leverage points to maximize impact on promoting optimal health and preventing teen pregnancy and STIs.

Applicants are expected to use the data they've gathered to demonstrate an understanding of the system within which a community or specific population exists (see Expectation #1) to identify multiple leverage points that can be addressed to saturate communities with effective programs and supportive services focused at changing individual attitudes, efficacy, and behaviors, as well as community-level knowledge and attitudes, especially as it pertains to promoting the optimal health of adolescents. Leverage points are those places where we can apply pressure to move the drive for change forward²⁵ or reduce the barriers to change. Examples of leverage points include organizational policies and procedures, coordination among multiple partners working in a community, programming for youth, programming for parents and caregivers, training for youth-serving professionals, coordination and referral to support services, etc. The multiple leverage points selected should have the potential to have a significant impact on improving optimal health and preventing teen pregnancy and STIs in the systems, communities, and populations served.

For each leverage point identified, applicants are expected to identify effective programs and services that clearly align with the results of the assessments completed within the community and/or population(s) to be served. Programs and services should not solely focus on risk factors but also on protective factors by integrating, to the best extent possible, the TAG five essentials for adolescent health: (1) Positive connections with supportive people; (2) Safe and secure places to live, learn, work and play; (3) Access to high quality and teen friendly health care; (4) Opportunities to engage as learners, leaders, team members, and workers; and (5) Coordinated adolescent and family centered services.

c. Replicate with fidelity effective programs and supportive services that are culturally appropriate, age appropriate, medically accurate, and trauma-informed.

Recipients will be expected to saturate each community and/or population(s) served by replicating effective programs and services that support effective programs. In order to have the largest impact possible, recipients are expected to saturate their communities by replicating effective programs with as many youth and families as possible. OPA expects that, at a minimum, recipients will replicate effective programs with at least 25% of the adolescents within the defined geographic area(s) and/or population(s) within the defined geographic area on an annual basis. For the purposes of this FOA, saturation is the percentage of participants from the community and/or population who receive effective programs relative to the number of those from the community and/or population who could have received programs. Saturation requires geographical boundaries in order to determine the accurate number of youth within the community who are eligible to receive effective programs (see more on defining geographical boundaries in Section B.2.a).

1) Replication of Effective Programs

Programs to be replicated are those that have been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors. Recipients are expected to apply information gained from implementation research and science to ensure replication of effective programs are of the highest quality and implemented with fidelity. This includes ensuring that staff and partners involved in the overall project are trained, not only on the effective program, but also on the skills and competencies needed to ensure the program is replicated with quality and fidelity (see more on training and professional development under Project Management). Slight modifications or adaptations may be made to the effective program if such changes are aimed at improving the fit and relevancy of the program to the community and population served and do not compromise fidelity integrity (i.e., compromise the underlying elements/components of the program). To ensure quality implementation, it is expected that all staff, including sub-awardees and partner staff, be well trained and prepared to successfully fulfill their roles and responsibilities. Recipients should assess the professional development needs of staff on a regular basis and use the results to develop a plan for providing ongoing professional development.

For purposes of this FOA, rigorous evaluation results come from robust evaluation designs, particularly experiments or quasi-experiments (*see Appendix B – Selected Glossary of Terms and Definitions for more information about evaluation design*).

(a) Experiments

Experimental design studies using random control trials (RCTs) assign program participants to two distinct groups (at random): the treatment group, which receives program services, and the control group, which does not. The control group is called the “counterfactual,” representing the

condition in which the program or intervention is absent. Random assignment ensures that the treatment and control groups are initially similar and do not differ on background characteristics or other factors. Random assignment, thus, creates an evaluation design where any observed differences between the two groups after the program intervention takes place can be attributed to the intervention with a high degree of confidence.

(b) Random Assignment

A process that uses randomly generated numbers or other approaches to assign study units to groups in ways that are unaffected by the characteristics of the study units. With random assignment, any differences between the groups at pre-test can be attributed only to chance. The use, or lack of use, of this process differentiates experimental designs from non-experimental designs.

(c) Quasi-Experiments

A design that forms a counterfactual group by means other than random assignment. This approach is used for conducting impact evaluations where observed changes in the treatment group are compared with a comparison group (as a counterfactual representing an absence of intervention) to assess and estimate the impact of the program on participants. However groups formed in these designs typically differ for reasons other than chance, and these differences may influence the impact estimate. There are different types of approaches used in quasi-experimental designs such as those using Propensity Score Matching (PSM), Regression Discontinuity, Interrupted Time Series (ITS) and others.

When selecting program(s) for replication under this FOA, the following criteria must be met:

- The program model has been proven effective through a rigorous experimental or quasi-experimental evaluation study to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or associated risks;
- Rigorous evaluation of the program model demonstrates at least one statistically significant positive outcome on a relevant behavioral outcome, and no statistically significant negative outcomes, from a study (or studies) that meets the definition of rigorous evaluation;
- The research has been published in a peer reviewed medium such as an academic journal, published Federal Government report, published evidence review clearinghouse, or a National Institutes of Medicine report;
- The research was conducted by an independent evaluator who was/is neither part of the publishing team, nor an author of the curriculum; and
- The research is no older than twenty (20) years.

While selecting programs is important, it is assumed that recipients will use the first several months at the start of the project as a planning period to revisit the community assessments and engage in piloting to ensure that all programs proposed for replication are the best fit to address the needs and demand identified, the implementation setting, the capacity of the implementing organization, and the intended outcomes. The duration of the planning period is contingent upon each recipient's demonstrated readiness, but will not exceed six months. It is assumed that work is already underway with the submission of this application and therefore the planning period is the time in which recipients are checking the assumptions made in the application, refining their plan for the project, and getting ready for implementation.

2) Supportive Services

Recipients are expected to engage partners to provide a network of cohesive services that support the needs of adolescents, parents/caregivers, and the community in order to achieve optimal health and prevent teen pregnancy and STIs. The optimal health model provides a holistic focus with the aim of attaining the best possible health outcomes by promoting healthier behaviors

and not merely the absence of disease. This cannot be accomplished through effective programs alone nor should it be addressed in a silo. A systems thinking approach, by nature, cannot be completed without collaboration and representation from the system that is intended to change.

Recipients are to identify an active network of partners with whom to collaborate to offer coordinated, multi-modal, youth-friendly and trauma-informed services to address the multiple leverage points identified in Section B.2.b. Such services should support the needs of adolescents, parents/caregivers, and the community while also complementing the implementation of effective programs. Services should balance the need to address risk factors while also building on protective factors in an effort to foster resiliency and support adolescents, their parents/caregivers, and the community to reach optimal health.

Identified partners for this approach should be reflective of the stakeholders in the system, representing various sectors and disciplines influencing teen pregnancy and STIs. This should include, but is not limited to, healthcare professionals who can provide high-quality, youth-friendly healthcare services for youth participants and their parents/caregivers. Partnerships should be based on a relationship built on trust and respect in which all involved are ultimately committed to meeting youth and the community where they are and providing services that are culturally appropriate, age appropriate, medically accurate and trauma-informed to ensure youth and the community reach optimal health. This also requires partners to be very clear about their roles and responsibilities as well as the level of collaboration required.

For partnerships that already exist, the application may include a signed Memorandum of Understanding (MOU) or Letter of Agreement (LOA) 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. Signed MOUs will be required prior to any award that might be made based on the application.

3) Culturally Appropriate, Age-Appropriate, Medically Accurate, and Trauma-informed

All materials used in the funded project and in the replication of effective program(s), are required to be age appropriate and medically accurate, and are expected to be culturally appropriate and trauma-informed.

- (a) **Culturally appropriate** assures that materials and language used is respectful of and responsive to the cultural and linguistic needs of the population being served.
- (b) **Age appropriateness** assures that topics and themes are appropriate for the age group and other specific characteristics of the target audience. Age appropriate means it will be appropriate for the general developmental and social maturity of the targeted age group. The ability to cognitively understand a concept is not evidence that the concept is age appropriate.
- (c) **Medical accuracy** assures that statements neither understate nor overstate the facts and/or best medical evidence. For purposes of this announcement, the term “medically accurate” means the information will be referenced to peer reviewed publications by educational, scientific, governmental, or health organizations.
- (d) **A trauma-informed approach** refers to how a program, agency, organization, or community thinks about and responds to those who have experienced or may be at risk for experiencing trauma. Traumatic events come in many forms, from unpreventable natural disasters, motor vehicle crashes, and loss of loved ones, to more preventable child maltreatment and neglect or community violence that affect

not only the individual, but also the family, community, and general society: *We are all affected by trauma.*²⁶ Given the presence of trauma in the lives of many youth, a trauma-informed approach to providing services is critical. A trauma-informed approach includes: (1) Realizing the widespread impact of trauma and potential paths for recovery; (2) Recognizing the signs and symptoms of trauma in youth, families, staff, and others; (3) Responding by fully integrating knowledge about trauma into policies, procedures, and practices; and (4) Seeking to actively resist re-traumatization.²⁷ In this approach, all components of the organization incorporate a thorough understanding of the prevalence and impact of trauma, the role that trauma plays, and the complex and varied paths in which people recover and heal from trauma.

Recipients are expected to conduct their own review of all materials as well as implementation practices and services related to the project to ensure they are culturally appropriate, age appropriate, medically accurate, and trauma-informed. Recipients will certify that all *materials* have been reviewed prior to use. OPA may review for medical accuracy, if deemed necessary. Any necessary modifications should be made by the recipient to ensure materials are culturally appropriate, age appropriate, medically accurate, and trauma-informed. Recipients are also expected to work with their partners and take the appropriate measures needed to ensure services are culturally appropriate, age appropriate, medically accurate, and trauma-informed. OPA expects recipients to continuously assess materials, implementation, and services related to the project to ensure they remain culturally appropriate, age appropriate, medically accurate, and trauma-informed.

d. Apply the power of youth and community voice to ensure the project is of the highest quality and best fit for the community(ies) and population(s) to be served.

Recipients are expected to engage youth, parents/caregivers, and the community in the planning, implementation and evaluation of the project to ensure effective programs and supportive services are of the highest quality and best fit for the community(ies) and population(s) to be served. Meaningful and authentic youth engagement can be time consuming as it requires preparation, dedicated resources, support, and opportunity. An important component of youth engagement is creating equitable opportunities for youth to express themselves, voice their ideas, and provide input for projects or programs. It is critical for youth to be heard.²⁸ Equitable engagement of youth means that youth of all backgrounds and lived experiences, particularly those who are the most vulnerable, have opportunities to participate, be empowered, and have their voices heard in decisions that affect their lives.

It is important that any youth engagement strategy carefully think through how to ensure engagement strategies include youth who are often marginalized or disconnected. Adults who work with the youth should understand contextual factors and barriers that may inhibit full participation, which would enhance their ability to engage them.

It's also important to engage those individuals with a meaningful and significant role in youths' lives; this includes parents/caregivers and community stakeholders, in order to create an environment in which youth may achieve optimal health. Research also shows that, overall, public health interventions using community engagement strategies for disadvantaged groups are effective in terms of health behaviors, health consequences, health behavior self-efficacy, and perceived social support. As the goal of optimal health is to create a healthier system (i.e., a

community in which youth are supported in their efforts to reduce and ideally avoid risk), then engagement of family/caregivers and the community must be a central tenet of the project.

Engagement strategies for parents/caregivers should demonstrate a commitment to reaching out to engage parents/caregivers in meaningful ways in order to support parents/caregivers role in their children's and adolescents' healthy decision-making. It should reinforce adolescents' health and learning in multiple settings—at home, in school, in out-of-school programs, and in the community.²⁹ Strategies for engaging the community should reflect a process by which organizations and individuals build a long term relationship with a collective vision for the benefit of the community.³⁰

e. Monitor, evaluate, and improve the project; and use key performance measures to document the project.

Recipients are expected to have a Monitoring, Evaluation, and Improvement Plan for the project. The plan should reflect how the recipient will continuously monitor, evaluate, and improve the project and include a learning agenda for the overall project. The plan should be flexible and adaptable to ensure the most critical programmatic questions are addressed as the need arises. For this FOA, the purpose of monitoring and evaluation is to focus on implementation evaluation and ensuring the quality of all aspects of the project. A learning agenda may include outcomes related to the quality of implementation, fidelity of implementation, participant engagement and satisfaction, assessing if the project or program is meeting the needs of the community, etc.

Recipients will also be required to include fidelity as part of their Monitoring, Evaluation, and Improvement 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 and 100% of all program facilitators, 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. Recipients should also establish procedures to maintain improvements and assure quality. It is expected that the recipient will document and monitor the project overall, using performance measures and other relevant data to track progress.

The Monitoring, Evaluation, and Improvement Plan should reflect a team approach in which an evaluator or evaluation staff is/are an integral member along with staff reflecting implementation of programs and services; such a partnership is critical to the success of the plan and project overall. Implementation and evaluation staff are expected to work together to decide the questions to ask, determine the data to collect, and translate the findings to improve the project. All recipients are expected to collect a common set of performance measures to assess project implementation, make improvements, and learn. Furthermore, recipients will be expected to collect data to monitor ongoing implementation, and to use the data to make continuous quality improvements to the project to ensure that high-quality programming and high-levels of participant engagement are maintained. Recipients must collect all performance measures and report to OPA on a semi-annual basis. Final performance measures will be provided to recipients during the first six months of funding and may include measures on reach, dosage (i.e., “how much” of the program a participant received), implementation quality, sustainability, partnerships, trainings, and dissemination.

Recipients should review relevant state laws, organizational policies, and other administrative procedures of their sites or partner organizations to ensure the feasibility of data collection. Recipients should obtain any necessary permissions to collect required data. The applicant is expected to navigate and receive IRB approval, if needed. Further, as a condition of the award, all successful recipients will be required to participate in any OPA-directed Federal

evaluation, if selected, and if funding for such an evaluation becomes available. Any costs associated with evaluation data collection for the Federal evaluation will be paid for by the Federal evaluation contractor.

f. Communicate and disseminate information, successes, lessons learned, and knowledge.

Communication and dissemination of information is vitally important to maintaining relationships with partners as well as with the community. Stakeholders (including youth, parents/caregivers, and the community) and partners should be informed on the progress made in the project and in tackling the issue of optimal health, teen pregnancy, and STIs. To ensure projects have the greatest impact, a strategic dissemination and communications plan is needed. Such plans should communicate the issue of teen pregnancy and STIs within the community to educate and gain buy-in and disseminate information about the project and organizations involved to establish legitimacy and increase access to services and resources. Messages created through this plan are meant to: (1) raise awareness of optimal health and the issue of teen pregnancy and STIs; (2) inspire change; and (3) inform youth, parents/caregivers and the community about the services/interventions available.

3. Award Type

Awards will be in the form of a cooperative agreement with the recipient. Cooperative agreements are a form of assistance that allows for substantial involvement between OPA and the recipient during the project period. In addition to the usual monitoring and technical assistance provided under the cooperative agreement (e.g., assistance from assigned Federal project officer, frequent monitoring calls, site visits, ongoing review of plans and progress, participation in

relevant meetings, provision of training and technical assistance). OPA substantial programmatic involvement may include:

- (a) Prior approval for change of time that Key Personnel are dedicated to the project and for replacement of Key Personnel. Key Personnel includes any position that is responsible for the day-to-day management and oversight of the project, as well as the lead evaluator for the project and those assisting the awardee to establish, review, and update priorities for activities conducted under the auspices of this cooperative agreement.
- (b) Consulting with the awardee throughout the preparation and dissemination of materials related to the award.
- (c) Review of recipient progress during the planning period and approval to move forward with full implementation.
- (d) Review and approval of programs selected for replication, implementation plans prior to replication, and proposed adaptations to effective programs.
- (e) Ensuring review of all program materials prior to use in the project to ensure the materials are medically-accurate, age appropriate, culturally appropriate, and trauma-informed.
- (f) Review and approval of Monitoring, Evaluation, and Improvement Plan; specifically as it relates to evaluation.

C. AUTHORITY

Division A, Title II of the Further Consolidated Appropriations Act, 2020 (Public Law No. 116-94).

D. FEDERAL AWARD INFORMATION

The Office of Population Affairs intends to make funds available for competing cooperative agreements.

We will fund awards in annual increments (budget periods) and generally for a project period up to 3 years, although we may approve shorter project periods. Budget periods may also vary from the estimate indicated below due to timing of award issuance or other administrative factors. Funding for all approved budget periods beyond the first is generally level with the initial award amount and is contingent upon the availability of funds, satisfactory progress of the project, and adequate stewardship of Federal funds.

Award Information

Estimated Federal Funds Available: \$54,750,000

Anticipated Number of Awards: 54-65

Award Ceiling (Federal Funds including indirect costs): \$1.5 million per budget period

Award Floor (Federal Funds including indirect costs): \$500,000 per budget period

Anticipated Start Date: July 1, 2020

Estimated Period of Performance: Not to exceed 3 years

Anticipated Initial Budget Period Length: 12 months

Type of Award: Cooperative Agreement. Agency substantial involvement outlined above in Program Description.

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

E. ELIGIBILITY INFORMATION

1. Eligible Applicants.

Any public or private entity, including faith-based, community-based, and Indian Tribes or Tribal organizations are eligible to apply

2. Cost Sharing or Matching

You are not required to provide cost sharing or matching in your proposed budget.

3. Other Eligibility Information

None

4. **Application Disqualification Criteria**

If you successfully submit an application, we will screen it to ensure it meets the below requirements. If we determine your application fails to meet the criteria described below we will disqualify it, that is, we will **not** review it and will give it **no** further consideration.

- (a) You must submit your application electronically via www.grants.gov (unless an exemption was granted 2 business days prior to the deadline) by the date and time indicated in the DATES section (A.1) of this announcement.
- (b) If you successfully submit multiple applications from the same organization for the same project, we will only review the last application received by the deadline.
- (c) HHS/OASH/OGM deems your application eligible according to section E.1 Eligible Applicants.
- (d) You must complete the required forms in the application package: SF-424, SF-424A, SF-424B, SF-LLL, and Project Abstract Summary.
- (e) Your Project Narrative section of the application must be double-spaced, on the equivalent of 8 ½" x 11" inch page size, with 1" margins on all sides (top, bottom, left and right) and font size not less than 12 points.
- (f) Your Project Narrative must not exceed 50 pages. NOTE: The following items do not count toward the Project Narrative page limit: all required forms, including SF-424, SF-424A, SF-424B, SF-LLL, Project Abstract Summary, and Budget Narrative (including budget tables).
- (g) Your total application, including the Project Narrative plus Appendices, must not exceed 100 pages. NOTE: items listed in "(f)" immediately above do not count toward total page limit.

- (h) Your Federal funds request including indirect costs must not exceed the maximum indicated in Award Ceiling.
- (i) Your Federal funds request including indirect costs must not be below the minimum indicated in Award Floor.
- (j) Your application must meet the Application Responsiveness Criteria outlined above.

F. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package

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

Office of Grants Management

Phone: 240-453-8822

Email: ogm.oash@hhs.gov

2. Content and Form of Application Submission

a. Application Format

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

The Project Narrative, and total application including appendices, must adhere to the page limit indicated in Application Disqualification Criteria listed in Section C. The page limit does not include the Budget Narrative (including budget tables), required forms, assurances, and certifications as described in the Application Disqualification Criteria. Please do not number pages

or include a table of contents. Our grants management system will generate page numbers once your application is complete. If your application exceeds the specified page limits for the Project Narrative or Project Narrative plus Appendices when printed on 8.5” X 11” paper by HHS/OASH/OGM, we will not review it. We recommend you print out your application before submitting electronically to ensure that it is within the page limits and is easy to read.

You must double-space the Project Narrative pages.

You should use an easily readable typeface, such as Times New Roman or Arial. You *must* use 12-point font. You may single-space tables or use alternate fonts but you must ensure the tables are easy to read.

b. Appendices Format

Your Appendices should include any specific documents outlined in Section D.2.iii., under the heading “Appendices” in the Application Content section of this funding opportunity announcement. Your documents should be easy to read. You should use the same formatting specified for the Project Narrative. However, documents such as résumés/CVs, organizational charts, tables, or letters of commitment may use formatting common to those documents, but the pages must be easy to read. All of your appendices must be uploaded as a single, consolidated file in the Attachments section of your Grants.gov application.

c. Project Abstract Summary Format

You must complete the Project Abstract Summary form provided in the application package. The abstract will be used to provide reviewers with an overview of the application and will form the basis for the application summary in grants management and program summary documents. If your project is funded, HHS may publish information from your form; therefore, do not include sensitive or proprietary information.

d. Budget Narrative Format

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

3. Application Content

Successful applications will contain the following information:

a. Project Narrative Content

The Project Narrative is the most important part of the application, since it will be used as the primary basis to determine whether your project meets the minimum requirements for an award under this announcement. The Project Narrative should provide a clear and concise description of your project. HHS/OASH recommends that your project narrative include the following components and address the following questions within each of the specific components: 1) Serving Communities and/or Populations with Greatest Need; 2) Use of Systems Thinking Approach to Maximize Impact; 3) Technical Approach; 4) Capacity and Project Management; 5) Collaboration; and 6) Work plan and Budget.

1) Serving Communities and/or Populations with Greatest Need

- (a) How are you ensuring that you are targeting communities and/or specific populations in an effort to promote equity in reaching optimal health for those inordinately impacted by teen pregnancy, STIs, behavioral risk factors underlying teenage pregnancy, or other associated risk factors? Describe the community or communities that will be served and/or the specific population(s) to be targeted. For

each community/population served, the applicant should clearly describe the geographic boundaries used and the needs of the community and population.

- (b) What assessments and data have been gathered for the defined community(ies) and/or population(s) to be served? Who was involved in conducting the assessments and/or providing the data? Using the assessments and the data gathered, describe:
 - (i) The needs of the community related to teen pregnancy, teen births, prevalence of STIs including HIV among youth, sexual risk behaviors, and existing disparities.
 - (ii) Areas of elevated need within the community.
 - (iii) The social determinants of health and co-occurring risk behaviors that impact teen pregnancy, STIs, and sexual risk taking.
 - (iv) The resources currently available in the community to prevent teen pregnancy, STIs, sexual risk taking, and promote healthy adolescent development.
 - (v) The extent to which the community wants a solution to promote optimal health for all adolescents (including preventing teen pregnancy and STIs) and believes that these issues (teen pregnancy and STIs) are a priority for their community (i.e. demonstrated demand).
- 2) Use of Systems Thinking Approach to Maximize Impact
- (a) How are you ensuring that you understand the “big picture” within which the issues of teen pregnancy and STIs exist and serves as a barrier to achieving optimal health?

- (b) How will you utilize a systems thinking approach to meet the needs of the community(ies) and population(s)? What are the multiple leverage points within the “system” that will be addressed? How do these leverage points align with assessments conducted on the community(ies) and/or population(s) the applicant intends to serve.
- (c) How will you ensure that multiple leverage points in the “system” identified will yield the greatest impact on promoting optimal health and preventing teen pregnancy and STIs? Include a framework or model that will illustrate the system(s), the multiple leverage points within the system, specific inputs and activities to be implemented, intended outputs, and short- and long-term outcomes of the overall project (e.g., logic model, systems model).
- (d) How is your approach innovative in changing the boundaries within which this problem is being addressed and opening up new opportunities to drive change within the defined area?

3) Technical Approach

Describe in detail how your project will meet the purpose and expectations of this FOA, specifically addressing how you will:

- (a) Replicate with fidelity effective programs and supportive services that are culturally appropriate, age appropriate, medically accurate, and trauma-informed.
 - (i) For each effective program proposed for replication, provide a summary confirming that at least one research study of the program meets the criteria outlined in Section B.2 of the FOA for rigorous evaluation. The study

citation and abstract for each study are included in the application and confirm the applicant's summary.

- (ii) Describe the number of youth and parents/caregivers that will be reached through this project; separating how many will be served through replication of effective program(s) and supportive services offered. Provide specific details on how the estimates were obtained, including the total number of the youth and parents/caregivers in community and the percentage of youth and parents/caregivers available who will be served with each specific effective program in each program implementation setting.
 - (iii) How will your approach result in at least 25% of the defined geographic area(s) and/or population(s) receiving culturally appropriate, age appropriate, medically accurate, and trauma-informed **effective programs** on an annual basis?
- (b) Describe how and where effective program(s) will be replicated and the extent to which multiple leverage points within the system are being utilized to replicate with fidelity effective programs with the greatest impact on optimal health, teen pregnancy and STIs.
- (c) How do you know that the proposed program(s) align with the results of the assessments completed in the community and are a good fit for the community and population served?
- (d) Describe specific strategies that will be used to recruit and retain youth and parents/caregivers to participate in effective programs and supportive services and the rationale for why the strategies are expected to be successful.

- (e) Describe the network of services provided to support and complement the replication of effective programs in order to achieve optimal health and prevent teen pregnancy and STIs.
- (f) Describe how you will identify or have identified an active network of partners and community stakeholders with whom to collaborate to offer coordinated, multi-modal, youth-friendly and trauma-informed services.
- (g) For all partners identified, when possible, you may include MOUs or LOAs documenting the partners' roles and responsibilities, commitment, capacity, and readiness to support the project. For partnerships that will be newly established or for those where it is not possible to obtain a signed MOU or LOA by the time you submit the application, describe what other partners are needed and why; the roles, responsibilities, and expectations of each partner; how each partner will be recruited into the project, and how the partnership will be developed and maintained over the course of the project.
- (h) Describe how your project is youth and community-centered. How will you ensure engagement of youth and parents/caregivers is done in a meaningful and authentic manner, is reflective of the community(ies) and/or population(s) to be served, and includes youth and parents/caregivers of all backgrounds? How will your approach involve youth and parents/caregivers in the planning, implementation, and evaluation of the overall project?
- (i) Describe your Monitoring, Evaluation, and Improvement Plan for the project. Describe the data you will collect and use to ensure programs and services are of the highest quality and that activities are meeting their intended outcomes. Describe

how you will collect your data, including performance measure data, and how you will overcome any potential obstacles to data collection. Describe how you will use the data collected for continuous monitoring and improvement of the project?

- (j) Describe how you will communicate and disseminate information, successes, and lessons learned about the project. How will your communication and dissemination strategy raise awareness of optimal health and the issue of teen pregnancy and STIs, and inform youth and parents/caregivers about the programs and services available?
- 4) Capacity and Project Management
- (a) To what extent is the organization seen as a leader within the community(ies) on:
 - (i) Promoting optimal health for adolescents and preventing teen pregnancy and STIs?
 - (ii) Meaningfully and authentically engaging youth, parents/caregivers, and the community?
 - (b) To what extent does this project align with the organization's mission and the capacity of the organization's leadership to support implementation of the project?
 - (i) What is the organization's mission and vision and how does it align with the goals and activities of the proposed project, especially in terms of target population and long-term outcomes?
 - (ii) How does the organization's leadership demonstrate a commitment to the goal of preventing teen pregnancy and STIs?
 - (iii) How does the organization encourage a culture of inclusivity to include input from staff, youth, parents/caregivers, and community members when developing strategies and programs?

- (c) What is your organizational infrastructure and how is it able to support and manage a program of this size and scope within the existing infrastructure? How will you manage, implement, and monitor the overall project? How will you manage and monitor partners? How will you manage challenges associated with changing needs and growth?
- (d) How do you and your partners have the collective experience and expertise needed to successfully accomplish the goals and objectives of the project?
- (e) Describe the roles and responsibilities of the project team and how they will contribute to achieving the program's objectives and outcomes. What experience and expertise do proposed staff have, especially as it pertains to replicating effective programs with fidelity, coordinating systems level implementation efforts in communities, managing and fostering relationships with partners, providing training and technical assistance, collecting and using data to monitor and improve a project?
- (f) The application should include resumes or CVs for proposed staff already employed by the organization and position descriptions for all open positions that will need to be filled if funds are awarded (in the Appendix). The applicant should describe its process and timeline for recruiting and hiring staff.
- (g) How will you ensure that all staff responsible for implementing the project, including partner staff, are well trained and prepared to successfully fulfill their roles and responsibilities?

5) Collaboration

- (a) What experience do you have with establishing partnerships and leveraging existing systems and networks to implement and provide services that support replication of effective programs? Provide examples of the types of partners that have been engaged in the past and the outcomes of those partnerships.
- (b) What relationships and partnerships are needed to support this project? What partnerships already exist and to what extent are the partners reflective of the stakeholders in the system, including representing various sectors and disciplines influencing optimal health, teen pregnancy, and STIs? What new partnerships need to be established and what will the process be to do so? How will relationships with partners be fostered and maintained?
- (c) What are the roles and responsibilities of partners responsible for implementing effective programs and/or supportive services in the community(ies) and/or among the population(s)? Specifically, what is:
 - (i) The partner's experience replicating effective programs and/or supportive services in the community and/or population.
 - (ii) The partner's experience with fidelity monitoring and data collection.
 - (iii) The partner's commitment to the project.

6) Work Plan (as an appendix)

The applicant should submit a detailed work plan (as an appendix) for the three-year project period that shows how the project will meet the expectations as outlined in Section B.2 of the FOA. The work plan should include goals, SMART objectives (specific, measurable, achievable, realistic, and time-framed), and activities to accomplish each objective. The work plan should also

identify, for each activity, the person(s) responsible, timeline for completing activities, and measures of success (see example work plan template in **Appendix D**). The work plan should align with the budget.

b. Budget Narrative Content

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

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

Please be sure to carefully review section F.7 Funding Restrictions for specific information regarding allowable, unallowable, and restricted costs.

You must provide an object class category budget using Section B, box 6 of the SF 424A for the first year of the proposed project. Provide a budget justification, which includes explanatory text and line-item detail, for the first year of the proposed project. The budget narrative should describe how the categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs.

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

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

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

Sample Budget Table

Object Class	Federal Funds Requested	Non-federal Resources	Total Budget
Personnel	\$100,000	\$25,000	\$125,000

Note: Subrecipient/contract and consultant detailed costs should all be included in those specific line items, not in the overall project object class line items, i.e., subrecipient travel should be included in the Contractual line item, not in Travel.

1) Object Class Descriptions and Required Justifications

(a) Personnel Description

Costs of staff salaries and wages, excluding benefits.

(b) Personnel Justification

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

Sample Personnel Table

Position Title and Full Name	Percent Time	Annual Salary	Federally-funded Salary	Non-federal Salary	Total Project Salary
Project Director, John K. Doe	50%	\$100,000	\$50,000	\$0	\$50,000
Data Assistant, Susan R. Smith	10%	\$30,000		\$3,000	\$3,000

(c) Fringe Benefits Description

Costs of employee fringe benefits unless treated as part of an approved indirect cost rate.

(d) Fringe Benefits Justification:

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

(e) Travel Description

Costs of travel by staff of the applicant organization only.

(f) Travel Justification

For each trip proposed for applicant organization staff only, show the date of the proposed travel, total number of traveler(s); travel destination; duration of trip; per diem; mileage allowances, if privately owned vehicles will be used; and other transportation costs and subsistence allowances. **Do not** include travel costs for subrecipients or contractors.

(g) Equipment Description

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement

purposes, or \$5,000. (Note: Acquisition cost means the cost of the asset including the cost to ready the asset for its intended use. Acquisition cost for equipment, for example, means the net invoice price of the equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Acquisition costs for software includes those development costs capitalized in accordance with generally accepted accounting principles (GAAP). Ancillary charges, such as taxes, duty, protective in transit insurance, freight, and installation may be included in or excluded from the acquisition cost in accordance with the non-Federal entity's regular accounting practices.) See 45 C.F.R. § 75.2 for additional information.

(h) Equipment Justification

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

(i) Supplies Description

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

(j) Supplies Justification

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

(k) Contractual Description

Costs of all contracts or subawards for services and goods except for those that belong under other categories such as equipment, supplies, construction, etc. Include third-party evaluation contracts, if applicable, and contracts or subawards with subrecipient organizations (with budget detail), including delegate agencies and specific project(s) and/or businesses to be financed by the applicant. This line item is not for individual consultants.

(l) Contractual Justification

Demonstrate that all procurement transactions will be conducted in a manner to provide, to the maximum extent practical, open, and free competition. Recipients and subrecipients are required to use 45 CFR § 75.329 procedures and must justify any anticipated procurement action that is expected to be awarded without competition and exceeds the simplified acquisition threshold fixed by 41 U.S.C. § 134, currently set at \$250,000. Recipients may be required to make pre-award review and procurement documents, such as requests for proposals or invitations for bids, independent cost estimates, etc., available to HHS/OASH.

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

(m) Other Description

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

(n) Other Justification

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

(o) Indirect Costs Description

Total amount of indirect costs. This category has one of two methods that you may select. You may only select one.

- Your organization currently has an indirect cost rate approved by the Department of Health and Human Services (HHS) or another cognizant federal agency. You should enclose a copy of the current approved rate agreement in your Budget Narrative file. If you request a rate that is less than allowed, your authorized representative must submit a signed acknowledgement that the organization is accepting a lower rate than allowed.
- Per 45 CFR § 75.414(f) Indirect (F&A) costs, “any non-Federal entity [i.e., applicant] that has never received a negotiated indirect cost rate, ... may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. As described in § 75.403, costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate for a rate, which the non-Federal entity may apply to do at any time.” This method only applies if you have never received an approved negotiated indirect cost rate from HHS or another cognizant federal agency. If you are waiting for approval of an indirect cost rate, you may

request the 10% de minimis rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs to the award.

(p) Indirect Costs Justification

Provide the calculation for your indirect costs total, i.e., show each line item included in the base, the total of these lines, and the application of the indirect rate. If you have multiple approved rates, indicate which rate as described in your approved agreement is being applied and why that rate is being used. For example, if you have both on-campus and off-campus rates, identify which is being used and why.

(q) Program Income Description

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

(r) Program Income Justification

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

(s) Non-Federal Resources Description

Amounts of non-federal resources that will be used to support the project as identified in box 18 of the SF-424. For all federal awards, any shared costs or matching funds and all contributions, including cash and third-party in-kind contributions, must be accepted as part of the recipient's cost sharing or matching when such contributions meet all of the criteria listed in 45 CFR § 75.306. See Section E.2 (page 26) for applicability.

- For awards that require matching by statute, you will be held accountable for projected commitments of non-federal resources in your application budgets and budget justifications by budget period or by project period for fully-funded awards, even if the justification by budget period, or by project period for fully-funded awards, exceeds the amount required. Your failure to provide the required matching amount may result in the disallowance of federal funds. If you are funded, you will be required to report these funds on your Federal Financial Reports.
- For awards that do not require matching or cost sharing by statute or regulation, where “cost sharing” refers to costs of a project in addition to Federal funds requested that you voluntarily propose in your budget, if your application is successful, we will include this non-federal cost sharing in the approved project budget and you will be held accountable for the non-federal cost-sharing funds as shown in the Notice of Award (NOA).

Your failure to provide voluntary cost sharing of non-federal resources that have been accepted by HHS/OASH as part of the approved project costs and that are shown as part of the approved project budget in the NOA may result in the disallowance of federal funds. If you are funded, you will be required to report these funds on your Federal Financial Reports. Note, you will not receive any preference, priority, or special consideration in the funding process for voluntarily including non-Federal cost sharing in your proposed budget.

(t) Non-federal Resources Justification

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

You must fully identify and document in your application the specific costs or contributions you propose in order to meet a matching requirement. You must provide documentation in your application on the sources of funding or contribution(s). In-kind contributions must be accompanied by a justification of how the stated valuation was determined. Matching or cost sharing must be documented by budget period (or by project period for fully-funded awards). If your application does not include the required supporting documentation for a matching requirement, it will not be disqualified from competitive review; however, it may impact your score under the evaluation criteria in Section G.1 of this announcement.

c. Plan for Oversight of Federal Award Funds

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

- 1) how your organization will provide oversight of federal funds and how award activities and partner(s) will adhere to applicable federal award and programmatic regulations. Include identification of risks specific to your project as proposed and how your oversight plan addresses these risks.
- 2) the organizational systems that demonstrate effective control over and accountability for federal funds and program income, compare outlays with budget amounts, and provide accounting records supported by source documentation.
- 3) for any program incentives proposed, the specific internal controls that will be used to ensure only qualified participants will receive them and how they will be tracked.

- 4) organizational controls that will ensure timely and accurate submission of Federal Financial Reports to the OASH Office of Grants Management and Payment Management Services as well as timely and appropriate withdrawal of cash from the Payment Management System.

d. Appendices

All items described in this section will count toward the total page limit of your application. You must submit them as **a single electronic file** uploaded to the Attachments section of your Grants.gov application.

- 1) Work Plan.

The application should include a detailed work plan for the three-year project period that includes goals, SMART objectives (specific, measurable, achievable, realistic, and time-framed), activities and a timeline for the proposed project. Awardees will be given up to six months of the first budget period to engage in a planning period. An example work plan template is included in **Appendix D** or this can be provided in a different format.

- 2) Framework(s) and/or Model(s).

Graphic depiction of the framework or model that will illustrate the systems, the multiple leverage points within the system, specific inputs and activities to be implemented, intended outputs, and short- and long-term outcomes of the overall program (ex. Logic model, Systems Model, etc.)

- 3) Signed Memorandum of Understandings (MOUs).

MOUs may be included, when possible, for all organizations and entities that have been specifically named as a subrecipient or partner to carry out any aspect of the project. MOUs will not be required until prior to award. The signed MOUs should detail the specific role and resources

that will be provided, or activities that will be undertaken, in support of the applicant; demonstrate current commitment from the partners to the project being proposed in the application; and describe the organization's expertise, experience, and access to the selected population(s). MOUs are not the same as letters of support. Letters of support are letters that are general in nature that speak to the writer's belief in the capability of an applicant to accomplish a goal/task. Letters of support also may indicate an intent or interest to work together in the future, but they lack specificity.

4) Letters of Support.

The application may include Letters of Support from key decision makers, youth-serving organizations, and community stakeholders. Letters of support are letters that are general in nature that speak to the writer's belief in the capability of an applicant to accomplish a goal/task and/or demonstrate a demand for the project within the community. Letters of support also may indicate an intent or interest to work together in the future, but they lack specificity.

5) Curriculum Vitae/Resume for Key Project Personnel and Job Descriptions for Positions to be Hired.

You must submit with your application curriculum vitae and/or resumes for Key Personnel who will be responsible for the day-to-day management and oversight of the project, as well as the lead evaluator for the project. Also, include with your application, position descriptions for key personnel positions that will need to be filled if funds are awarded.

6) Citation and Abstract of Supporting Research Studies.

Include with your application, a citation and abstract for all research studies used to provide documentation that the effective programs proposed for replication meet the definition for rigorous evaluation.

7) Organizational Chart.

Include an organizational chart that reflects the management structure for the project and demonstrates where the project resides within the greater organization.

4. **Unique Entity Identifier and System for Award Management (SAM)**

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

You will find instructions on the Grants.Gov web site as part of the organization registration process at <http://www.grants.gov/web/grants/applicants/organization-registration.html>.

Your organization must register online in the System for Award Management (SAM). Grants.gov will reject submissions from applicants with nonexistent or expired SAM Registrations.

If you are registering a new entity or renewing your registration, you must submit a notarized letter formally appointing an Entity Administrator to SAM.GOV For detailed instructions on the content of the letter and process for domestic entities see: https://www.fsd.gov/fsd-gov/answer.do?sysparm_kbid=d2e67885db0d5f00b3257d321f96194b&sysparm_search=kb0013
183

A quick start guide for registrants is available at https://www.sam.gov/sam/transcript/Quick_Guide_for_Grants_Registrations.pdf. You should allow a minimum of five days to complete an initial SAM registration. Allow up to 10 business days after you submit your registration for it to be active in SAM. This timeframe may be longer

if SAM flags the information you provide for manual validation. You will receive an email alerting you when your registration is active.

If your organization is already registered in SAM, you must renew your SAM registration each year. Organizations registered to apply for Federal awards through <http://www.grants.gov> will need to renew their registration in SAM.

You should make sure your SAM registration information is accurate, especially your organization's legal name and physical address including your ZIP+4. Should you successfully compete and receive an award, this information must be included on a Notice of Award. For instructions on updating this information see https://gsafsd.service-now.com/fsd-gov/answer.do?sysparm_kbid=c3d982af6fb8d5006f348d412e3ee47e

It may take 24 hours or more for SAM updates to take effect in Grants.gov, so if you plan to apply for this funding opportunity or think you might apply, you should ensure your organization's registration is active in SAM well before the application deadline and will be active through the competitive review period.

If you are successful and receive an award, you must maintain an active SAM registration with current information at all times during which your organization has an active award or an application or plan under consideration by an HHS agency.

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

- May determine that you are not qualified to receive an award; and
- May use that determination as a basis for making an award to another applicant.

Should you successfully compete and receive an award, all first-tier sub-award recipients must have a DUNS number at the time you, the recipient, make a sub-award.

5. **Submission Dates and Times**

You must submit your application for this funding opportunity by **the date and time indicated in Section A.1 of this announcement**. Your submission time will be determined by the date and time stamp provided by Grants.gov when you **complete** your submission.

If you fail to submit your application by the due date and time, we will not review it, and it will receive no further consideration. You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or with <http://www.grants.gov> . Grants.gov can take up to 48 hours to notify you of a successful or rejected submission. You are better off having a less-than-perfect application successfully submitted and under consideration than no application.

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

6. **Intergovernmental Review**

This program is not subject to the Intergovernmental Review requirements of Executive Order 12372, “Intergovernmental Review of Federal Programs,” as implemented by 45 CFR part 100.

7. **Funding Restrictions**

Direct and Indirect Costs proposed and, if successful, charged to the HHS/OASH award must meet the cost requirements of 45 CFR part 75 “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards,” Subpart E—Cost Principles. These requirements apply to you, the applicant, and any subrecipients. You should thoroughly review these regulations before developing your proposed budget.

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

1) Pre-Award Costs

Pre-award costs (per 45 CFR § 75.458) are those incurred prior to the effective date of the Federal award directly pursuant to the negotiation and in anticipation of the Federal award where such costs are necessary for efficient and timely performance of the scope of work. Such costs are allowable only to the extent that they would have been allowable if incurred after the date of the Federal award and only with the written approval of the HHS awarding agency.

Pre-award costs are not allowed.

2) Salary Rate Limitation:

Each year's appropriations act limits the salary rate that we may award and you may charge to HHS/OASH grants and cooperative agreements. You should not budget award funds to pay the salary of an individual at a rate in excess of Federal Executive Pay Scale Executive Level II. As of January 2020, the Executive Level II salary is \$197,300. This amount reflects an individual's base salary exclusive of fringe benefits and any income that an individual working on the award project may be permitted to earn outside of the duties to the applicant organization. This salary rate limitation also applies to subawards/subcontracts under an HHS/OASH award.

An example of the application of this limitation for an individual devoting 50% of their time to this award is broken down below:

Individual's <i>actual</i> base full time salary: \$350,000	
50% of time devoted to project, i.e. .5 FTE	
Direct salary (\$350,000 x .5)	\$175,000
Fringe (25% of salary)	\$43,750
Total	\$218,750
Amount that may be claimed on the application budget due to the legislative salary rate limitation:	
Individual's base full time salary <i>adjusted</i> to Executive Level II: \$197,300 with	
Direct salary (\$197,300 x .5)	\$98,650
Fringe (25% of salary)	\$24,663
Total amount allowed	\$123,313

Appropriate salary rate limits will apply as required by law.

8. Other Submission Requirements

a. Electronic Submission

HHS/OASH requires that all applications be submitted electronically via the Grants.gov portal unless an exemption has been granted. If you submit an application via any other means of electronic communication, including facsimile or electronic mail, it *will not* be accepted for review unless you receive an exemption as described in the DATES section of this announcement.

You may access the Grants.gov website portal at <http://www.grants.gov>.

Applications, excluding required standard forms, must be submitted as three (3) files (see acceptable file types below). One file must contain the entire Project Narrative, another the

entire Budget Narrative including supporting documentation described in the Budget Narrative content section; and the third file must contain all documents in the Appendices. Any additional files submitted as part of the Grants.gov application will not be accepted for processing and will be excluded from the application during the review process.

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

Any file submitted as part of the Grants.gov application that contains password protection will not be accepted for processing and will be excluded from the application during the review process. We will not contact you for passwords or resubmission of unprotected files. Unprotected information in the application will be forwarded for consideration but password protected portions will not. You should avoid submitting personally identifiable information such as personal contact information on résumés.

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

You must submit your application in a format that can easily be copied and read by reviewers. We do not recommend that you submit scanned copies through Grants.gov unless you confirm the clarity of the documents. Pages cannot be reduced resulting in multiple pages on a single sheet to avoid exceeding the page limitation. If you submit documents that do not conform to these instructions, we will exclude them from your application during the review process.

b. Important Grants.gov Information

You may access the electronic application for this program on <http://www.grants.gov>. You must search the downloadable application page by the Funding Opportunity Number or CFDA number, both of which can be found on page 1 of this funding opportunity announcement.

To ensure successful submission of your application, you should carefully follow the step-by-step instructions provided at <http://www.grants.gov/web/grants/applicants/apply-for-grants.html>. These instructions are kept up-to-date and also provide links to Frequently Asked Questions and other troubleshooting information. **You are responsible for reviewing all Grants.gov submission requirements on the Grants.gov site.**

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

G. APPLICATION REVIEW INFORMATION

1. Criteria

Federal staff and an independent review panel will assess all eligible applications according to the following criteria. Disqualified applications will not be reviewed against these criteria: Serving Communities and/or Populations with Greatest Need (25 points); Use of Systems Thinking Approach to Maximize Impact (15 points); Technical Approach (30 points); Capacity

and Project Management (10 points); Collaboration (10 points); and Work plan and Budget (10 points).

a. Serving Communities and/or Populations with Greatest Need (25 points)

The application will be assessed based on the degree to which it:

- 1) Clearly describes the community or communities that will be served and/or the specific population(s) to be targeted and for each community/population served, clearly defining the geographic boundaries used.
- 2) Demonstrates that the community and populations to be served by the project are in need of the services to be provided and are inordinately impacted by teen pregnancy, STIs, behavioral risk factors underlying teenage pregnancy, or other associated risk factors.
- 3) Demonstrates an understanding of the “big picture” (i.e., system) within which the issue of teen pregnancy and STIs exists and serves as a barrier to achieving optimal health within the community(ies) and/or population(s) to be served; utilized various assessments and data on the defined community(ies) and/or population(s) to be served to understand what the specific needs and resources are, who the key stakeholders are, and the relationship between all of these components.
- 4) Describes a thorough and comprehensive process to understand the need within the community(ies) and/or population(s) including what assessments were conducted, who was involved and engaged in conducting the assessments and/or providing the data, and how such assessments will continue or be refined in the planning period and throughout the project period.

- 5) Demonstrates that the proposed project will enhance and not duplicate existing activities.

b. Use of Systems Thinking Approach to Maximize Impact (15 points)

The application will be assessed based on the degree to which it:

- 1) Utilizes systems thinking approach to meet the needs of the community(ies) and population(s).
- 2) Clearly identifies the *multiple* leverage points within the “system” that will be addressed and the extent to which these leverage points align with assessments conducted on the community(ies) and/or population(s) the applicant intends to serve.
- 3) Proposes an approach that is adaptable and sustainable in changing the way in which this problem is being addressed and opening up new opportunities to drive change within the defined area by addressing both protective and risk factors to yield the greatest impact on optimal health, teen pregnancy, and STIs.

c. Technical Approach (30 points)

The application will be assessed based on the degree to which it:

- 1) Identifies effective programs and services for each leverage point identified that clearly aligns with the results of the assessments completed within the community and/or population(s) to be served and will support the needs of adolescents, parents/caregivers, and the community. For each effective program identified, applicants must provide a summary confirming that at least one research study of the effective program meets the criteria outlined in Section B.2 of the FOA for rigorous evaluation; including a citation and abstract for each study to confirm the applicant’s summary.

- 2) Clearly demonstrates it will replicate effective programs and services, with fidelity and quality, with at least 25% of the adolescents within the defined geographic area(s) and/or population(s), as referenced under “**Serving Communities and/or Populations with Greatest Need**”, on an annual basis (for more information see Section B.2 of the FOA).
- 3) Provides a clear strategy with the support and resources necessary to engage and incorporate input from youth, parents/caregivers, and the community throughout the planning, implementation and evaluation of the project to drive a responsive and transformative project that best meets the needs of the population; and the extent to which the strategy reduces barriers that disproportionately limit the participation of youth who are typically not adequately engaged (e.g., low-income, historically underserved, disconnected, and opportunity youth).
- 4) Clearly describes the Monitoring, Evaluation, and Improvement Plan for the project and how the plan allows for a team approach (program staff with evaluation staff) to collect and utilize data (including performance measures) to ensure programs and services are of the highest quality and that activities are meeting their intended outcomes.

d. Capacity and Project Management (10 points)

The application will be assessed based on the degree to which it:

- 1) Demonstrates ability, capacity and expertise in overseeing funding and a project of this scope and size to include judiciously and efficiently managing financial resources, monitoring and managing partners/subrecipients, as well as effectively managing and supporting staff performance.

- 2) Demonstrates capacity, potential, and expertise to execute the approach and meet the demands of the project with strong relationships and buy-in from stakeholders.
- 3) Demonstrates project management expertise through clear descriptions of roles, management strategies for the project, and a logical organizational structure.
- 4) Commits to adaptability, innovation, sustainability, equity, and the engagement of youth, parents/caregivers and the community; demonstrating that the proposed project clearly fits within the mission and vision of their organization(s).

e. Collaboration (10 points)

- 1) Collaborates with partners that are reflective of the stakeholders in the system and are uniquely qualified to work on the project and in the identified community(ies) and/or population(s).
- 2) Demonstrates an ability to foster and manage partnerships with diverse stakeholders (representing various sectors and disciplines influencing optimal health, teen pregnancy, and STIs) in order to form strong and active network of partners with whom to collaborate to offer a coordinated, multi-modal, youth-friendly and trauma-informed approach.
- 3) Clearly identifies and describes existing partnerships and how new partnerships will be developed and nurtured in each target community/population, including detailed roles and responsibilities for all partners that will be responsible for implementing the proposed project. For those partners identified in the application, applicant specifically delineates roles and responsibilities of the applicant and the partner for the project, and demonstrates the ability to formalize the partnership via MOUs and/or LOAs prior to the anticipated July 1, 2020 project start date.

f. Work plan and Budget (10 points)

The application will be assessed based on the degree to which it:

- 1) Includes a work plan, budget and budget narrative that adequately supports the planned approach.
- 2) Includes a work plan that clearly addresses the expectations in Section B.2 of the FOA and is reasonable and realistic;
- 3) Includes a budget and budget narrative that clearly shows how the total amount requested was determined; is detailed, reasonable, adequate, cost efficient, and clearly aligned with the proposed work plan.
- 4) Includes a budget and budget narrative that allocates funding for engaging participants, partners, youth, parents/caregivers, and the community consistent with the technical approach proposed.

2. Review and Selection Process

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

An independent review panel will evaluate applications that meet the responsiveness criteria, if applicable, and are not disqualified. These reviewers are experts in their fields, and are drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies. Based on the Application Review Criteria as outlined under Section E.1, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria. In addition to the independent review panel, Federal staff will review each application for programmatic, budgetary, and award management compliance.

The Deputy Assistant Secretary for Population Affairs will provide recommendations for funding to the Grants Management Officer to conduct risk analysis. In providing these recommendations, the Deputy Assistant Secretary for Population Affairs will take into consideration the following additional factors:

- Equitable geographic distribution of awards across the country.
- Equitable representation of project sites in communities of varying sizes, including rural, suburban, and urban communities.
- The current teen birth rate and current rates of STIs among 15-19 year olds for the community and/or population to be served.

3. **Review of Risk Posed by Applicant**

The HHS/OASH will evaluate, in accordance with 45 CFR § 75.205, each application recommended for funding by the program official indicated in Review and Selection Process for risks before issuing an award. This evaluation may incorporate results of the evaluation of eligibility or the quality of an application. If we determine that a Federal award will be made, special conditions that correspond to the degree of risk assessed will be applied to the Federal award. Such conditions may include additional programmatic or financial reporting or releasing funds on a reimbursable rather than cash advance basis. OASH will use a risk-based approach and may consider any items such as the following:

- 1) Your financial stability;
- 2) Quality of management systems and ability to meet the management standards prescribed in 45 CFR part 75;
- 3) History of performance. Your record in managing Federal awards, if you are a prior recipient of Federal awards, including timeliness of compliance with applicable

reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

- 4) Reports and findings from audits performed; and
- 5) Your ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

Prior to making a Federal award with a total Federal share greater than the simplified acquisition threshold (currently \$250,000), we are required to review and consider any information about you that is in the designated integrity and performance system accessible through the System for Award Management (SAM) (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). You may, at your option, review information in SAM and comment on any information about yourself that a Federal awarding agency previously entered and is currently available through SAM. We will consider any comments by you, in addition to the other information in the designated system, in making a judgment about your integrity, business ethics, and record of performance under Federal awards when completing the review of risk.

If we do not make an award to you because we determine your organization does not meet either or both of the minimum qualification standards as described in 45 CFR §75.205(a)(2), we must report that determination to FAPIIS, if certain conditions apply. At a minimum, the information in the system if you are a prior Federal award recipient must “demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics.” 45 CFR § 75.205(a)(2); see also 45 CFR §75.212 for additional information.

4. Final Award Decisions, Anticipated Announcement, and Federal Award Dates

Upon completion of risk analysis and concurrence of the Grants Management Officer, HHS/OASH will issue Notices of Award. No award decision is final until a Notice of Award is issued. All award decisions, including level of funding if an award is made, are final and you may not appeal.

HHS/OASH seeks to award funds as much in advance of the anticipated project start date shown in Section B “Federal Award Information,” as practicable, with a goal of 10-15 days. Note this is an estimated start date and award announcements may be made at a later date and with a later project period start date.

H. FEDERAL AWARD ADMINISTRATION INFORMATION

1. Federal Award Notices

HHS/ OASH does not release information about individual applications during the review process. If you would like to track your application, please see instructions at <http://www.grants.gov/web/grants/applicants/track-my-application.html>. The official document notifying you that an application has been approved for funding is the Notice of Award (NOA), approved by a Grants Management Officer of the HHS/OASH OGM. If you are successful, you will receive this document via system notification from our grants management system (Grant Solutions) and/or via e-mail. This document notifies the successful recipient of the amount awarded, the purposes of the award, the anticipated length of the project period, terms and conditions of the award, and the amount of funding to be contributed by the recipient to project costs, if applicable.

If you receive an NOA, we strongly encourage you to read the entire document to ensure your organization's information is correct and that you understand all terms and conditions. You should pay specific attention to the terms and conditions, as some may require a time-limited response. The NOA will also identify the Grants Management Specialist and Program Project Officer assigned to the award for assistance and monitoring.

If you are unsuccessful or deemed ineligible according to the disqualification criteria, you will be notified by HHS/OASH by email and/or letter. If your application was reviewed by the independent review panel, you may receive summary comments pertaining to the application resulting from the review process. On occasion, you may receive a letter indicating that an application was approved but unfunded. These applications may be kept active for one year and may be considered for award without re-competing should funds become available during the hold period.

2. Administrative and National Policy Requirements

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, or other Department regulations and policies in effect at the time of the award.

In addition, your organization must comply with all terms and conditions outlined in the Notice of Award, the U.S. Department of Health and Human Services (HHS) Grants Policy Statement (GPS), requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable, as well as any requirements or limitations in any applicable appropriations acts. The current HHS GPS is available at <http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf> Please

note HHS plans to revise the HHS GPS to reflect changes to the regulations; 45 CFR parts 74 and 92 have been superseded by 45 CFR part 75.

You may only use award funds to support activities outlined in the approved project plan. If your application is funded, your organization will be responsible for the overall management of activities within the scope of the approved project plan. Please consult the HHS GPS Section II and 45 CFR § 75.308 for aspects of your funded project that will require prior approval from the Grants Management Officer for any changes. Modifications to your approved project that will require prior approval include, but are not limited to, a change in the scope or the objective(s) of the project or program (even if there is no associated budget revision, such as reduction in services, closing of service or program site(s)); significant budget revisions, including changes in the approved cost-sharing or matching; a change in a key person specified in your application; reduction in time devoted to the project by the approved project director or principal investigator, either as percentage of full-time equivalent of 25% or more or absence for 3 months or more; or the subawarding, transferring or contracting out of any work that was not described in the approved proposal.

3. Program Specific Terms and Conditions

Not applicable

4. Closeout of Award

Upon expiration of your project period, if we do not receive acceptable final performance, financial, and/or cash reports in a timely fashion within the closeout period, and we determine that closeout cannot be completed with your cooperation or that of the Principal Investigator/ Project Director, we may elect to complete a unilateral closeout. (See F.3 Reporting below for closeout

reporting requirements.) As a result, we may determine that enforcement actions are necessary, including on another existing or future award, such as withholding support or a high-risk designation.

5. Lobbying Prohibitions

You shall not use any funds from an award made under this announcement for other than normal and recognized executive legislative relationships. You shall not use funds for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

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

The above prohibitions include any activity to advocate or promote any proposed, pending, or future Federal, State or local tax increase, or any proposed, pending, or future requirement or

restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

6. **Non-Discrimination Requirements**

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

HHS provides guidance to recipients of federal financial assistance on meeting the legal obligation to take reasonable steps to provide meaningful access to persons with limited English proficiency. See *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*, 68 Fed. Reg. 47311, 47313 (HHS Office for Civil Rights, 2003, www.gpo.gov/fdsys/pkg/FR-2003-08-08/pdf/03-20179.pdf) You must ensure your contractors and subrecipients also comply with federal civil rights laws.

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

7. **Smoke- and Tobacco-free Workplace**

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

8. Acknowledgement of Funding and HHS Rights to Materials and Data

Each year's annual appropriation requires that when issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all organizations receiving Federal funds, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state— (1) the percentage of the total costs of the program or project which will be financed with Federal money; (2) the dollar amount of Federal funds for the project or program; and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

You must also acknowledge Federal support in any publication you develop using funds awarded under this program, with language such as:

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

All publications you develop or purchase with funds awarded under this announcement must be consistent with the requirements of the program. You own the copyright for materials that you develop under this award, and pursuant to 45 CFR § 75.322(b), HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for

Federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for Federal purposes.

9. Trafficking in Persons

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. § 7104). For the full text of the award term, go to http://www.hhs.gov/opa/grants/trafficking_in_persons_award_condition.html. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity announcement to obtain a copy of the term.

10. Efficient Spending

This award may also be subject to the HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items, and Printing and Publications available at <http://www.hhs.gov/grants/contracts/contract-policies-regulations/efficient-spending/>

11. Whistleblower Protection

If you receive an award, you will be subject to a term and condition that applies the terms of 48 CFR § 3.908 to the award, and requires that you inform your employees in writing of employee

whistleblower rights and protections under 41 U.S.C. § 4712 in the predominant native language of the workforce.

12. **Human Subjects Protection**

Federal regulations (45 CFR Part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, you must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in 45 CFR part 46. You may find it online at <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>.

Applicants that plan to engage in research involving human subjects are encouraged to provide information regarding participation in research in their recruitment efforts and provide a link to www.hhs.gov/about-research-participation.

13. **Research Integrity**

An applicant for or recipient of PHS support for biomedical or behavioral research, research training or activities related to that research or research training must comply with 42 C.F.R. part 93, including have written policies and procedures for addressing allegations of research misconduct that meet the requirements of part 93, file an Assurance of Compliance with the Office of Research Integrity (ORI), and take all reasonable and practical steps to foster research integrity consistent with 42 C.F.R. § 93.300. The assurance must state that the recipient (1) has written policies and procedures in compliance with this part for inquiring into and investigating allegations

of research misconduct; and (2) complies with its own policies and procedures and the requirements of part 93. More information is available at ori.hhs.gov/assurance-program.

14. Reporting

a. Performance Reports

You must submit performance reports on a semi-annual basis. Your performance reports must address content required by 45 CFR § 75.342(b)(2). The awarding program office may provide additional guidance on the content of the progress report. You must submit your performance reports by the due date indicated in the terms and conditions of your award via upload to our grants management system (GrantSolutions.gov), in the Grant Notes module.

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

b. Performance Measures

All recipients will be expected to collect a common set of performance measures to assess project implementation. Recipients must collect all performance measures and report to OPA on a semi-annual basis (pending Paperwork Reduction Act clearance by OMB) (subject to change). Performance measures are submitted to OPA through the OPA Performance Measures website. Final performance measures will be provided to recipients during the first six months of funding and will include measures on reach, dosage, implementation of effective programs according to fidelity, quality and components/elements, sustainability, partnerships, trainings, and dissemination.

c. Financial Reports

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

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

d. Audits

If your organization receives \$750,000 or greater in Federal funds, it must undergo an independent audit in accordance with 45 CFR part 75, subpart F.

e. Non-competing Continuation Applications and Awards

Each year of the approved project period, you will be required to submit a noncompeting application which includes a progress report for the current budget year, and work plan, budget and budget justification for the upcoming year. Specific guidance will be provided via Grant Solutions well in advance of the application due date. HHS/OASH will award continuation funding based on availability of funds, satisfactory progress of the project, and grants management compliance, including timely reporting. Additionally, failure to provide final progress or financial reports on other awards from HHS may affect continuation funding.

f. FFATA and FSRS Reporting

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

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

g. Reporting of Matters Relating to Recipient Integrity and Performance

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

h. Other Required Notifications

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

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

- Are presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses listed in 2 CFR § 180.800(a); or
- Have had one or more public transactions (Federal, State, or local) terminated within the preceding three years for cause or default.

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

- You failed to disclose information earlier, as required by 2 CFR § 180.335; or
- Due to changed circumstances, you or any of the principals for the transaction now meet any of the criteria in 2 CFR § 180.335.

I. CONTACTS

1. **Administrative and Budgetary Requirements:**

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

Roscoe Brunson

Office of Grants Management

1101 Wootton Parkway, Suite 100

Rockville, MD 20852

Phone: 240-453-8822

Email: roscoe.brunson@hhs.gov

2. **Program Requirements**

For information on program requirements, please contact the program office representative listed below.

Jaclyn Ruiz

Office of Population Affairs

1101 Wootton Parkway, Suite 200

Rockville, MD 20852

Phone: 240-453-2800 or 240-453-2846

Email: Jaclyn.ruiz@hhs.gov

3. **Electronic Submission Requirements**

For information or assistance on submitting your application electronically via Grants.gov, please contact Grants.gov directly. Assistance is available 24 hours a day, 7 days per week.

GRANTS.GOV Applicant Support

Website: www.grants.gov

Phone: 1-800-518-4726

Email: support@grants.gov

J. **OTHER INFORMATION**

1. **Awards under this Announcement**

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

2. **Application Elements**

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

- Application for Federal Assistance (SF-424).
- Budget Information for Non-construction Programs (SF-424A).
- Assurances for Non-construction Programs (SF-424B).
- Disclosure of Lobbying Activities (SF-LLL).
- Project Abstract Summary.
- Project Narrative – Submit all Project Narrative content as a single acceptable file, specified above.
- Budget Narrative – Submit all Budget Narrative content as a single acceptable file, specified above.
- Appendices (i.e., work plan, framework and/or models to illustrate the system(s), MOUs, Letters of Support, CVs/Resumes and Job Descriptions, Citation and abstract of supporting research studies, Organizational Chart) – Submit all appendix content as a single acceptable file, specified above **in the Attachments section of your Grants.gov application.**

Diane Foley, MD, FAAP
Deputy Assistant Secretary, Office of Population Affairs

Date

FOA Appendices

Appendix A – References

Appendix B – Glossary of Selected Terms and Definitions

Appendix C - Relevant Resources for Applicants

Appendix D – Example Work plan Templates

APPENDIX A – REFERENCES

1. **Martin JA, Hamilton BE, Osterman MJK. Births in the United States, 2017. NCHS Data Brief, no 318. Hyattsville, MD: National Center for Health Statistics. 2018.**
2. **Sedgh G, Finer L, Bankole A, Eilers M, Singh S. Adolescent Pregnancy, Birth, and Abortion Rates Across Countries: Levels and Recent Trends. Journal of Adolescent Health. 2015;56(2):223-230.**
3. **STDs in Adolescents and Young Adults - 2018 Sexually Transmitted Diseases Surveillance. Centers for Disease Control and Prevention. <https://www.cdc.gov/std/stats18/adolescents.htm>. Published 2019. Accessed October 30, 2019.**
4. **About Teen Pregnancy | CDC. Centers for Disease Control and Prevention. <https://www.cdc.gov/teenpregnancy/about/index.htm>. Published 2019. Accessed January 9, 2018.**
5. **Youth and Young Adults - National Alliance to End Homelessness. National Alliance to End Homelessness. <https://endhomelessness.org/homelessness-in-america/who-experiences-homelessness/youth/>. Published 2019. Accessed October 30, 2019.**
6. **U.S. Interagency Council on Homelessness. Homelessness In America: Focus On Youth. U.S. Interagency Council on Homelessness; 2019. https://www.usich.gov/resources/uploads/asset_library/Homelessness_in_America_Youth.pdf.**
7. **James S, Montgomery S, Leslie L, Zhang J. Sexual risk behaviors among youth in the child welfare system. Child Youth Serv Rev. 2009;31(9):990-1000.**
8. **Dworsky A, Courtney M. The risk of teenage pregnancy among transitioning foster youth: Implications for extending state care beyond age 18. Child Youth Serv Rev. 2010;32(10):1351-1356.**
9. **Office of Juvenile Justice and Delinquency Prevention. Youth's Characteristics and Backgrounds: Findings from the Survey of Youth in Residential Placement. Washington, DC: U.S. Department of Justice; 2010. <https://www.ncjrs.gov/pdffiles1/ojjdp/227730.pdf>**
10. **Kelly P, Bair R, Baillargeon J, German V. Risk Behaviors and the Prevalence of Chlamydia in a Juvenile Detention Facility. Clin Pediatr (Phila). 2000;39(9):521-527.**

11. Mertz K, Voigt R, Hutchins K, Levine W. Findings From STD Screening of Adolescents and Adults Entering Corrections Facilities. *Sex Transm Dis.* 2002;29(12):834-839.
12. Acoca L. Are Those Cookies for Me or My Baby? Understanding Detained and Incarcerated Teen Mothers and Their Children. *Juvenile and Family Court Journal.* 2004;55(2):65-80.
13. Nesmith J, Klerman L, Oh M, Feinstein R. Procreative experiences and orientations toward paternity held by incarcerated adolescent males. *Journal of Adolescent Health.* 1997;20(3):198-203.
14. Martin JA, Hamilton BE, Osterman MJK, et al. Births: Final data for 2015. *National vital statistics report*; vol 66, no 1. Hyattsville, MD: National Center for Health Statistics. 2017.
15. Maynard R, Hoffman S. Kids Having Kids: Economic Costs And Social Consequences Of Teen Pregnancy. 2nd ed. Washington, DC: Urban Institute; 2008.
16. Mollborn S. Exploring Variation in Teenage Mothers' and Fathers' Educational Attainment. *Perspect Sex Reprod Health.* 2010;42(3):152-159.
17. STDs in Adolescents and Young Adults - 2018 Sexually Transmitted Diseases Surveillance. Centers for Disease Control and Prevention. <https://www.cdc.gov/std/stats18/adolescents.htm>. Published 2019. Accessed October 30, 2019.
18. Modified from Office of Minority Health. National Stakeholder Strategy For Achieving Health Equity. Office of Minority Health; 2018:7-29.
19. O'Donnell M. Definition of Health Promotion 2.0: Embracing Passion, Enhancing Motivation, Recognizing Dynamic Balance, and Creating Opportunities. *American Journal of Health Promotion.* 2009;24(1):iv-iv.
20. Hawkins J. Sustained Decreases in Risk Exposure and Youth Problem Behaviors After Installation of the Communities That Care Prevention System in a Randomized Trial. *Arch Pediatr Adolesc Med.* 2012;166(2):141.
21. Adolescent Health: Think, Act, Grow® (TAG) | Youth.gov. Youth.gov. <https://youth.gov/youth-topics/TAG>. Published 2019. Accessed October 30, 2019.
22. The Search Institute. 40 Developmental Assets. Research projects, reports, briefs, peer reviewed research available at <https://www.search-institute.org/our-research/youth-development-research/prevention/>

23. **Optimal Health. HHS.gov. <https://www.hhs.gov/opa/reproductive-health/optimal-health/index.html>. Published 2019. Accessed October 30, 2019.**
24. **JBS International Inc. and Georgetown University National Technical Assistance Center for Children's Mental Health. A Public Health Approach To Trauma. JBS International Inc. and Georgetown University National Technical Assistance Center for Children's Mental Health; 2019. https://gucchdtcenter.georgetown.edu/TraumaInformedCare/IssueBrief5_PublicHealthApproach.pdf. Accessed October 30, 2019.**
25. **Modified from: Winer M, Ray K. Collaboration Handbook: Creating, Sustaining, And Enjoying The Journey. St. Paul: Amherst H. Wilder Foundation; 1994.**
26. **Menschner C, Mau A. Key Ingredients For Successful Trauma-Informed Care Implementation. Center for Health Care Strategies; 2019. https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/ate-whitepaper-040616.pdf. Accessed October 30, 2019.**
27. **Eight Successful Youth Engagement Approaches. HHS.gov. <https://www.hhs.gov/ash/oah/tag/game-plan-for-engaging-youth/eight-approaches/index.html#youth-voice>. Published 2019. Accessed October 30, 2019.**
28. **O'Mara-Eves A, Brunton G, Oliver S, Kavanagh J, Jamal F, Thomas J. The effectiveness of community engagement in public health interventions for disadvantaged groups: a meta-analysis. BMC Public Health. 2015;15:129. Published 2015 Feb 12.**
29. **Adapted from Parent Engagement in Schools | Protective Factors | Adolescent and School Health | CDC. Centers for Disease Control and Prevention. https://www.cdc.gov/healthyyouth/protective/parent_engagement.htm. Published 2019. Accessed October 30, 2019.**
30. **Emergency risk communication training: Module B5: Community Engagement. Presentation available online: <https://www.who.int/risk-communication/training/Module-B5.pdf>.**
31. **"Protective Factors". Adolescent & School Health, 2019, <https://www.cdc.gov/healthyyouth/protective/index.htm>. Accessed 30 Oct 2019.**

APPENDIX B – GLOSSARY OF SELECTED TERMS AND DEFINITIONS

Adaptation – Changes made to the program content, program delivery, or other core components of an effective program.

Adolescent Health: Think, Act, Grow® (TAG) – A national call to action to improve adolescent health in the United States. The U.S. Department of Health and Human Services collaborated with a range of youth-serving professionals and youth themselves to create the following TAG five essential components of adolescent health: positive connections with supportive people; safe and secure places to live, learn, work and play; access to high quality and teen friendly health care; opportunities to engage as learners, leaders, team members, and workers; and coordinated adolescent and family centered services.

Age appropriate - Assures that topics and themes are appropriate for the age group and other specific characteristics of the target audience. Age appropriate means it will be appropriate for the general developmental and social maturity of the targeted age group. The ability to cognitively understand a concept is not evidence that the concept is age appropriate.

Culturally appropriate – Respectful of and responsive to the cultural and linguistic needs of the population being served.

Effective programs - Programs proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors and eligible for replication.

Equitable engagement - Youth of all backgrounds and lived experiences, particularly those who are the most vulnerable, have opportunities to participate, be empowered, and have their voices heard in decisions that affect their lives.

Experiments - Experimental design studies using random control trials (RCTs) assign program participants to two distinct groups (at random): the treatment group, which receives program services, and the control group, which does not. The control group is called the “counterfactual,” representing the condition in which the program or intervention is absent. Random assignment ensures that the treatment and control groups are initially similar and do not differ on background characteristics or other factors. Random assignment, thus, creates an evaluation design where any observed differences between the two groups after the program intervention takes place can be attributed to the intervention with a high degree of confidence.

Fidelity – Refers to the degree to which an implementer adheres to the core components of a program, the parts of the program or its implementation determined to be the key ingredients related to achieving the program’s outcomes.

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

Health equity –The attainment of the highest level of health for all people; requires valuing everyone equally with focused and ongoing efforts to address avoidable inequalities and the elimination of health and healthcare disparities. Ensures people are provided with resources that fit their circumstances.

Interrupted time series - This is a specific quasi experimental design approach that is used for evaluating causal effects of interventions. Under this approach multiple observations are obtained prior to the intervention to establish a baseline. Multiple observations are also obtained after the intervention. Effects are demonstrated when the observations after the intervention deviate from expectations derived from baseline projections.

Learning Agenda – A set of broad questions directly related to the work that an organization conducts that, when answered, enables the organization to work more effectively and efficiently. Once the questions are identified, a learning agenda also prioritizes and establishes a plan to answer short- and long-term questions of the highest value across relevant program and policy areas.

Leverage points - Those places where we can apply pressure to move the drive for change forward; a place in a complex system that, if changed, will change the overall behavior of the system.

Medically accurate - Information will be referenced to peer reviewed publications by educational, scientific, governmental, or health organizations.

Optimal health – Optimal health is a dynamic balance of physical, emotional social, spiritual and intellectual health. Lifestyle change can be facilitated through a combination of learning experiences that enhance awareness, increase motivation and build skills and, most important, through the creation of opportunities that open access to environments that make positive health practices the easiest choice.

Optimal Health Model - Prioritizes prevention through policies following a series of steps based on the principles of optimal health. These steps include (1) Identify the health concern; (2) Identify the risk factors that influence that health concern; (3) Respond with an intervention that promotes the best possible health outcome for the population; and (4) Encourage individuals to make appropriate changes that will lead them towards a position of increasingly lower risk.

Parents/Caregivers – This may include but is not limited to biological, adoptive, and single parents; siblings; extended family; foster parents; “chosen” family members such as mentors or trusted adults.

Project - All activities described in the grant application and funded by the grant or cooperative agreement (e.g., staffing, partnerships, supportive services, professional development, evaluation, dissemination, etc.).

Propensity score matching - A statistical matching approach that is sometimes employed in quasi-experimental design studies for the purposes of developing a comparison group. This

approach is based on a predicted probability of group membership (e.g., intervention vs. control) using measured characteristics of study units as predictors. The predicted probabilities are typically obtained from logistic regression.

Protective factors³¹ - Individual or environmental characteristics, conditions, or behaviors that reduce the effects of stressful life events. These factors also increase an individual's ability to avoid risks or hazards, and promote social and emotional competence to thrive in all aspects of life, now and in the future.

Quasi-Experiments – A design that forms a counterfactual group by means other than random assignment. This approach is used for conducting impact evaluations where observed changes in the treatment group are compared with a comparison group (as a counterfactual representing an absence of intervention) to assess and estimate the impact of the program on participants. However groups formed in these designs typically differ for reasons other than chance, and these differences may influence the impact estimate. There are different types of approaches used in quasi-experimental designs such as those using Propensity Score Matching (PSM), Regression Discontinuity, Interrupted Time Series (ITS) and others.

Random assignment - A process that uses randomly generated numbers or other approaches to assign study units to groups in ways that are unaffected by the characteristics of the study units. With random assignment, any differences between the groups at pre-test can be attributed only to chance. The use, or lack of use, of this process differentiates experimental designs from non-experimental designs.

Regression discontinuity design - This is a specific quasi experimental design approach that is used for evaluating causal effects of interventions. Under this approach assignment to a treatment is determined at least partly by the value of an observed covariate lying on either side of a fixed threshold. The intervention and control group are formed using a well-defined cutoff score. The group below the cutoff score receives the intervention and the group above does not, or vice versa. For example, if students are selected for a program based on test scores, those just above the score and just below the score are expected to be very similar except for participation in the program, and can be compared with each other to determine the program's impact.

Rigorous evaluation - Results that come from robust evaluation designs, particularly experiments or quasi-experiments.

Statistically significant - A result has statistical significance when it is very unlikely to have occurred given the null hypothesis (no relationship between two measured phenomena) or by chance. Typically, statistical significance is measured at the $p < .05$ level.

Saturation - Percentage of participants from the community and/or population who receive effective programs relative to the number of those from the community and/or population who could have received programs; requires geographical boundaries in order to determine the accurate number of youth within the community who are eligible to receive effective programs.

System - “A group of interacting, interrelated and interdependent components that form a complex and unified whole.” Key concepts are elements or components that make up the system parts, relationships and interactions among each of the elements or components, and pattern of the system as a whole over time (called its dynamic behavior).

Systems thinking – The process of seeing the whole system, and the way the elements or components of the system inter-relate with each other to cause the system to behave in the way that it does; occasionally described as ‘big picture’ thinking. It is an approach to grappling with adaptive problems in complex environments with the aim of making enduring change with the greatest impact.

Trauma-informed approach – Refers to how a program, agency, organization, or community thinks about and responds to those who have experienced or may be at risk for experiencing trauma. It is an approach that: (1) realizes the widespread impact of trauma and potential paths for recovery; (2) recognizes the signs and symptoms of trauma in youth, families, staff, and others; (3) responds by fully integrating knowledge about trauma into policies, procedures, and practices; and (4) seeks to actively resist re-traumatization.

Youth engagement - An inclusive, intentional, mutually respectful partnership between youth and adults whereby power is shared, respective contributions are valued, and young people’s ideas, perspectives, skills and strengths are integrated into the design and delivery of programs, strategies, policies, funding mechanisms and organizations that affect their lives and their communities.

Youth voice - An important component of youth engagement; opportunities for youth to express themselves, voice their ideas, and provide input for projects or programs.

APPENDIX C – RELEVANT RESOURCES FOR APPLICANTS

Disclaimer: This is a list of some, but not all, of the relevant resources that may be applicable to applicants. OPA does not endorse any of the resources listed other than those developed by OPA.

Assessments

Office of Adolescent Health (currently OPA). Best Practices for Conducting a Needs and Resource Assessment: Tip Sheet. Available at http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/tip_sheets/needs-assessment-508.pdf.

Concept Mapping Institute. University of Pittsburgh Graduate School of Public Health. <https://www.publichealth.pitt.edu/behavioral-and-community-health-sciences/research-practice/bchs-centers-institutes/concept-mapping-institute>

Preventing Chronic Disease. “Using a concept map as a tool for strategic planning: The Healthy Brain Initiative.” <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3181190/>

Agency for Healthcare Research and Quality. Tool 1B: Stakeholder Analysis. <https://www.ahrq.gov/professionals/systems/hospital/fallpxtoolkit/fallpxtk-tool1b.html>

Center for Community Health and Development at the University of Kansas. Section 8. Identifying and Analyzing Stakeholders and Their Interests <https://ctb.ku.edu/en/table-of-contents/participation/encouraging-involvement/identify-stakeholders/main>

Centers for Disease Control and Prevention. GIS and Public Health at CDC.

<https://www.cdc.gov/gis/index.htm>

Learning Agenda

USAID Learning Lab. Collaborating, Learning and Adapting Toolkit.

<https://usaidlearninglab.org/qrg/learning-agenda>

Systems Thinking

World Health Organization. Systems Thinking for Health Systems Strengthening.

<https://www.who.int/alliance-hpsr/resources/9789241563895/en/>

New England Public Health Training Center. Introduction to Systems Thinking.

<https://www.nephtc.org/enrol/index.php?id=82>

Centers for Disease Control and Prevention. Thinking in Systems.

<https://www.cdc.gov/policy/polaris/tis/>

APPENDIX D – EXAMPLE WORK PLAN TEMPLATES

Example Work plan Template #1 July 1, 2020 – June 3, 2021

Grantee Name _____ Funds Requested _____

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

Example Work plan Template #2

July 1, 2020 – June 3, 2021

Grantee Name _____ Funds Requested _____

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

Work plan Instructions

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



