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State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

June 2014

TO: Prospective Applicants

FROM: Jacquolyn Duerr, MPH, Acting Chief
Safe and Active Communities Branch

SUBJECT: Request for Applications (RFA) for Rape Prevention and Education Program

The Safe and Active Communities Branch, Violence Prevention Unit (VPU), is soliciting applications from eligible local rape crisis centers to implement and evaluate sexual violence primary prevention programs.

To submit an application, please read and follow the RFA instructions carefully. **Applications are due by 4:00 p.m. on August 1, 2014.**

Informational teleconferences have been scheduled to provide further guidance and answer questions related to the RFA (please see RFA for more information).

We look forward to receiving your application.

Attachments



Request for Applications (RFA) No. 14-10360

Rape Prevention and Education Program

June 2014

**Safe and Active Communities Branch
Violence Prevention Unit**

MS Code 7214
1616 Capitol Avenue, Suite 74.436
P. O. Box 997377
Sacramento, CA 95899-7377

TABLE OF CONTENTS

GENERAL INFORMATION

| | |
|--|---|
| A. PURPOSE..... | 4 |
| B. BACKGROUND | 4 |
| C. DEFINITIONS AND GLOSSARY OF ACRONYMS..... | 5 |
| D. ELIGIBILITY CRITERIA | 6 |
| E. FUNDING GUIDELINES | 6 |
| F. RFA TIME SCHEDULE | 7 |
| G. INFORMATIONAL TELECONFERENCES | 7 |
| H. INTENT TO APPLY..... | 8 |
| I. SUBMISSION OF APPLICATION | 8 |
| J. REVIEW PROCESS | 9 |
| K. CONTRACT AWARD PROCESS | 9 |
| L. CONTRACT TERMS..... | 9 |

PROJECT OVERVIEW

| | |
|--|----|
| A. RPE PROGRAM GUIDELINES..... | 11 |
| B. PROGRAM STRATEGIES | 11 |
| C. PROGRAM PLANNING | 11 |
| D. DOCUMENTATION AND EVALUATION | 12 |
| E. TECHNICAL ASSISTANCE AND TRAINING..... | 12 |
| F. LETTERS OF SUPPORT AND COMMITMENT | 12 |

APPLICATION INSTRUCTIONS

| | |
|---|----|
| A. GENERAL INSTRUCTIONS | 13 |
| B. FORMAT REQUIREMENTS | 13 |
| C. APPLICATION COMPONENTS AND SCORING | 14 |

ATTACHMENTS

ATTACHMENT A: Application Cover Sheet
ATTACHMENT B: Program Information Form
ATTACHMENT C: Scope of Work
ATTACHMENT D: Logic Model
ATTACHMENT E: Budget Narrative
ATTACHMENT F: Proposed Budget Detail

APPENDIX

APPENDIX A: RPE Program Guidelines
APPENDIX B: Sample Scope of Work Using Community Mobilization Strategy
APPENDIX C: Sample Community Mobilization Logic Model
APPENDIX D: Glossary of Acronyms

GENERAL INFORMATION

A. PURPOSE

The California Department of Public Health (CDPH), Safe and Active Communities Branch (SACB), Violence Prevention Unit (VPU), Rape Prevention and Education (RPE) Program is seeking applications from local rape crisis centers (RCCs) to implement and evaluate sexual violence (SV) primary prevention projects. The purpose of this RFA is to fund projects that are evidence-informed, community centered, and are designed using required program strategies.

B. BACKGROUND

The Violence Prevention Unit

The VPU was established as part of the California 1994 Women's Health Initiative. The mission of the VPU is to "provide leadership in the application of public health principles and practices to prevent violent injuries." The VPU seeks to address SV and domestic violence through shifting cultural norms, policies, and practices to create a climate free from violence. Rather than focusing on individuals and victims, the VPU's strength and imperative is in community and population-based prevention focusing on preventing violence before it is initiated, as opposed to an approach that concentrates on service provision after victimization has occurred. This primary prevention public health approach is a systematic process that promotes healthy behaviors and environments, and reduces the likelihood or frequency of violence. Primary prevention is distinguished from secondary prevention because it explicitly focuses on action before there is a threat of violence. VPU administers the federally funded RPE Program, and the Domestic Violence Training and Education Fund (batterer's fines).

The Rape Prevention and Education (RPE) Program

In 2002, as a result of a change in federal law, RPE funds were removed from the Preventive Health and Health Services (PHHS) Block Grant, creating a new categorical grant program within the National Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention and Control. State health departments became the only eligible applicants to receive these funds. The purpose of this change was to bring a public health approach to rape prevention throughout the nation, shifting to primary prevention and changing social norms instead of relying exclusively on a secondary criminal justice approach. Since that time, CDPH has received funding from the CDC through a population-based formula. Funds are contingent upon annual appropriations from Congress, CDC, and the PHHS Block Grant. Federal legislation outlines the permitted uses of RPE funds.

In June 2013, CDPH received the Funding Opportunity Announcement (FOA) for the RPE Program from CDC for the next five-year funding cycle beginning November 1, 2013. This FOA included changes in the way that CDC would be distributing RPE funds to all 50 states and territories. Instead of using a population-based formula as they had in the past, CDC is now required, under the new Violence Against Women Act, to fund all states and territories at a specific minimum baseline amount. After this is done, the remaining funds are distributed

according to a population-based formula. While this is a positive move to provide additional support to historically underfunded RPE programs in other states and territories, it represents a significant loss to California. This change resulted in a loss of approximately 25% for California's RPE Program, approximately \$1 million less than the previous year. In addition, where historically CDC has funded the RPE Program on a federal fiscal year of November 1 through October 31, this was changed to a February 1 to January 31 fiscal year, beginning in fiscal year 2015.

Although CDPH combines funds from the RPE Program and the Rape Set Aside from the Preventive Health Block Grant, this significant reduction in funding made it necessary to revise the funding process for local RCCs as there is now insufficient funding to implement effective prevention programs among 63 local agencies. Over a period of six months, VPU staff met with the state sexual violence coalition, California Coalition Against Sexual Assault (CALCASA), and the RPE Program Advisory Group to discuss the impact of these funding reductions, and to solicit input on a proposed competitive funding process that would be necessary to address this issue. Additional input was sought through regional meetings throughout the state. Webinars and written communications were shared with all RCCs to notify them of these impending changes, and trainings were held to build proposal skills and knowledge of contractors in preparation for submitting a competitive application. This process led to the development of this RFA for the funding period of November 1, 2014 through January 31, 2018. This funding period aligns with the end of the current RPE fiscal year and the new fiscal year required by CDC.

Although there have been many challenges with ongoing fluctuations in federal funding since the inception of the RPE Program in 2002, staff from CDPH in collaboration with CALCASA, have increased the capacity of local contractors to deliver effective community-based SV primary prevention programs that address SV prevention from a public health perspective. Local RCCs have shifted away from addressing SV with traditional secondary and tertiary criminal justice activities (e.g., raising awareness, self-defense) to the more upstream public health strategies (e.g., bystander engagement, community mobilization). California's RPE Program currently supports about 68 full-time equivalent positions in all 63 RCCs located throughout the state. Over the last six years, these contractors have conducted 67,645 educational presentations to 1,436,783 participants; and produced and distributed 888,328 pieces of informational materials. As a result, over 1.5 million people in California have been exposed to SV primary prevention messages that are grounded in public health practice.

C. DEFINITIONS AND GLOSSARY OF ACRONYMS

For the purposes of this RFA, the following definition applies:

Sexual Violence Primary Prevention: Population-based and/or environmental and system-level strategies, policies, and actions that prevent sexual violence from initially occurring. Such prevention efforts work to modify and/or entirely eliminate the events, conditions, situations, or exposure to influences (*risk factors*) that result in the initiation of relationship violence and associated injuries, disabilities, and deaths. Additionally, primary prevention efforts address perpetration, victimization, and bystander attitudes and behaviors, and seek to identify and enhance *protective factors* that encourage healthy relationships and impede the initiation of relationship violence in at risk populations and in the community.

A Glossary of Acronyms used in this RFA can be found in Appendix D.

D. ELIGIBILITY CRITERIA

This RFA is limited to those local RCCs currently funded by the CDPH/RPE Program.

E. FUNDING GUIDELINES

Funding is available from CDC's RPE Program and the Rape Set-Aside portion of CDC's Preventive Health and Health Services Block Grant during the 39-month contract term to fund RCCs with annual budgets as indicated below. The total funding available and the number of RCCS that can be funded will be determined at the time of funding decisions to allow for a maximum number of agencies to be funded. CDPH/VPU does not have the authority to disburse funds until the contract is fully executed. If full funding is not available, CDPH/VPU will either cancel the resulting agreement or amend it to reflect reduced funding and reduced activities.

CDPH/VPU established a minimum annual funding amount of \$75,000 for project operations of funding recipients. A requirement of the CDC RPE Program is to provide technical assistance and training (TAT) to all contractors. CDPH/VPU has provided additional funds for this TAT in the contract award in the amount of \$10,000 per year per agency, which will pay for required TAT that is approved by VPU. For additional information on TAT requirements, please see RFA Project Overview, Section E.

Budget Periods (these budget periods have been set to align with the new federal RPE Program budget cycle):

Year One - November 1, 2014 to January 31, 2015: \$21,250
Year Two - February 1, 2015 to January 31, 2016: \$85,000
Year Three - February 1, 2016 to January 31, 2017: \$85,000
Year Four - February 1, 2017 to January 31, 2018: \$85,000

RCCs may submit applications for each service area they currently serve that is funded through the CDPH RPE Program. Each application will be reviewed and scored as a separate application in the competitive process. If more than one service area application for an agency is selected for funding as a result of the RFA process, the agency may receive funding as follows:

1. RCCs that currently receive funding for two service areas are eligible to receive up to \$27,500 for the first budget period, and up to \$110,000 for each budget period thereafter.
2. RCCs that currently receive funding for three service areas are eligible to receive up to \$33,750 for the first budget period, and up to \$135,000 for each budget period thereafter.

These amounts are pending final negotiations with CDPH.

F. RFA TIME SCHEDULE

Below is the RFA time schedule for this application process.

| Event | Date | Time (If applicable) |
|---|-----------------|-----------------------------|
| RFA Released | 06/27/14 | |
| Voluntary RFA Teleconference Questions Due | 07/14/14 | 4:00 p.m. |
| Voluntary RFA Informational Teleconference | 07/15/14 | 10:00 a.m. |
| Voluntary RFA Teleconference Questions Due | 07/16/14 | 4:00 p.m. |
| Voluntary RFA Informational Teleconference (repeated) | 07/17/14 | 10:00 a.m. |
| Non-Binding Intent to Apply | 07/21/14 | 4:00 p.m. |
| Application Due Date | 08/01/14 | 4:00 p.m. |
| Contract Award Date | 08/15/14 | |
| Proposed Contract Start Date | 11/01/14 | |

G. INFORMATIONAL TELECONFERENCES

Voluntary informational teleconferences have been scheduled as follows to provide guidance and answer questions related to the RFA requirements:

Teleconference:

Date: July 15, 2014

Time: 10:00 a.m. - 11:00 a.m.

Telephone Number: 1-888-455-3620

Pass Code: 38340

Teleconference (repeated):

Date: July 17, 2014

Time: 10:00 a.m. - 11:00 a.m.

Telephone Number: 1-800-369-1972

Pass Code: 32622

Prospective applicants that intend to submit an application are encouraged to participate in one of the two teleconferences. If applicants are not available for the first teleconference, a second teleconference is being offered which is a repeat of the first teleconference.

Applicants may email questions regarding the RFA to nancy.bagnato@cdph.ca.gov by 4:00 p.m. on the day prior to each teleconference so they may be answered during the teleconferences. If there is time at the end of each teleconference, applicants may be able to ask additional or clarifying questions. Technical assistance regarding programmatic content will not be available. It is each prospective applicant's responsibility to join the teleconference promptly at the time stated. CDPH reserves the right not to repeat information for participants that join the teleconference after it has begun. The teleconference is a public event or meeting and anyone can join.

As this is a competitive application process, CDPH staff will not entertain questions about the RFA after the conclusion of the second informational teleconference.

CDPH will post a teleconference summary, including all questions and responses by July 18, 2014 on the CDPH website at <http://www.cdph.ca.gov/programs/Pages/EPICFundingOpportunities.aspx>. Spontaneous verbal remarks provided in response to questions are unofficial and are not binding on CDPH unless later confirmed in writing.

H. INTENT TO APPLY

Prospective applicants are requested to indicate their intent to submit an application by sending an email indicating this intent to Jeannie Galarpe at the following email address:

Email: jeannie.galarpe@cdph.ca.gov

This email indicating intent to apply is not mandatory or binding. This request for an indication of intent to apply is for VPU RFA review planning purposes only.

I. SUBMISSION OF APPLICATION

All applicants are required to submit one (1) signed original application (clearly marked "original") and four (4) copies to:

Regular U.S. Mailing Address:

Jeannie Galarpe
CA Department of Public Health
SAC Branch
MS 7214
P.O. Box 997377
Sacramento, CA 95899-7377

Express Mail or Hand Delivery:

Jeannie Galarpe
CA Department of Public Health
SAC Branch
MS 7214
1616 Capitol Ave., Suite 74.436
Sacramento, CA 95814-5052

- **Applications must be received by CDPH on August 1, 2014, no later than 4:00 p.m.** It is the sole responsibility of the applicant to ensure that CDPH receives the application by the stated deadline and as identified above in Section F.
- **Electronic or FAX applications will not be accepted.**

Applications will be date and time stamped upon receipt. Each application received by the due date will be reviewed for completeness and compliance with the instructions provided in

this document. Incomplete, late, or non-compliant applications will not be reviewed or considered for funding.

It is important to note that there is no guarantee that submission of an application will result in funding, or that funding will be allocated at the level requested. Expenses associated with preparing and submitting an application are solely the responsibility of the applicant agency and will not be reimbursed by CDPH/VPU.

J. REVIEW PROCESS

The application review process will be conducted by VPU staff. Each application will be scored for technical merit and potential for success using the point categories listed below. Applications will receive a technical score of up to 141 points, based upon how clearly each of the RFA questions within components is addressed. The applications with the highest scores will be considered for funding.

| <u>Component</u> | <u>Maximum Points</u> |
|-----------------------------|-----------------------|
| Community Profile | 24 |
| Agency Capability | 30 |
| Project Description | 39 |
| Letter of Support | 6 |
| Logic Model | 12 |
| Scope of Work | 18 |
| Budget/Budget Justification | <u>12</u> |
| Total | 141 |

K. CONTRACT AWARD PROCESS

The award of the contract is based upon a competitive application review and selection process. All applicants will be notified directly of their application status by August 15, 2014. The State reserves the right to negotiate the agreement and not to award a contract if negotiations are unsuccessful. If an applicant fails to finalize the contract, the State reserves the right to fund another application. Once an application is selected for funding, the applicant will receive a contract with CDPH. The contract will incorporate the proposed scope of work (SOW) and budget. During the course of the contract, if unanticipated changes occur that impact the SOW or budget, those changes must be approved prior to implementing those changes and a written request must be submitted via email to CDPH. A formal contract amendment may be required based on those changes.

L. CONTRACT TERMS

The term of the resulting contract is expected to be 39 months and is anticipated to be effective from November 1, 2014 through January 31, 2018. The contract term may change if CDPH/VPU cannot execute the agreement in a timely manner due to unforeseen delays. CDPH reserves the right to extend the term and increase the funding amount of the resulting agreement via an amendment as necessary to complete or continue the services. Contract extensions are subject to satisfactory performance, funding availability, and approval by the Department of General Services.

Following the award notification, contract negotiations will occur with the potential contractor in a timely manner. Following contract negotiations, the contractor is required to submit a

final SOW, Budget Detail, and Budget Narrative in accordance with CDPH/VPU requirements, which will become part of the formal contract. Upon completion and approval of these documents, the contract will be fully executed and work will commence. The resulting contract will be of no force or effect until it is signed by both parties and approved by CDPH. The contractor is hereby advised not to commence performance until all approvals have been obtained. Should performance commence before all approvals are obtained, said services may be considered to have been volunteered if all approvals have not been obtained.

The contractor is to expend funds in accordance with the negotiated line item budget. If changes in line items, salary ranges, or staffing patterns require modifications, the contractor must request a budget revision, which requires a contract amendment. It is up to the discretion of CDPH/VPU whether or not to approve the amendment.

PROJECT OVERVIEW

A. RPE PROGRAM GUIDELINES

The original CDPH *RPE Program Guidelines* provided with previous RFAs were designed to provide fundamental elements of SV primary prevention programs and RPE Program requirements. These *Guidelines* have been revised (see Appendix A) to reflect emerging best practices for effective SV primary prevention programs, required program strategies, and expectations for RPE funded local programs. The key elements in these updated *Guidelines* have been shared through TAT events, webinars, and regional meetings throughout 2013/2014.

It is incumbent upon applicants proposing projects under this RFA to review the sections below and the attached *Guidelines* thoroughly, and use the information provided to develop their applications and proposed projects.

B. PROGRAM STRATEGIES

All proposed projects must be designed using:

1. One or more of the five (5) Program Strategies (Active Bystander Engagement; Community Engagement; Community Mobilization; Promoting Gender Equity; and/or Youth Leadership Development);
2. The *10 Principles of Effective Prevention Programs*; and
3. A minimum of two (2) levels of either the Socio-Ecological Model (SEM) or the Spectrum of Prevention, one of which must be at the community, institutional, or organizational level.

Additional information on these Program Strategies, the *10 Principles of Effective Prevention Programs*, the SEM, and the Spectrum of Prevention, including definitions, example activities, and outcomes, can be found in the *Guidelines*.

C. PROGRAM PLANNING

All proposed projects must include a program assessment and planning phase in the application Project Description and SOW that strengthens previous assessment, research and planning, and allows funded agencies time to receive TAT directly related to program development, implementation and evaluation. This is most critical for those agencies proposing new types of projects and/or program strategies that they have not previously implemented in their community. It is incumbent upon the applicant to determine an adequate time period for this planning phase based on their organizational and community readiness, for a period of up to 90 days, commencing upon contract execution. The program planning phase may occur simultaneously with the implementation of some project activities as appropriate and determined by the applicant.

D. DOCUMENTATION AND EVALUATION

Applicants are required to identify the basic evaluation methods to be used (pre/post tests, key informant interviews, focus groups, surveys, etc.) to evaluate project objectives and include these in the application Project Description and SOW. Applicants are not expected to have finalized evaluation tools developed prior to funding, but applicants should have developed some basic concepts of measurable outcomes, which are reflected in the Logic Model (LM) submitted by the applicant. See the *Guidelines* for more information related to evaluation.

It is the intent of VPU to build the evaluation capacity of contractors through an empowerment evaluation approach. Therefore, within the first 90 days of the executed contract, all funding recipients will receive technical assistance from VPU in developing a detailed evaluation plan. Applicants must include this evaluation plan deliverable in the application SOW. Ongoing technical assistance will be provided to further develop capacity for program evaluation and documentation. In addition, VPU intends to create “cohorts” for each required program strategy, and provide some standardized tools and methods for certain aspects of program evaluation.

E. TECHNICAL ASSISTANCE AND TRAINING (TAT)

The purpose of this RFA is to fund projects that will implement best practices for SV primary prevention using program strategies established and required by VPU, and following the requirements as set forth by the federal RPE Program. In addition to funding local programs, a CDC RPE Program requirement is to provide TAT to build individual and organizational capacity to implement prevention and community change strategies. In support of this requirement, it is the intent of VPU to establish a learning community that is informed through the provision of intensive TAT on implementation and evaluation of required strategies, on core primary prevention concepts and best practices, and through the sharing of experiences and insights of project contractors. Required TAT will include: organizational assessments; online webinars; two-day in-person trainings; program consultation; onsite TAT; strategy networking meetings; and other activities to support organizational and program development and evaluation. In order to provide this specialized TAT, VPU has provided additional TAT funds in the contract award in the amount of \$10,000 which will pay for required TAT events that are approved by VPU. All applicants must include this \$10,000 in the training line item in the budget submitted with the application, and include the required TAT events in the applicant SOW per the SOW sample (see Appendix B for SOW sample). Additional information on TAT requirements will be provided to funding recipients upon contract execution.

F. LETTERS OF SUPPORT AND COMMITMENT

Applicants are required to include one Letter of Support with their application (see RFA Page 17, Letter of Support). If selected for funding, an additional requirement in the first 90 days of the executed contract will be to obtain a Letter of Commitment (LOC) from each community partner who will be directly participating in proposed project activities, stating readiness and commitment to support the proposed project. Include this requirement for a LOC(s) in the application Project Description and SOW. Each LOC will need to be as specific as possible as to the activities that will be supported, and/or resources that will be contributed to the project, including participation in required evaluation activities. For example, if the applicant proposes a school-based setting, one of these letters must be from the participating school(s). A Memorandum of Understanding (MOU) can be substituted for any LOC.

APPLICATION INSTRUCTIONS

A. GENERAL INSTRUCTIONS

All applicants are to follow the instructions provided herein, using the attached forms. All sections, including attachments, must be completed and submitted in the order requested. Any application that does not comply with this requirement will be considered non-responsive and will not be reviewed.

1. Develop applications by following all RFA instructions and clarifications issued by CDPH in the form of question and answer notices, clarification notices, Administrative Bulletins or RFA addenda.
2. Before submitting an application, seek timely clarification through participation in the Informational Teleconference of any requirements or instructions that are unclear or not fully understood.
3. Read all instructions carefully. Be sure to include all of the information required in the RFA, including all attachments. Re-check the application to ensure completeness.
4. Do not provide additional materials that are not requested, such as brochures or samples of materials. These will be discarded and not reviewed.
5. In preparing an application response, all narrative portions should be straightforward, detailed, and precise. Answer all questions in the order presented with clear titles for each section. CDPH will determine the responsiveness of an application by its quality, not its volume, packaging or colored displays.
6. Arrange for the timely delivery of the application package(s) to the address specified in this RFA.
7. Submit one (1) original application and four (4) copies or sets. Write “**Original**” on the original application set after you have duplicated the copies. Each application set must be complete with a copy of all required attachments and documentation.

B. FORMAT REQUIREMENTS

Format the narrative portions of the application as follows:

- Single-spaced with one-inch margins at the top, bottom, and both sides.
- Use a font style of “Arial” with a font size of 12 points.
- Print pages single-sided on white bond paper.
- Sequentially paginate the pages in the application in the lower right corner. It is not necessary to paginate items in the Appendix.

- Bind each application with staples or a binder clip. *Do not use binders.*
- All RFA attachments that require a signature must be signed in ink, preferably in a color other than black. Signature stamps are not acceptable.

C. APPLICATION COMPONENTS AND SCORING

1. APPLICATION COVER SHEET

Complete all sections of the Application Cover Sheet (Attachment A). A person authorized to legally bind the applicant must sign the Application Cover Sheet. If the applicant is a corporation, a person authorized by the Board of Directors to sign on behalf of the Board must sign the Application Cover Sheet.

2. PROGRAM INFORMATION FORM

Complete all sections of the Program Information Form (Attachment B). Refer to the attached *Guidelines* for additional information that will inform the completion of this form. The information in the Program Information Form must clearly match the information provided in the application Project Description and SOW.

- Primary Setting: Indicate the primary setting for your proposed project as either school or community. If implementing in a school setting, indicate the type of school to which you will direct your efforts.
- Priority Audience(s): Describe the priority audience within the chosen setting to which you will direct your efforts; including age, ethnicity, or any other descriptive information that defines this audience. Indicate primary and secondary audiences.
- Program Strategy: Your project may include more than one strategy. Indicate the one program strategy that is the focus of your project, and any other strategies that are secondary in your program efforts.
- Socio-Ecological Model/Spectrum of Prevention: Indicate a minimum of two (2) levels of the SEM or Spectrum of Prevention that your project addresses, one of which must be at the community, institutional, or organizational level.
- Program/Curricula: Indicate any programs and/or curricula used in your proposed project, including any versions developed by the applicant.

3. APPLICATION NARRATIVE

a. Community Profile (24 points) (3 page limit)

Applicants must submit a community profile that provides descriptive information and a frame of reference for reviewers in the assessment of the proposed project. Do not include any data or information that is not specifically related to the community where the project will be implemented. For the purposes of this RFA,

community is defined as any group or geographic area that is the focus of project activities. For example, the applicant may choose: 1) a particular school as a community that is comprised of students, school personnel, parents, etc.; or 2) a population within a geographic area of a city or county. It is up to the applicant to define the particular community that is the focus for the proposed project.

Although this RFA does not identify specific priorities for high need populations, you must provide a clear description of the intended audience that is the focus of the proposed project, the need within this audience for SV prevention, and why this audience was chosen as a priority for your project.

At a minimum, include the following:

- 1) A complete and detailed description of the specific audience and community where the project will be implemented and why there is a need for this project. Include population-based surveillance data if available. (9 points)
- 2) Results from any community mapping, needs assessments, strategic planning, key informant interviews, focus groups, etc., that are relevant to understanding the current needs, assets, and readiness related to SV prevention within the audience or community. Describe how any assets, strengths, and resources provide stability and support for the long term work of SV primary prevention efforts, and how these assets will be leveraged in the implementation of this project. Assets may include community leaders, coalitions, collaborations, local policies, youth programs, and the availability of SV programs and services. Assets may also include arts programs, local businesses or events, or any other community resource that may support the work of your project. Include any current or timely opportunities that could leverage the work of your project or provide for institutionalization in the community. (6 points)
- 3) Evaluation results and lessons learned from current SV primary prevention work that demonstrates an ongoing or emerging need addressed by this intended project. (6 points)
- 4) A description of any local SV coalition or task force that is currently supporting your primary prevention efforts. (3 points)

b. Agency Capability (30 points) (4 page limit)

- 1) Describe the applicant's organizational commitment to SV primary prevention and the work necessary to implement this project, evidenced by the organizational history and actions taken as a result of the RPE Primary Prevention Integration Plan. (6 points)
- 2) What is your current capacity (access, knowledge, experience, personnel, expertise, training, cultural competency, and partners) to work with your identified audience/community and implement the intended project? (9 points)
- 3) Describe existing partnerships with diverse community-based organizations that will help achieve intended outcomes and sustain efforts. Include your

organization's ability and history of involving both traditional and "non-traditional" partners in SV prevention work, such as: the business community; associative life (e.g., clubs, organizations); local government; parks and recreation; youth organizations or sports teams; faith leaders; etc. (3 points)

- 4) Provide an example of a successful outcome from your previous SV primary prevention efforts that demonstrates your capacity to implement the proposed project. (3 points)
- 5) Discuss the proposed staffing pattern and how this adequately supports the proposed project. Attach an Organizational Chart after the Agency Capability narrative that includes this proposed staffing. (3 points)
- 6) Discuss how staff and key partners who will be implementing the project possess competencies in any or all of the following: (3 points)
 - Knowledge of best practices in SV primary prevention;
 - An understanding of risk and protective factors for SV;
 - Interest or capacity in social change work;
 - Cultural competency relevant to the population of focus;
 - An understanding of youth development if the project has a focus on youth;
 - An understanding of community work related to the proposed community;
 - An understanding and skills related to the priority program strategy; and/or
 - Interest or capacity regarding gender equity and multi-bias work.
- 7) Discuss your organization's ability to manage state funds, including evidence of being financially stable and solvent with adequate cash reserves to meet all financial obligations while awaiting reimbursement from the State. (3 points)
- 8) If the applicant is claiming non-profit status, provide certification of this eligibility to claim non-profit status and include this documentation as an attachment.

c. Project Description (39 points) (6 page limit)

The Project Description narrative must demonstrate the applicant's knowledge, experience and ability on how to successfully design, implement and evaluate the proposed project. The narrative should include enough detail to demonstrate how the activities will build upon community strengths and resources, thereby enhancing community capacity for the long-term work of social change.

Describe the proposed project and provide a clear rationale as to why this project was chosen for the intended audience and community. The description should include elements as described on page 14 of the RFA, and must provide a clear understanding of:

- 1) *How the proposed project is evidence-informed.* Discuss the research and planning that led to the proposed project and how you have assured the appropriateness of proposed SV primary prevention strategies. (6 points)
- 2) *How the desired outcomes and activities seek to alter identified risk and protective factors* addressed through your project. What is your theory of

change that will lead to preventing first time perpetration and victimization? What do you hope to achieve with your project? How will you know when you are successful? (6 points)

- 3) *The overall project description*, including the Program Strategy, setting, proposed outcomes, intended audience(s), and major project activities. This description should align with the Scope of Work (SOW) and Logic Model that is submitted as part of the application. (9 points)
- 4) How activities take into account the culture of the intended audience or community, fit with their needs and assets, and cultivate *agents of change*. (6 points)
- 5) How project activities are comprehensive, supported by the *10 Principles of Effective Prevention Programs*, and address different levels of the SEM or the Spectrum of Prevention. (6 points)
- 6) How the new project will *strengthen and build upon* community strengths and resources, including current SV primary prevention efforts. (3 points)
- 7) The *roles and responsibilities of key stakeholders and partners* in planning, implementing and evaluating this new project. (3 points)

4. LETTER OF SUPPORT (6 points)

Attach an individualized Letter of Support from one (1) community partner that confirms the applicant agency's capacity to implement the proposed project. This is not a formal letter of commitment or agreement, but a letter testifying to the capability of the applicant. Attach the Letter of Support immediately following the Project Description.

5. LOGIC MODEL (LM) (12 points)

Submit a project LM using the *Logic Model* template (Attachment D). Use the attached *Guidelines* to inform the development of the LM. The *Guidelines* include sample activities and outcomes for each of the required Program Strategies that can inform LM development. Training resources that have been provided to RCC contractors on LM development are also included in the *Guidelines* for reference. A sample LM using the community mobilization strategy has been included as Appendix C. Attach the completed LM immediately following the Letter(s) of Support.

6. SCOPE OF WORK (SOW) (18 points)

Prepare a SOW for each of the four (4) budget periods using the SOW template (Attachment C). This template includes required TAT and administrative requirements as Goal 2. A sample SOW using the community mobilization strategy has been included as Appendix C. The SOW must be in alignment with the proposed project budget, and not include personnel or activities not supported or included in the budget line items.

The SOW must clearly identify one or more required Program Strategies (as defined in the RFA Project Overview on page 14 and the attached *RPE Program Guidelines*) in either the goal or objectives, and clearly address a minimum of two levels of the SEM or the Spectrum of Prevention, one of which must be at the community, institutional, or organizational level. The attached *Guidelines* provide sample activities and outcomes to inform the development of the SOW for each of the Program Strategies. The SOW must

align with the submitted LM, and provide step-by-step actions used to support the attainment of all project objectives.

Complete the SOW including the following:

- a. Goal(s): Indicate the overall goal(s) of the project. Goals do not need to be measurable, but should state what you hope to achieve.
- b. Major Objectives: List *measurable* objectives related to the project LM. Use the sample outcomes included in the *attached Guidelines* to develop these objectives. Objectives should be SMART Objectives: Specific; Measurable; Attainable; Realistic; and Time-bound.
- c. Activities: Identify the specific functions, tasks, and activities that you will perform, in the order you believe they will occur, that will lead to achieving each objective. Include actual or proposed evaluation methods that will measure the attainment of each project objective. Clearly identify any curricula or program to be used.
- d. Timeline: Include an approximate performance timeline for each activity that is realistic and achievable. Indicate the approximate beginning and ending month and year.
- e. Staff responsible: Create a “staff legend” that lists all staff positions by classifications (not names of individuals) with respective abbreviations and include this legend on the bottom of the first page of the SOW. In the staff responsible column, use these abbreviations to identify staff positions that are responsible for implementing each activity.
- f. Performance Measures and/or Deliverables: Indicate how you will measure and/or prove the completion of objectives and tasks. These include process evaluation measures, tracking measures such as sign-in sheets, and deliverables such as summary reports.

Attach the completed SOW immediately following the LM.

7. BUDGET NARRATIVE/PROPOSED BUDGET DETAIL (12 points)

The project budget request must be submitted on the Budget Narrative (Attachment E) and the Proposed Budget Detail (Attachment F) forms provided in Word format. Round all dollar amounts and percentage figures to whole numbers.

In the Budget Narrative, provide a brief explanation of each line item. For personnel line items, explain the time allocation by objective for each position in the budget. For operating expenses, explain the expenditures for each line item and justify their inclusion. Clearly align the items in the budget narrative to the SOW.

In preparing the Proposed Budget Detail, applicants should take into account the following:

- Annual budget amounts for each of the fiscal years shall not exceed:

Year One - November 1, 2014 to January 31, 2015: \$21,250

Year Two - February 1, 2015 to January 31, 2016: \$85,000

Year Three - February 1, 2016 to January 31, 2017: \$85,000

Year Four - February 1, 2017 to January 31, 2018: \$85,000

- Contractors are required to include the amount of \$2,500 in year one and \$10,000 in years two, three and four in **the Training line item** for required VPU approved TAT to support implementation of required program strategies and competencies in SV primary prevention. Required TAT will include: organizational assessments; online webinars; two-day in-person trainings; program consultation; onsite TAT; strategy networking meetings; and other activities to support organizational and program development and evaluation.
- Contractors are required to include funds for travel and lodging **in the travel line item** for budgeted project staff to attend one two-day training in year one, and four one-day trainings annually thereafter in Sacramento required and sponsored by VPU.

1. Personnel

Personnel includes all personnel costs to operate the project. **All applications must include a minimum of one (1) Full Time Equivalent (FTE) in Personnel.**

This can be a total FTE; however the Project Coordinator responsible for implementation of the project shall not be less than .75 FTE.

- a. List personnel by job category or classification rather than by name to allow for staff turnover. Each position must be included at least once within your SOW under Staff Responsible.
- b. Indicate total monthly salary or salary range for FTEs. The salary range stated must include any anticipated increases (i.e., cost-of-living adjustments and merit salary adjustments) in order to avoid necessary future amendments.
- c. Indicate percentage of time the position will be utilized in this project (e.g., 20 hours of work within a 40-hour week is 50 percent). All percentages should be in whole numbers. If biweekly pay periods cause the monthly salary amount to vary, indicate the variance in a footnote at the bottom of the page.
- d. Indicate the amount requested per position based upon the monthly salary ranges and total amounts. If the percentage rate for benefits differs for various positions, indicate the specific amount for each position on a separate detail sheet.
- e. Subtotal all personnel costs.

2. Operating Expenses

Operating Expenses include all costs except personnel costs. List only those items of operating expenses that apply to this project.

Project funds cannot be used for purchase or renovation of buildings, facilities or land, or the purchase of major equipment. Major equipment is defined as property costing over \$5,000 with a life expectancy of one or more years.

Examples of common operating expense line items are provided in the sample format. The following is a list of operating expense items most commonly recognized by the State:

- a. General Expenses – Includes office supplies, books, manuals, publications, and minor equipment (unit cost under \$5,000).
- b. Other Expenses – Includes utilities, telephone, space, insurance, equipment rental, postage, and duplication. These expenses must be itemized identifying the cost for each.
- c. Travel – Travel is reimbursed at current California Department of Human Resources rates. Mileage should indicate the number of miles for ground transportation and rate per mile (not to exceed 56.5 cents per mile). For airfare, indicate the number and destination of trips and expected cost per trip. Per Diem should specify the number of days and rate per day. Travel must be in accordance with the needs of the program and the SOW, and include travel for project staff to attend required VPU approved TAT events in Sacramento. Contractors are required to include funds for travel and lodging for budgeted project staff to attend one two-day training in year one, and four one-day trainings annually thereafter in Sacramento. No out-of-state travel is allowed without prior written approval of CDPH.
- d. Consultant Services/Subcontractors – Applicants planning to use consultants or subcontractors in the performance of the work must identify each proposed consultant/subcontractor, if known, at the time of application submission; each known consultant's/subcontractor's expertise; describe the responsibilities to be assigned to each consultant/subcontractor. Include a description of plans for overseeing the performance of consultants/subcontractors. Notwithstanding the use of any consultant/subcontractor, the applicant will ultimately be responsible for performance of all terms and conditions of the resulting contract. The State reserves the right to approve changes in consultant/subcontractor selection. *Generally, consultants are not to be paid over \$350 per eight-hour day. Special consultants may be paid at a higher rate per day based on prevailing rates and other special considerations addressed in the blanket justification. In no event is the consultant to be paid more than the hourly salary rate established for state employees in similar classifications.* Include in the application the consultant's title, hourly rate, and number of hours to be worked (e.g., per week, per month). Each subcontractor must be detailed within your SOW. Next to the subcontractor's name, list the SOW goal and objective of each subcontractor's responsibilities.

- e. Staff Training – Costs and fees for trainings, meetings and conferences attended by project staff are reimbursable. This line item must include a minimum of \$2,500 for the initial three (3) month budget period, and \$10,000 for each subsequent budget period for staff registration costs for required VPU approved TAT.

Please refer to the Proposed Budget Detail template (Attachment F) and note that the CDPH required training cost has already been included. If applicants choose to budget for additional VPU approved staff training, this amount must be budgeted separately under “Other Staff Trainings”. For example, if the applicant will be seeking approval to attend the CALCASA Leadership Conference, and/or the National Sexual Assault Conference, those registration costs would be included here.

- f. Indirect Costs – Express either as a percentage rate and total, or as a total cost only, and specify how total costs were calculated. These are overhead costs that are not directly identifiable to the applicant or to the applicant’s project and are generally expressed as a percentage of total personnel costs.
- g. Non-Reimbursable Items – State and local programs cannot use RPE funds to support the following activities:
 - 1) Victim Services/Response: RPE funds may not be used for direct victim service activities. This includes crisis intervention, case management, advocacy, counseling, support groups, and community outreach efforts in support of direct client services.
 - 2) Offender Treatment: These funds may not support offender treatment programs. The focus of RPE will be on preventing *first-time* perpetration, NOT on offender treatment for the purpose of preventing repeat perpetration.
 - 3) Victim Response Training: These funds may not be used for training that focuses on how service providers should respond to victims of sexual violence (e.g., advocates, Sexual Assault Nurse Examiner (SANE) programs, law enforcement or judicial response, etc.).
 - 4) Lobbying: Expenses associated with lobbying, whether conducted directly or indirectly, are not eligible for funding.
 - 5) Food/Refreshments: Because there are regulations that govern the use of federal and state funds for food expenses, these costs are ineligible.
 - 6) Promotional Items: On February 1, 2011, Governor Brown issued a memo directing all state agencies and departments to stop the purchase and distribution of “gifts” or “giveaway items” used to promote programs. Examples of restricted items include (but not limited to): mugs or cups; lapel or stickpins; pens or pencils; clothing (t-shirts, hats); and, key chains.

APPLICATION COVER SHEET

| | | | |
|-----------------------|--------|------------|----------|
| AGENCY NAME | | | |
| STREET ADDRESS | | | |
| CITY | COUNTY | STATE | ZIP CODE |
| TELEPHONE NUMBER | | FAX NUMBER | |
| FEDERAL TAX ID NUMBER | | | |

| | |
|---------------------|--------------------------------------|
| AMOUNT REQUESTED \$ | FUNDING PERIOD |
| | November 1, 2014 to January 31, 2018 |

| | |
|--|------|
| Person having day-to-day responsibility for the Project: | |
| Name: | |
| Title: | |
| Address: | |
| Telephone: | Fax: |
| Email: | |

The undersigned hereby affirms that the statements contained in the application package are true and complete to the best of the applicant's knowledge and accepts as a condition of a contract the obligation to comply with applicable state and federal requirements, policies, standards, and regulations. The undersigned recognizes that this is a public document and open to public inspection.

Signature: _____ Date: _____

Type Name and Title: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

California Department of Public Health
 Violence Prevention Unit
 Rape Prevention and Education Program
Program Information Form

AGENCY NAME: _____

1. Primary Setting (choose either school or community):

- School
 - Elementary
 - Middle
 - High
 - College
- Community

2. Priority Audience(s):

Primary: _____ Secondary: _____

3. Program Strategies (choose only one primary strategy):

| | Primary | Secondary |
|-----------------------------|--------------------------|--------------------------|
| Active Bystander Engagement | <input type="checkbox"/> | <input type="checkbox"/> |
| Community Engagement | <input type="checkbox"/> | <input type="checkbox"/> |
| Community Mobilization | <input type="checkbox"/> | <input type="checkbox"/> |
| Gender Equity | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth Leadership | <input type="checkbox"/> | <input type="checkbox"/> |

4. Levels of Change: Indicate which model you are using and what levels your project addresses:

Socio-Ecological Model:

- Individual
- Relationship
- Community
- Institutional

Spectrum of Prevention:

- Individual
- Community Education
- Educating Providers
- Coalitions and Networks
- Organizational Practices
- Policies

5. Program/Curricula: Indicate any programs and/or curricula used in your proposed project:

Exhibit A
Scope of Work
November 1, 2014 – January 31, 2015

| GOAL # 1: Build organizational capacity to plan, implement and evaluate a sexual violence (SV) primary prevention project. | | | | |
|--|--|---------------------------|-----------------------------|---|
| MEASURABLE OBJECTIVES | MAJOR ACTIVITIES | TIME LINE | STAFF RESPONSIBLE | PERFORMANCE MEASURE AND/OR DELIVERABLES |
| 1. By January 31, 2015, project staff will participate in Violence Prevention Unit (VPU) required and approved Technical Assistance and Training (TAT) activities. | 1.1 Participate in VPU required and approved TAT, including: organizational assessment; online webinar; two-day in-person training; and completion of pre/post TAT activities. | 1.1 Nov 2014– Jan 2015 | 1.1 (<i>insert staff</i>) | 1.1 Agenda, registration receipt, and completed assignments. |
| | 1.2 Participate in ongoing coaching calls as required by VPU. | 1.2 Nov 2014– Jan 2015 | 1.2 | 1.2 Notes from coaching calls. |
| 2. By January 31, 2015, design and conduct assessment and planning to strengthen project goals, objectives, logic model, and evaluation. | 2.1 Review project goals, objectives, logic model and proposed evaluation tools and methods. | 2.1 Nov 2014– Jan 2015 | 2.1 (<i>insert staff</i>) | 2.1 Notes from analysis and completed assessment. |
| | 2.2 Review research and evidence to support Program Strategy. | 2.2 Nov 2014– Jan 2015 | 2.2 | 2.2 Research notes. |
| | 2.3 Conduct community assessment(s) and key informant interviews to build evidence of community readiness and cultural appropriateness of project activities. | 2.3 Nov 2014– Jan 2015 | 2.3 | 2.3 Summary of results. |
| | 2.4 Revise project goals, objectives, and logic model as necessary to reflect research results. | 2.4 Nov 2014– Jan 2015 | 2.4 | 2.4 Revised documents. |
| | 2.5 Complete initial evaluation plan and participate in evaluation TA calls as required by VPU. | 2.5 Nov 2014– Jan 2015 | 2.5 | 2.5 Completed evaluation plan, logic model and evaluation tools as required by VPU. |
| | 2.6 Obtain Letters of Commitment from key partners collaborating on project. | 2.6 Nov 2014– Jan 2015 | 2.6 | 2.6 Letters of Commitment. |

Staff Responsible Legend: (*insert project staff positions with abbreviation*)

Exhibit A
Scope of Work
November 1, 2014 – January 31, 2015

| GOAL # 2: <i>(insert project goal)</i> | | | | |
|---|---|---------------------------|--|--|
| MEASURABLE OBJECTIVES | MAJOR ACTIVITIES | TIME LINE | STAFF RESPONSIBLE | PERFORMANCE MEASURE AND/OR DELIVERABLES |
| <i>1. (insert project objective)</i> | <i>1.1 (insert project activities including evaluation methodology)</i> | <i>1.1 (insert dates)</i> | <i>1.1 (insert abbreviation for staff responsible)</i> | <i>1.1 (insert performance measure)</i> |

Exhibit A
Scope of Work
February 1, 2015 – January 31, 2016

| GOAL # 1: Build organizational capacity to plan, implement and evaluate a sexual violence (SV) primary prevention project, and complete VPU administrative requirements. | | | | |
|--|---|-------------------------|-----------------------------|---|
| MEASURABLE OBJECTIVES | MAJOR ACTIVITIES | TIME LINE | STAFF RESPONSIBLE | PERFORMANCE MEASURE AND/OR DELIVERABLES |
| 1. By January 31, 2016, project staff will participate in VPU required and approved TAT. | 1.1 Participate in quarterly VPU required and approved TAT, including: online webinars; one-day in-person trainings; phone or onsite TA; and completion of pre/post TAT activities. | 1.1 Feb 2015 – Jan 2016 | 1.1 (<i>insert staff</i>) | 1.1 Agendas and completed assignments. |
| | 1.2 Participate in ongoing TA/coaching calls as required by VPU. | 1.2 Feb 2015 – Jan 2016 | 1.2 | 1.2 Notes from TA/coaching calls. |
| | 1.3 Complete revised evaluation plan as needed and participate in evaluation TA calls as required by VPU. | 1.3 Feb 2015 – Jan 2016 | 1.3 | 1.3 Revised evaluation plan, including logic model and other evaluation tools/methods as required by VPU. |
| 2. By January 31, 2016, conduct ongoing project assessment and planning to strengthen project goals, objectives and logic model. | 2.1 Review project goals, objectives, and logic model. | 2.1 Nov 2015 – Jan 2016 | 2.1 (<i>insert staff</i>) | 2.1 Notes of analysis. |
| | 2.2 Review research and evidence to support Program Strategy. | 2.2 Nov 2015 – Jan 2016 | 2.2 | 2.2 Research notes. |
| | 2.3 Review all evaluation results on an ongoing basis to ensure project effectiveness, community readiness and cultural appropriateness of project activities. | 2.3 Nov 2015 – Jan 2016 | 2.3 | 2.3 Summary of results. |
| | 2.4 Revise project objectives and logic model as necessary to reflect research results. | 2.4 Nov 2015 – Jan 2016 | 2.4 | 2.4 Revised documents. |

Staff Responsible Legend: (*insert project staff positions with abbreviation*)

Exhibit A
Scope of Work
February 1, 2015 – January 31, 2016

| GOAL # 1: Continued -- Build organizational capacity to plan, implement and evaluate a sexual violence (SV) primary prevention project, and complete VPU administrative requirements. | | | | |
|---|---|-------------------------|-----------------------------|---|
| MEASURABLE OBJECTIVES | MAJOR ACTIVITIES | TIME LINE | STAFF RESPONSIBLE | PERFORMANCE MEASURE AND/OR DELIVERABLES |
| 3. By March 1, 2015, submit annual report with evaluation results. | 3.1 Document all project activities. | 3.1 Nov 2014 - Jan 2015 | 3.1 (<i>insert staff</i>) | 3.1 Project documentation. |
| | 3.2 Complete annual report with evaluation results and submit as directed to VPU. | 3.2 Mar 2015 | 3.2 | 3.2 Annual report. |

Exhibit A
Scope of Work
February 1, 2015 – January 31, 2016

| GOAL # 2: <i>(insert project goal)</i> | | | | |
|--|---|---------------------------|---------------------------|--|
| MEASURABLE OBJECTIVES | MAJOR ACTIVITIES | TIME LINE | STAFF RESPONSIBLE | PERFORMANCE MEASURE AND/OR DELIVERABLES |
| 1. <i>(insert objective)</i> | 1.1 <i>(insert activities and evaluation methodology)</i> | 1.1 <i>(insert dates)</i> | 1.1 <i>(insert staff)</i> | 1.1 <i>(insert performance measures)</i> |

Exhibit A
Scope of Work
February 1, 2016 – January 31, 2017

| GOAL # 1: Build organizational capacity to plan, implement and evaluate a sexual violence (SV) primary prevention project, and complete VPU administrative requirements. | | | | |
|--|---|-------------------------|-----------------------------|---|
| MEASURABLE OBJECTIVES | MAJOR ACTIVITIES | TIME LINE | STAFF RESPONSIBLE | PERFORMANCE MEASURE AND/OR DELIVERABLES |
| 1. By January 31, 2017, project staff will participate in VPU required and approved TAT. | 1.1 Participate in quarterly VPU required and approved TAT, including: online webinars; one-day in-person trainings; phone or onsite TA; and completion of pre/post TAT activities. | 1.1 Feb 2016 – Jan 2017 | 1.1 (<i>insert staff</i>) | 1.1 Agendas and completed assignments. |
| | 1.2 Participate in ongoing TA/coaching calls as required by VPU. | 1.2 Feb 2016 – Jan 2017 | 1.2 | 1.2 Notes from TA/coaching calls. |
| | 1.3 Complete revised evaluation plan as needed and participate in evaluation TA calls as required by VPU. | 1.3 Feb 2016 – Jan 2017 | 1.3 | 1.3 Revised evaluation plan, including logic model and other evaluation tools/methods as required by VPU. |
| 2. By January 31, 2017, conduct ongoing project assessment and planning to strengthen project goals, objectives and logic model. | 2.1 Review project goals, objectives, and logic model. | 2.1 Nov 2016 – Jan 2017 | 2.1 (<i>insert staff</i>) | 2.1 Notes from analysis. |
| | 2.2 Review research and evidence to support Program Strategy. | 2.2 Nov 2016 – Jan 2017 | 2.2 | 2.2 Research notes. |
| | 2.3 Review all evaluation results on an ongoing basis to ensure project effectiveness, community readiness and cultural appropriateness of project activities. | 2.3 Nov 2016 – Jan 2017 | 2.3 | 2.3 Summary of results. |
| | 2.4 Revise project objectives and logic model as necessary to reflect research results. | 2.4 Nov 2016 – Jan 2017 | 2.4 | 2.4 Revised documents. |

Staff Responsible Legend: (*insert project staff positions with abbreviation*)

Exhibit A
Scope of Work
February 1, 2016 – January 31, 2017

| GOAL # 1: Continued -- Build organizational capacity to plan, implement and evaluate a sexual violence (SV) primary prevention project, and complete VPU administrative requirements. | | | | |
|---|---|-------------------------|-----------------------------|---|
| MEASURABLE OBJECTIVES | MAJOR ACTIVITIES | TIME LINE | STAFF RESPONSIBLE | PERFORMANCE MEASURE AND/OR DELIVERABLES |
| 3. By March 1, 2016, submit annual report with evaluation results. | 3.1 Document all project activities. | 3.1 Feb 2015 – Jan 2016 | 3.1 (<i>insert staff</i>) | 3.1 Project documentation. |
| | 3.2 Complete annual report with evaluation results and submit as directed to VPU. | 3.2 Mar 2016 | 3.2 | 3.2 Annual report. |

Exhibit A
Scope of Work
February 1, 2016 – January 31, 2017

| GOAL # 2: <i>(insert project goal)</i> | | | | |
|--|---|---------------------------|---------------------------|--|
| MEASURABLE OBJECTIVES | MAJOR ACTIVITIES | TIME LINE | STAFF RESPONSIBLE | PERFORMANCE MEASURE AND/OR DELIVERABLES |
| 1. <i>(insert objective)</i> | 1.1 <i>(insert activities and evaluation methodology)</i> | 1.1 <i>(insert dates)</i> | 1.1 <i>(insert staff)</i> | 1.1 <i>(insert performance measures)</i> |

Exhibit A
Scope of Work
February 1, 2017 – January 31, 2018

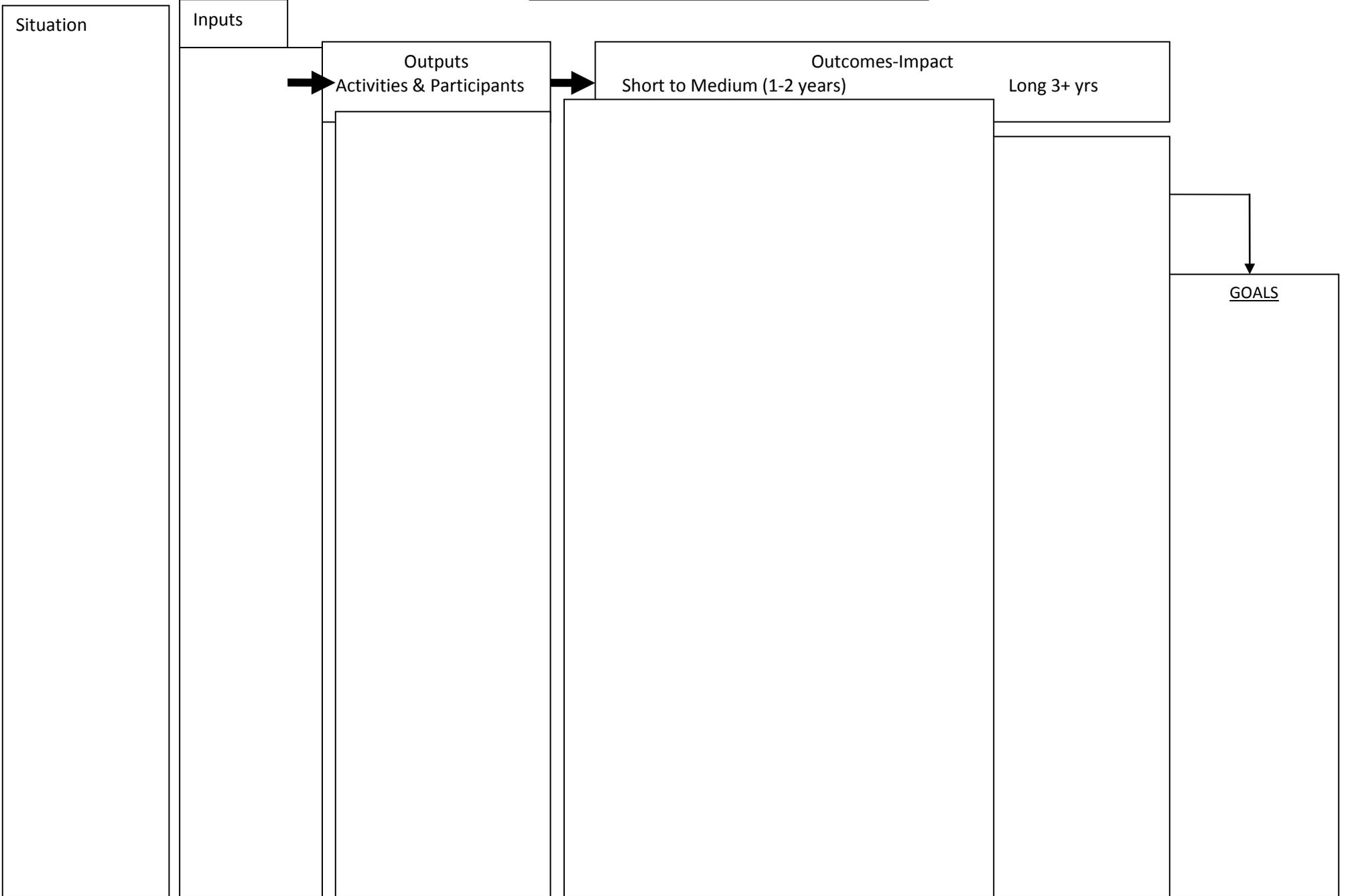
| GOAL # 1: Build organizational capacity to plan, implement and evaluate a sexual violence (SV) primary prevention project, and complete VPU administrative requirements. | | | | |
|--|---|-------------------------|-----------------------------|---|
| MEASURABLE OBJECTIVES | MAJOR ACTIVITIES | TIME LINE | STAFF RESPONSIBLE | PERFORMANCE MEASURE AND/OR DELIVERABLES |
| 1. By January 31, 2018, project staff will participate in VPU required and approved TAT. | 1.1 Participate in quarterly VPU required and approved TAT, including: online webinars; one-day in-person trainings; phone or onsite TA; and completion of pre/post TAT activities. | 1.1 Feb 2017 – Jan 2018 | 1.1 (<i>insert staff</i>) | 1.1 Agendas and completed assignments. |
| | 1.2 Participate in ongoing TA/coaching calls as required by VPU. | 1.2 Feb 2017 – Jan 2018 | 1.2 | 1.2 Notes from TA/coaching calls. |
| 2. By March 1, 2017, submit annual report with evaluation results. | 2.1 Document all project activities. | 2.1 Feb 2016 – Jan 2017 | 2.1 (<i>insert staff</i>) | 2.1 Project documentation. |
| | 2.2 Complete annual report with evaluation results and submit as directed to VPU. | 2.2 Mar 2017 | 2.2 | 2.2 Annual report. |
| 3. By January 31, 2018, submit comprehensive final report with evaluation results. | 3.1 Document all project activities. | 3.1 Nov 2014 – Jan 2018 | 3.1 (<i>insert staff</i>) | 3.1 Project documentation. |
| | 3.2 Complete final report with evaluation results and submit as directed to VPU. | 3.2 Jan 2018 | 3.2 | 3.2 Final report. |

Staff Responsible Legend: (*insert project staff positions with abbreviation*)

Exhibit A
Scope of Work
February 1, 2017 – January 31, 2018

| GOAL # 2: <i>(insert project goal)</i> | | | | |
|--|---|---------------------------|---------------------------|---|
| MEASURABLE OBJECTIVES | MAJOR ACTIVITIES | TIME LINE | STAFF RESPONSIBLE | PERFORMANCE MEASURE AND/OR DELIVERABLES |
| 1. <i>(insert objective)</i> | 1.1 <i>(insert activities and evaluation methodology)</i> | 1.1 <i>(insert dates)</i> | 1.1 <i>(insert staff)</i> | 1.1 <i>(insert performance measure)</i> |

LOGIC MODEL



**Budget Narrative
November 1, 2014 – January 31, 2015**

Budget Narrative
February 1, 2015 – January 31, 2016

Budget Narrative
February 1, 2016 – January 31, 2017

Budget Narrative
February 1, 2017 – January 31, 2018

**PROPOSED BUDGET DETAIL
November 1, 2014 – January 31, 2015**

Personnel [Itemize all personnel expenses]

| <u>Position Title and Number of each</u> | <u>Monthly Salary or Range</u> | <u>FTE %</u> | <u>Annual Cost</u> |
|--|--------------------------------|--------------|--------------------|
| | \$XXXX-\$XXXX | | \$ |
| Total Personnel | | | \$ _____ |

Fringe Benefits ([XX] % of Personnel) \$ _____

Operating Expenses [Itemize all operating expenses]

| <u>Expense Description</u> | <u>Cost</u> | |
|----------------------------|-------------|----------|
| Office Supplies | \$ | |
| Communication | \$ | |
| Publications | \$ | |
| Duplicating Costs | \$ | |
| Printing | \$ | |
| Required Staff Training | \$ 2,500 | |
| Other Staff Training | \$ | |
| Total Operating | | \$ _____ |

Equipment [Itemize all equipment costs]

| <u>Equipment Description</u> | <u># of Units</u> | <u>Unit Cost</u> | <u>Total Cost</u> |
|------------------------------|-------------------|------------------|-------------------|
| | | \$ | \$ |
| Total Equipment | | | \$ _____ |

Travel \$ _____

Subcontracts [List Goal and Objective from Scope of Work (SOW) next to each subcontractor. Subcontractors must be named in the SOW.]

| | | |
|-------------------------------|----|----------|
| <u>Name of Subcontractor:</u> | \$ | |
| | \$ | |
| | \$ | |
| Total Subcontracts | | \$ _____ |

Other Costs [Itemize each cost charged to this line item]

| <u>Item Description</u> | <u>Cost</u> | |
|--|-------------|----------|
| Rent (square ft. amt. x cost per square ft. x # of FTEs x 12 months) | \$ | |
| | \$ | |
| Total Other Costs | | \$ _____ |

Indirect Costs (XX% of [enter cost basis] Costs) ** \$ _____

** Indirect costs are limited to the first \$25,000 of each subcontract

Total Costs \$ _____

PROPOSED BUDGET DETAIL
February 1, 2015 – January 31, 2016

Personnel [Itemize all personnel expenses]

| <u>Position Title and Number of each</u> | <u>Monthly Salary or Range</u> | <u>FTE %</u> | <u>Annual Cost</u> |
|--|--------------------------------|--------------|--------------------|
| | \$XXXX-\$XXXX | | \$ |
| Total Personnel | | | \$ _____ |

Fringe Benefits ([XX] % of Personnel) \$ _____

Operating Expenses [Itemize all operating expenses]

| <u>Expense Description</u> | <u>Cost</u> | |
|----------------------------|-------------|----------|
| Office Supplies | \$ | |
| Communication | \$ | |
| Publications | \$ | |
| Duplicating Costs | \$ | |
| Printing | \$ | |
| Required Staff Training | \$ 10,000 | |
| Other Staff Training | \$ | |
| Total Operating | | \$ _____ |

Equipment [Itemize all equipment costs]

| <u>Equipment Description</u> | <u># of Units</u> | <u>Unit Cost</u> | <u>Total Cost</u> |
|------------------------------|-------------------|------------------|-------------------|
| | | \$ | \$ |
| Total Equipment | | | \$ _____ |

Travel \$ _____

Subcontracts [List Goal and Objective from Scope of Work (SOW) next to each subcontractor. Subcontractors must be named in the SOW.]

| | | |
|-------------------------------|----|----------|
| <u>Name of Subcontractor:</u> | \$ | |
| | \$ | |
| | \$ | |
| Total Subcontracts | | \$ _____ |

Other Costs [Itemize each cost charged to this line item]

| <u>Item Description</u> | <u>Cost</u> | |
|--|-------------|----------|
| Rent (square ft. amt. x cost per square ft. x # of FTEs x 12 months) | \$ | |
| | \$ | |
| Total Other Costs | | \$ _____ |

Indirect Costs (XX% of [enter cost basis] Costs) ** \$ _____

** Indirect costs are limited to the first \$25,000 of each subcontract

Total Costs \$ _____

PROPOSED BUDGET DETAIL
February 1, 2016 – January 31, 2017

Personnel [Itemize all personnel expenses]

| <u>Position Title and Number of each</u> | <u>Monthly Salary or Range</u> | <u>FTE %</u> | <u>Annual Cost</u> |
|--|--------------------------------|--------------|--------------------|
| | \$XXXX-\$XXXX | | \$ |
| Total Personnel | | | \$ _____ |

Fringe Benefits ([XX] % of Personnel) \$ _____

Operating Expenses [Itemize all operating expenses]

| <u>Expense Description</u> | <u>Cost</u> | |
|----------------------------|-------------|----------|
| Office Supplies | \$ | |
| Communication | \$ | |
| Publications | \$ | |
| Duplicating Costs | \$ | |
| Printing | \$ | |
| Required Staff Training | \$ 10,000 | |
| Other Staff Training | \$ | |
| Total Operating | | \$ _____ |

Equipment [Itemize all equipment costs]

| <u>Equipment Description</u> | <u># of Units</u> | <u>Unit Cost</u> | <u>Total Cost</u> |
|------------------------------|-------------------|------------------|-------------------|
| | | \$ | \$ |
| Total Equipment | | | \$ _____ |

Travel \$ _____

Subcontracts [List Goal and Objective from Scope of Work (SOW) next to each subcontractor. Subcontractors must be named in the SOW.]

| | | |
|-------------------------------|----|----------|
| <u>Name of Subcontractor:</u> | \$ | |
| | \$ | |
| | \$ | |
| Total Subcontracts | | \$ _____ |

Other Costs [Itemize each cost charged to this line item]

| <u>Item Description</u> | <u>Cost</u> | |
|--|-------------|----------|
| Rent (square ft. amt. x cost per square ft. x # of FTEs x 12 months) | \$ | |
| | \$ | |
| Total Other Costs | | \$ _____ |

Indirect Costs (XX% of [enter cost basis] Costs) ** \$ _____

** Indirect costs are limited to the first \$25,000 of each subcontract

Total Costs \$ _____

PROPOSED BUDGET DETAIL
February 1, 2017 – January 31, 2018

Personnel [Itemize all personnel expenses]

| <u>Position Title and Number of each</u> | <u>Monthly Salary or Range</u> | <u>FTE %</u> | <u>Annual Cost</u> |
|--|--------------------------------|--------------|--------------------|
| | \$XXXX-\$XXXX | | \$ |
| Total Personnel | | | \$ _____ |

Fringe Benefits ([XX] % of Personnel) \$ _____

Operating Expenses [Itemize all operating expenses]

| <u>Expense Description</u> | <u>Cost</u> | |
|----------------------------|-------------|----------|
| Office Supplies | \$ | |
| Communication | \$ | |
| Publications | \$ | |
| Duplicating Costs | \$ | |
| Printing | \$ | |
| Required Staff Training | \$ 10,000 | |
| Other Staff Training | \$ | |
| Total Operating | | \$ _____ |

Equipment [Itemize all equipment costs]

| <u>Equipment Description</u> | <u># of Units</u> | <u>Unit Cost</u> | <u>Total Cost</u> |
|------------------------------|-------------------|------------------|-------------------|
| | | \$ | \$ |
| Total Equipment | | | \$ _____ |

Travel \$ _____

Subcontracts [List Goal and Objective from Scope of Work (SOW) next to each subcontractor. Subcontractors must be named in the SOW.]

| | | |
|-------------------------------|----|----------|
| <u>Name of Subcontractor:</u> | \$ | |
| | \$ | |
| | \$ | |
| Total Subcontracts | | \$ _____ |

Other Costs [Itemize each cost charged to this line item]

| <u>Item Description</u> | <u>Cost</u> | |
|--|-------------|----------|
| Rent (square ft. amt. x cost per square ft. x # of FTEs x 12 months) | \$ | |
| | \$ | |
| Total Other Costs | | \$ _____ |

Indirect Costs (XX% of [enter cost basis] Costs) ** \$ _____

** Indirect costs are limited to the first \$25,000 of each subcontract

Total Costs \$ _____

APPENDIX

**California Department of Public Health
Safe and Active Communities Branch
Violence Prevention Unit**

Rape Prevention and Education (RPE) Program

RPE Program Guidelines

June 2014

• TABLE OF CONTENTS

I. INTRODUCTION 1

The Violence Prevention Unit
The Rape Prevention and Education (RPE) Program
Purpose of the RPE Program Guidelines

II. RPE PROGRAM PLANNING, DEVELOPMENT AND IMPLEMENTATION... 4

Framework for Developing RPE SV Primary Prevention Programs
Planning an RPE Program
Developing RPE Activities, Goals and Objectives
Defining Program Elements/Program Information Form
Program Evaluation
Use of RPE Funds

III. OVERVIEW OF REQUIRED PROGRAM STRATEGIES.....11

Active Bystander Engagement
Community Engagement
Community Mobilization
Promoting Gender Equity
Youth Leadership Development

APPENDIX.....17

Appendix A: Core Components of Effective Primary Prevention of
Domestic Violence, Teen Dating Violence and Sexual Violence
Appendix B: Developing Comprehensive Programs
Appendix C: 10 Principles of Effective Prevention Programs
Appendix D: Program Examples and Resources
Appendix E: Additional Resources

I. INTRODUCTION

The Violence Prevention Unit

The California Department of Public Health, Safe and Active Communities Branch, Violence Prevention Unit (VPU) was established as part of the California 1994 Women's Health Initiative. The mission of the VPU is to "provide leadership in the application of public health principles and practices to prevent violent injuries." The VPU seeks to address SV and domestic violence through shifting cultural norms, policies, and practices to create a climate free from violence. Rather than focusing on individuals and victims, the VPU's strength and imperative is in community and population-based prevention focusing on preventing violence before it is initiated, as opposed to an approach that concentrates on service provision after victimization has occurred. This primary prevention public health approach is a systematic process that promotes healthy behaviors and environments, and reduces the likelihood or frequency of violence. Primary prevention is distinguished from secondary prevention because it explicitly focuses on action before there is a threat of violence. VPU administers the federally funded Rape Prevention and Education (RPE) Program, and the Domestic Violence Training and Education Program (batterer's fines).

The Rape Prevention and Education (RPE) Program

Rape, and other forms of sexual violence (SV), is preventable. Recognizing this, Congress passed the Violence Against Women Act in 1994. This landmark legislation established the RPE Program within the Preventive Health and Health Services Block Grant which operates in all 50 states, the District of Columbia, Puerto Rico, and six U.S. territories. The goal of the RPE Program is to strengthen SV prevention efforts at the local, state, and national level.

In 2002, as a result of a change in federal law, RPE funds were removed from the Preventive Health and Health Services Block Grant, creating a new categorical grant program within the National Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention and Control. State health departments became the only eligible applicants to receive these funds. The purpose of this change was to bring a public health approach to rape prevention throughout the nation, shifting to primary prevention and changing social norms instead of a secondary criminal justice approach. Since that time, CDPH has received funding from the CDC to implement and evaluate the RPE Program. Funds are contingent upon annual appropriations from Congress, CDC, and the Preventive Health and Health Services Block Grant.

In June 2013, CDPH received the Funding Opportunity Announcement (FOA) for the RPE Program from CDC for the next five-year funding cycle beginning November 1, 2013. This FOA included changes in the way that CDC would be distributing RPE funds to all 50 states and territories. Instead of using a population-based formula as they had in the past, CDC is now required, under the new Violence Against Women Act, to fund all

states and territories at a specific minimum baseline amount. After this is done, the remaining funds are distributed according to a population-based formula. While this is a positive move to provide additional support to historically underfunded RPE programs in other states and territories, it represents a significant loss to California. This change resulted in a loss of approximately 25% for California's RPE Program, resulting in approximately \$1 million less than the previous year to fund local RCC RPE programs. This significant reduction in funding made it necessary to revise the funding process for local RCCs to a competitive Request for Applications (RFA) process as there is now insufficient funding to implement effective prevention programs that meet the CDC RPE Program requirements among 63 local agencies.

Although there have been many challenges with ongoing fluctuations in federal funding since the inception of the RPE Program in 2002, staff from CDPH in collaboration with state SV coalition, the California Coalition Against Sexual Assault (CALCASA), have increased the capacity of local contractors to deliver effective community-based SV primary prevention programs that address SV prevention from a public health perspective. Local RCCs have shifted away from addressing SV with traditional secondary and tertiary criminal justice activities (e.g., raising awareness, self-defense) to the more upstream public health strategies (e.g., social norms change, bystander engagement, community mobilization). Up until 2014, California's RPE Program supported about 68 full-time equivalent positions in all 63 RCCs located throughout the state. Between 2006 and 2013, these contractors conducted 67,645 educational presentations to 1,436,783 participants; and produced and distributed 888,328 pieces of informational materials. As a result, over 1.5 million people in California have been exposed to SV primary prevention messages that are grounded in public health practice.

The purpose of CDC's National RPE Program is to effectively address SV in communities by:

- Preventing first-time perpetration and victimization;
- Reducing modifiable risk factors while enhancing protective factors associated with SV perpetration and victimization;
- Using the best available evidence when planning, implementing, and evaluating prevention programs;
- Incorporating behavior and social change theories into prevention programs;
- Using population-based surveillance to inform program decisions and monitor trends; and
- Evaluating prevention efforts and using the results to improve future program plans.

CDC's working definition of SV primary prevention for the National RPE Program is: *population-based and/or environmental and system-level strategies, policies, and actions that prevent sexual violence from initially occurring. Such prevention efforts work to modify and/or reduce the events, conditions, situations, or exposures to influences (risk factors) that are associated with the initiation of sexual violence and related injuries, disabilities, and deaths. Additionally, sexual violence prevention efforts should address perpetration, victimization, and bystander attitudes and behaviors, and seek to identify and enhance protective factors to impede the initiation of sexual violence.*¹

¹ Sexual Violence Prevention: Beginning the Dialogue, Centers for Disease Control and Prevention, 2004.

According to the CDC, state and local prevention programs should incorporate:

- Primary Prevention: any action, strategy or policy that prevents SV from *initially occurring*;
- Ecological Framework: strategies that work at various levels, including individual, relationship, community, institutional and societal;
- Partnerships and Collaboration: that help achieve intended outcomes and sustain efforts;
- Cultural Relevance and Specificity: prevention strategies should be appropriate for the populations for whom the strategy is intended and take into account the community's culture;
- Surveillance: population based data to assess and track changes in SV behaviors over time; and
- Outcome and Process Evaluation: indicators and measures to document a change in attitudes, behaviors, and norms related to SV (outcomes) and help to assess actions taken to realize goals (processes).

Purpose of the RPE Program Guidelines

These RPE Program Guidelines (Guidelines) were developed by VPU to:

- 1) Share the guidance, requirements, and expectations of CDC;
- 2) Support local RPE-funded rape crisis centers (RCCs) in developing evidence-informed programs through effective program development, implementation and evaluation; and
- 3) Provide information on best practices, including specified Program Strategies.

Federal legislation specifies the major areas of activities for preventing SV, and the CDC has established program priorities for all states and territories for implementing the RPE Program, which are reflected in these Guidelines. These Guidelines were developed in collaboration with CALCASA and the VPU RPE Program Advisory Group (see Appendix for a list of Advisory Group members).

Local RCC RPE programs are not expected to demonstrate mastery in every aspect of the concepts described in this document (e.g., primary prevention, public health approach, ecological model, evaluation, etc.). However, they are required to demonstrate a commitment to integrating primary prevention into the structure and function of the organization, and in building competencies in these concepts.

II. RPE PROGRAM PLANNING, DEVELOPMENT AND IMPLEMENTATION

Framework for Developing RPE SV Primary Prevention Programs

Public health is ultimately concerned with approaches that address the health of a population (population-based) rather than one individual, including environmental and system-level strategies, policies, and actions that prevent sexual violence from initially occurring, also known as primary prevention. Such prevention efforts work to modify and/or entirely eliminate the events, conditions, situations, or exposure to influences (risk factors) that result in the initiation of SV. Additionally, SV prevention efforts address perpetration, victimization, and bystander attitudes and behaviors, and seek to identify and enhance protective factors that impede the initiation of SV in at-risk populations and in the community. It is a community-oriented approach that takes the onus from victims and advocates and encourages the entire community (women, men, and youth) to prevent SV. Please see *Core Components of Effective Primary Prevention of Domestic Violence, Teen Dating Violence and Sexual Violence* (Appendix A) for information on the fundamentals of primary prevention.

This multifaceted and complex problem requires a comprehensive approach that can address the complex interplay of individual, relationship, social, political, cultural, and environmental factors that influence SV. In order to facilitate a comprehensive approach, RCCs are required to use either the *Socio-Ecological Model (SEM)* or the *Spectrum of Prevention* to develop this framework and to address at least two levels, one of which must be at the community, institutional, or organizational level. See Appendix B for complete definitions and examples for each of these models.

Planning an RPE Program

The first step in preparing to design a community prevention program is to conduct assessment, research, and planning. This is to ensure that the resulting program is:

- **Community-centered:** The program should be relevant, appropriate, and respectful to the community in which it is to be implemented. Community centered programs are socio-culturally relevant, relevant to community experience, appropriately timed for population (community readiness and developmental stage) and helpful to community resiliency. A community-centered program is designed for appropriate program audiences and implementation settings, including cultural and other diversity.
- **Informed by an understanding of risk and protective factors** that facilitate and inhibit SV.
- **Evidence-informed** and include a **theory** of how program activities will result in change. Program should be based in sound research and logic and examine the connection between a theory base, evaluation and desired outcomes or change.

- Built using a **roadmap** or process that connects program activities to desired outcomes.
- **Developed using the Principles of Prevention:** Programs should be competently implemented to meaningfully effect change. Programs should employ varied teaching methods and consider multiple styles of learning. Programs should include sufficient dosage, foster positive relationships and be implemented by well trained, well supported, and competent staff.

All VPU RPE programs must include a *program assessment and planning phase* that provides a strong rationale for program goals, objectives and activities. There is no required amount of time for this initial phase, and effective programs will incorporate some level of program assessment and planning at regular intervals throughout their program implementation. Planning should be conducted prior to submitting applications for funding, but VPU also requires additional assessment and planning within the first six months of the project funding period to allow RCCs additional time to assess the appropriateness of proposed project activities and the opportunity to work with VPU staff to develop a strong project rationale.

This phase could include review of results from community mapping, needs assessments, strategic planning, key informant interviews, surveys, focus groups, evaluation results, etc, that are relevant to understanding the current needs, assets, and readiness related to SV prevention within the audience/community. This phase should take into account how any assets, strengths, and resources identified can provide stability and support for the long-term work of SV primary prevention efforts, and how these assets will be leveraged in the implementation of the project. This may include assets such as community leaders, coalitions, local businesses, faith leaders, collaborations, local policies, youth programs, and the availability of SV programs and services, or other initiatives related to SV prevention risk and protective factors. This may also include any current or timely opportunities that could leverage the work of your project or provide for institutionalization in the community.

Because SV is a complex problem that exists across systems, there are many strategies that may be effective. There is no “out of the box” program that will work in all communities, but every community should have their own plan for how to address and prevent SV.

Developing RPE Program Activities, Goals, and Objectives

Reaching a large number of individuals and making a large number of presentations traditionally drives many grant-funded programs. However, the National RPE Program is not pursuing a goal of reaching a large group of people, but rather on achieving meaningful outcomes that alter the conditions that facilitate and mitigate SV. Instead of “sprinkling” prevention efforts far and wide, the National RPE Program emphasizes “saturation” of efforts with comprehensive, in-depth, multi-component, multi-session strategies that reach fewer individuals, but have a higher likelihood of creating lasting change in order to eliminate SV.

Therefore, RCCs are encouraged to focus their strategies as much as possible on a few specific groups of participants (e.g., do not focus on reaching every school, youth or community center, etc. in an entire county, but rather focus on a specific group such as one school, or one community or cultural group). Additionally, programs should consider each step that needs to occur for one activity to take place and account for the time and resources each step will require. Programs should focus on quality rather than quantity.

When developing a SV prevention program, there are multiple elements to consider. No one program or product is best for every community or setting. The diversity of our communities, organizations, and constituencies requires programs that implement SV prevention efforts to analyze and evaluate various factors to determine if certain activities match community needs and assets.

The following are questions to consider when developing local RPE Program strategies, goals, and objectives:

1. *What will change as a result of your project that will lead to preventing SV?*
 - a. How do the desired outcomes and activities seek to alter identified risk and protective factors associated with SV and change social norms?
 - b. What do you hope to achieve by implementing your strategies? How will you know when you have been successful?

2. *Will the proposed activities be appropriate, respectful and effective in the community in which it is implemented?*
 - a. Will this strategy work in your specific community or with your identified audience, given existing community assets, needs, readiness, norms, and history?
 - b. What does your SV surveillance or other sources of data indicate about SV trends, priority populations and where to focus efforts?
 - c. How do your proposed program activities fit community needs and assets?

3. *Will it work?*
 - a. What does the available research, contextual, and experiential evidence assert about the effectiveness of proposed activities? What theory of change may apply?
 - b. How are your proposed strategies (content) primary prevention focused?
 - c. How do your strategies incorporate principles of effective prevention? (Appendix C)
 - d. How are your proposed strategies comprehensive, supported by work at different levels of the Ecological Model (Appendix A) or Spectrum of Prevention (Appendix B) and do each of these strategies link together to achieve objectives?

4. *Can you do it?*
 - a. Can agency capacity and available resources support full program implementation?
 - b. What is your current capacity (access, knowledge, experience, personnel, expertise, training, cultural competency, and partners) to work with your identified audience?

- c. What is your current capacity (personnel, funding, expertise, training, cultural competency, and partners) to implement program activities? Are you able to implement the proposed program within program budget constraints? Are there other resources in the community that can contribute to these efforts?

Defining Program Elements/Program Information Form

All VPU RPE programs must submit and provide annual updates to a *Program Information Form*. The information in the Program Information Form must clearly match the information provided in the SOW. This information is uploaded into an RPE Program Database that is used to describe current RPE Program efforts.

Primary Setting: Indicate the primary setting for your proposed project as either school or community. Most of your core efforts will be implemented in this primary setting, although you may direct some activities in other settings that support comprehensive approaches. For example, if implementing in a school setting, indicate the type of school (elementary, middle, high, college; public, private, alternative) to which you will direct your efforts. Your core efforts may be directed to high school students, which you would identify as your primary setting, but you may also be working with college students as mentors, or other community stakeholders outside of the immediate school environment. If you are primarily working with Girls and Boys Clubs, or another community based organization, you would choose “community” as your primary setting.

Priority Audience(s): Describe the priority audience within the chosen setting to which you will direct your efforts; including age, ethnicity, or any other descriptive information that defines this audience. Indicate primary and secondary audiences. If school is your primary setting, indicate the ages and/or grades that will be the focus of your efforts. Secondary audiences may be parents, sports coaches, or other ages/grades. If you are working in the community, there may be specific groups or organizations that are your primary audience, and the general community may be a secondary audience.

Program Strategy: Your project may include more than one of the five required Program Strategies. Indicate the one Program Strategy that is the focus of your project, and any other Strategies that are secondary in your program efforts. For example, many projects focusing on schools may choose *Community Engagement* as their primary strategy, but will also be integrating *Active Bystander Engagement* and *Youth Leadership* into their project. (See Guidelines, Section III. Overview of Required Program Strategies for additional information.)

Socio-Ecological Model(SEM)/Spectrum of Prevention: All projects must include a comprehensive approach that includes a minimum of two (2) levels of the SEM or Spectrum of Prevention that your project addresses, one of which must be at the community, institutional, or organizational level. Activities for these different levels should be linked and work toward achieving project goals. For more information on these models, please see Appendix B.

Program/Curricula: Indicate any programs and/or curricula used in your project, including any versions developed by the applicant. If your agency has developed a curriculum

based on sections of one or more formalized curricula, such as Safe Dates, indicate this in your description. For examples of programs and curricula for each of the required Program Strategies, please see Appendix D.

Program Evaluation

All VPU RPE Programs are required to develop project logic models, and conduct *process and outcome evaluation* (see below) of their projects. The methods of evaluation are to be included as tasks in the VPU RPE SOW *Activities* section, and as deliverables in the *Performance Measure and/or Deliverables* section. It is the intent of VPU to build the evaluation capacity of contractors through an empowerment evaluation approach. VPU staff will assist RCCs in developing evaluation plans, and technical assistance will be provided based on the required Program Strategies. VPU, in collaboration with CALCASA, has provided extensive training and technical assistance on evaluation over the past several years. Information and materials from trainings, including those on Logic Models, can be found in Appendix E.

Process evaluation involves collecting data or information in order to assess progress in accomplishing activities or tasks related to stated program objectives. Contractors are required to list process evaluation measurements under “Performance Measure and/or Deliverables” in the RPE Scope of Work (SOW). Examples of process evaluation measures are: agendas; meeting minutes; copies of marketing materials; sign-in sheets demonstrating the number of people attending a presentation; a calendar of training activities; a copy of a developed curriculum; evaluation tools; an evaluation summary; etc.

Outcome evaluation involves collecting data or information to provide evidence that the program is responsible for changes that will support SV prevention. Outcome evaluation provides information that helps to determine if you are accomplishing what you set out to do (as stated in your measurable objectives and logic model). These results also let you know when a part of your program may need some improvement. Contractors are encouraged to keep evaluation feasible and useful by choosing methods that will give the most accurate information in practical ways. Outcome evaluation methods that measure changes in knowledge, attitudes, perceptions, behaviors, or behavioral intentions may include: surveys; questionnaires; pre/post-tests, interviews; focus groups; stories; observations; or case studies. Other outcomes may include more “before and after” results such as changes in policies or other community indicators of change. Outcome examples have been provided with each of the required Program Strategies in these Guidelines.

There is no one “right” evaluation method. Rather, many types of evaluation questions may arise over the life of the program that might reasonably be asked at any point in time. Addressing these questions about program effectiveness means documenting and measuring the implementation of the program and its success in achieving intended outcomes.

The CDC has detailed six steps that serve as a starting point for developing an evaluation for a program. Their webpage, located at <http://www.cdc.gov/EVAL/steps/index.htm> has more details on these steps:

1. **Engage stakeholders**, including those involved in program operations; those served or affected by the program; and primary users of the evaluation.
2. **Describe the program**, including the need, expected effects, activities, resources, stage, context and logic model.
3. **Focus the evaluation design** to assess the issues of greatest concern to stakeholders while using time and resources as efficiently as possible. Consider the purpose, users, uses, questions, methods and agreements.
4. **Gather credible evidence** to strengthen evaluation judgments and the recommendations that follow. These aspects of evidence gathering typically affect perceptions of credibility: indicators, sources, quality, quantity and logistics.
5. **Justify conclusions** by linking them to the evidence gathered and judging them against agreed-upon values or standards set by the stakeholders. Justify conclusions on the basis of evidence using these five elements: standards, analysis/synthesis, interpretation, judgment and recommendations.
6. **Ensure use and share lessons learned** with these steps: design, preparation, feedback, follow-up and dissemination.

Use of RPE Funds

According to state and federal requirements, state and local programs cannot use RPE funds to support the following activities:

1. Victim Services/Response: RPE funds may not be used for direct victim service activities. This includes crisis intervention, case management, advocacy, counseling, support groups, and community outreach efforts in support of direct client services.
2. Offender Treatment: These funds may not support offender treatment programs. The focus of RPE will be on preventing *first-time* perpetration, NOT on offender treatment for the purpose of preventing repeat perpetration.
3. Victim Response Training: These funds may not be used for training that focuses on how service providers should respond to victims of sexual violence (e.g., advocates, Sexual Assault Nurse Examiner (SANE) programs, law enforcement or judicial response, etc.).
4. Lobbying: Expenses associated with lobbying, whether conducted directly or indirectly, are not eligible for funding.

5. Food/Refreshments: Because there are regulations that govern the use of federal and state funds for food expenses, these costs are ineligible.
6. Promotional Items: On February 1, 2011, Governor Brown issued a memo directing all California state agencies and departments to stop the purchase and distribution of “gifts” or “giveaway items” used to promote programs. Examples of restricted items include (but not limited to): mugs or cups; lapel or stickpins; pens or pencils; clothing (t-shirts, hats); and, key chains

III. OVERVIEW OF REQUIRED PROGRAM STRATEGIES

All VPU RPE Programs are required to design their projects using one or more of the five (5) *Program Strategies* listed on the following pages, including:

- Active Bystander Engagement
- Community Engagement (in a Community or School Setting)
- Community Mobilization
- Promoting Gender Equity
- Youth Leadership Development

These program strategies have been selected based on current evidence of best practices for primary prevention, and to also align with the types of RCC RPE programs currently being implemented throughout California. These program strategies have been discussed in detail through trainings provided by VPU in collaboration with CALCASA. There are extensive resources from these trainings and other sources listed in Appendix D, including sample programs for each of the Program Strategies. The information from the training specific to these Program Strategies can be found at the following link: [Selecting Sexual Violence Prevention Strategies to Fit Diverse Communities.**](#)

****Please note:** After the VPU sponsored trainings were conducted, changes were made to the strategy terms, which are now reflected in these Guidelines as follows:

- 1)“School-based” is no longer listed as a strategy but is now included as a setting in which to implement a strategy;
- 2)“Community engagement” has been added as a strategy used in a community or school setting.

The overview of each of the Program Strategies includes a basic definition, with example activities for each level of the socio-ecological model, and outcome examples. The outcome examples can be used to inform outcomes in your logic model, measurable objectives in your SOW, and in designing your evaluation.

Note that the strategies, activities, and outcomes listed here are not mutually exclusive, and that some projects may create a comprehensive approach that uses more than one strategy, or have common outcomes across strategies. For example, many projects focusing on schools may choose *Community Engagement* as their primary strategy, but will also be integrating *Active Bystander Engagement* and *Youth Leadership* into their project. Or when implementing a *Bystander Engagement Strategy* an outcome may include, “Participants can identify how norms, sexism and constructs of masculinity and femininity can contribute to sexual violence.” This outcome is also listed under *Gender Equity*.

ACTIVE BYSTANDER ENGAGEMENT

| Description | Example Activities | Outcome Examples |
|--|--|--|
| <p>The bystander engagement strategy gives community members a specific role that they can identify and adopt in preventing the community problem of SV. The active bystander role includes: identifying and interrupting situations that could lead to assault before it happens; intervening during an incident; speaking out against social norms that support SV; and having skills to be an effective and supportive ally to survivors.</p> <p>(Banyard, V.L., Plante, E.G., & Moynihan, M.M. (2005). Rape Prevention through Bystander Education: Bringing a Broader Community Perspective to Sexual Violence Prevention.)</p> | <p>Individual level: build individual skills, knowledge, motivation and intent to identify and safely interrupt situations of potential harm.</p> <p>Relationship level: institute bystander engagement ambassador program.</p> <p>Community level: implement a campaign that encourages bystander engagement.</p> <p>Societal level: advocating for institutional amnesty program for whistleblowing.</p> | <ul style="list-style-type: none"> • Participants are confident in their ability to take action to prevent SV. • Participants are able to identify norms (rape jokes, victim blaming, sexualization/objectification, rape rationalization) and behaviors that facilitate SV. • Participants have the skills and knowledge to engage as active bystanders that challenge norms and behaviors that support SV when they see them. • There is community and social support for individuals when they challenge rape supportive attitudes or behavior. |

COMMUNITY ENGAGEMENT IN A COMMUNITY OR SCHOOL SETTING

| Description | Example Activities | Outcome Examples |
|--|---|--|
| <p>The community engagement strategy should engage diverse community/school stakeholders in creating individual, institutional and social change. Community engagement efforts are comprehensive in nature, addressing not only individuals' knowledge and attitudes, but also how those attitudes affect the overall community climate or environment. Programs working primarily in a school setting should consider this as their primary strategy.</p> | <p>Individual level: presentations to develop individual knowledge and skills to build healthy and respectful relationships.</p> <p>Relationship level: applying learned skills and positive communication techniques to address social norms that support violence.</p> <p>Community level: conduct a campaign that reinforces positive messages about healthy and respectful relationships.</p> <p>Societal level: community participation in developing policies that specifically address SV prevention and response.</p> | <ul style="list-style-type: none"> • Community members identify SV in their community as a problem • Participants can identify how social norms can contribute to SV. • Policies, procedures and community climate support SA survivors and hold perpetrators accountable. • The community's commitment to preventing SV, as evidenced by tangible behavior, community and institutional change, is increased. • The community's social climate reflects consistent messages that support norms change. |

COMMUNITY MOBILIZATION

| Description | Example Activities | Outcome Examples |
|--|---|---|
| <p>The community mobilization strategy is a participatory decision-making process through which members of a community plan, implement and evaluate specific actions designed to improve the health and well-being of the community. Effective implementation of any community mobilization requires promoting positive changes in community norms and engages all sectors of the population in the effort.</p> <p>Community mobilization efforts seek to impact the underlying causes of sexual violence through the shifting of ownership of solution from social services to the community. (WCSAP)</p> | <p>Individual level: empower community members with the skills, knowledge, and resources to develop SV prevention plans</p> <p>Relationship level: develop and leverage existing individual and community relationships to engage more community members in SV prevention.</p> <p>Community level: host a series of community dialogs on the problem of SV in the community and possible solutions.</p> <p>Societal Level: strong community representation and decision-making power to institutionalize community ownership.</p> | <ul style="list-style-type: none"> • Community members identify SV in their community as a problem • Community members feel they have the responsibility to prevent SV in their community. • Community members believe that they are competent and capable to effect change in their own lives, in their relationships, and in the community. • The systems or structures that make and implement SV prevention policies identify community members as vital to decision making and implementation. • The community's strengths and assets are identified. |

PROMOTING GENDER EQUITY

| Description | Example Activities | Outcome Examples |
|---|---|--|
| <p>The promoting gender equity strategy seeks to identify oppression and inequality as root causes of SV. Programs commonly address cultural and collectively learned biases and or social norms that support gender inequality and physical, emotional and sexual abuse. Gender equity programs promote norms that contribute to gender equality examine how the social and psychological constructs of gender affect culture and create conditions for SV and abuse.</p> <p>On a larger level, gender equity programs seek to change institutional policies, in a positive way, and practices that ensure equitable access to opportunities, resources, status and rights for all. Because individuals across the gender spectrum transmit culture, gender equity programs can be implemented in single gender expression or mixed gender groups.</p> | <p>Individual level: workgroups focusing on developing individual skills and knowledge to identify and challenge sexism, gender roles and expectations</p> <p>Relationship level: anti-oppression communication training, focusing on non-defensive and respectful communication</p> <p>Community level: engage reporters and other media makers in discussion of the impact of using sexist language and imagery.</p> <p>Societal level: develop policies that promote gender equity (Example: Lilly Ledbetter Fair Pay Act, 2009)</p> | <ul style="list-style-type: none"> • Participants are able to identify gender roles/expectations and gender-based oppression. • Participants can identify how norms, sexism and constructs of masculinity and femininity can contribute to SV. • Participants increase their intolerance of attitudes, statements, beliefs or behaviors that demean or degrade women or girls based on gender. • Impact: Community values gender relations that support shared power and decision-making, the equitable distribution of resources, women’s empowerment and male accountability for SV. |

YOUTH LEADERSHIP DEVELOPMENT

| Description | Example Activities | Outcome Examples |
|---|---|---|
| <p>The youth leadership strategy utilizes a positive youth development framework to SV prevention. Such an approach focuses on building internal and external assets with the assumption that reduction in risk factors will co-occur. Youth leadership and development seeks to engage youth as change agents.</p> <p>Policy, funding, and programming are directed at providing support to young people as they build their capacities and strengths to meet their personal and social needs; and usually include practices that adults use to provide youth with the types of relationships and experiences needed to fuel healthy development (Youth Development Strategies, 2000).</p> | <p>Individual level: activities that build an individual’s self-esteem and support pro-social development</p> <p>Relationship level: mentoring programs focused on youth’s interests to increase, individual capacities and self-image to promote social connectedness.</p> <p>Community level: Youth led community activities and events</p> <p>Societal level: youth participation in community policymaking groups or committees</p> | <ul style="list-style-type: none"> • Youth participants increase knowledge and skills necessary to organize SV prevention activities. • Participants believe that they are competent and capable to effect change in their own lives, in their relationships, and in the community. • Youth participants have increased their internal developmental assets http://www.search-institute.org/content/40-developmental-assets-adolescents-ages-12-18 • Community perceives youth as capable change agents that have leadership roles in efforts to prevent SV. |

**California Department of Public Health
Safe and Active Communities Branch
Violence Prevention Unit**

**Core Components of Effective Primary Prevention of
Domestic Violence, Teen Dating Violence and Sexual Violence**

The following concepts articulate the central components of effective primary prevention of DV/TDV/SV. These concepts were developed in collaboration with the California Partnership to End Domestic Violence and a Statewide Core Competency Workgroup as part of a larger project to develop core competencies for violence prevention practitioners.

1. DV/TDV/SV are preventable.

- Violence is a learned behavior. It can be unlearned, or never learned in the first place.
- DV/TDV/SV primary prevention refers to efforts aimed at preventing initial domestic violence and/or teen dating violence and/or sexual violence perpetration and/or victimization.

2. Primary prevention is inherently intergenerational and long-term.

- Preventing DV/TDV/SV requires looking at our relationships and communities, as well as our movements, through multiple generations.
- Youth, young adults, and adults need to work cooperatively to build comprehensive approaches to prevention in communities.
- Youth and young adults play particularly vital roles in DV/TDV/SV prevention as active participants in the creation of their own health and well-being, as leaders, and as the next generation of parents and decision-makers.

3. Primary prevention of DV/TDV/SV and ending intersecting forms of oppression are inextricably linked.

- Primary prevention promotes social justice to address the intersecting systems of oppression and inequity that underlie violence in relationships and society.
- Primary prevention initiatives must apply an understanding of the roles of gender, gender norms, and gender inequality as contributors to DV/TDV/SV. This gender analysis should address the intersections of privilege and oppression based on race, class, culture, age, gender, sexuality, and abilities.

4. Primary prevention is both prevention and promotion.

- Preventing DV/TDV/SV requires both direct communication and action against unhealthy and harmful behaviors, practices and norms (such as having courageous conversations and addressing interpersonal bias-based behavior), as well as promotion of alternative, desirable behaviors, practices and norms.
- Preventing DV/TDV/SV is about modeling and promoting respectful, equitable, nonviolent relationships among individuals, families and communities.

- Preventing DV/TDV/SV focuses on nurturing whole people, families and communities – the world we are trying to create – through promoting individual, family, and community health, strengths, and assets.

5. Primary prevention initiatives are a part of a much bigger movement that is a part of many movements.

- Primary prevention of DV/TDV/SV is a vital stream within the broader movement to address DV/TDV/SV and violence against women and girls.
- The movement to end DV/TDV/SV is a vital current among many evolving movements for social and environmental justice.

6. Primary prevention initiatives are community-driven.

- Primary prevention initiatives recognize the need for communities to develop their own local solutions, and meet organizations and communities where they are and help to strengthen the community.
- Primary prevention initiatives involve deep listening, honoring histories, building trust, and encouraging responsiveness to community and cultural diversity.
- Community-driven solutions are developed through community engagement; development of shared analysis, vision, values, goals and share messaging; community-driven research and evaluation; and, community-driven prevention agendas, strategies and solutions.
- Community-driven solutions involve challenging existing community norms and promoting new norms that are yet to be widely accepted.

7. Partnerships are at the heart of primary prevention.

- Primary prevention is rooted in multi-disciplinary public health practice, encompassing disciplines such as education, health care, law enforcement, and human services, and partnerships with community sectors, such as faith organizations and business.
- Everyone – from youth to elders – in our homes, schools, work places, and other community settings, play a part in addressing the community and societal conditions that give rise to DV/TDV/SV and creating the conditions to support respectful and equitable nonviolent relationships.
- Primary prevention initiatives are also strengthened by coordination and collaboration both within local communities as well as between local communities and the state and national levels and with partners working in related social and environmental justice movements.

8. Prevention and intervention go hand-in-hand.

- While prevention and intervention are distinctly different, they are interrelated, and primary prevention initiatives must be linked with community intervention efforts and resources.
- Efforts to prevent future incidence of DV/TDV/SV must also address the impact of violence that has already been perpetrated, and how experiences of different types of violence impact gender-based violence.

- Primary prevention efforts should be trauma-informed, and work in an integrated manner (i.e., without unnecessary or artificial boundaries) with secondary and tertiary prevention efforts².

9. Violence is perpetrated – and prevented – within a *social-ecological* context.

- Respectful and equitable nonviolent relationships cannot be developed or sustained without a supportive social environment.
- Our behaviors, such as violence, are shaped by more than our individual characteristics, including knowledge, attitudes and beliefs. Our behaviors are shaped by cultural expectations, social and community norms, and the policies and systems that keep them in place.
- Therefore primary prevention initiatives address the entire social ecology, with an emphasis on *social determinants of health*³ at the community and societal levels.

10. Primary prevention initiatives are more effective when we use multiple sources of evidence to inform our decision-making.

- Evidence to inform our decision-making can include:
 - *The best available research evidence*; this refers to evidence that has been generated by research studies, such as randomized control trials and quasi-experimental designs;.
 - *Experiential evidence*: this refers to evidence based on the professional insight, understanding, skill, and expertise that is accumulated over time and is often referred to as intuitive or tacit knowledge; and/or,
 - *Contextual evidence*: this refers to evidence of whether a strategy will be useful, feasible and accepted by the community), including findings from community assessments
- Tools to support evidence-informed practice can include:
 - Theories of behavioral and social change;
 - Process and outcome evaluation; and/or
 - Continuous quality improvement

² See <http://wiki.preventconnect.org/Primary%2C+Secondary%2C+Tertiary+Prevention> for definitions of secondary and tertiary prevention.

³ See <http://www.cdc.gov/socialdeterminants> for a definition of social determinants of health.

California Department of Public Health
Safe and Active Communities Branch
Violence Prevention Unit

Developing Comprehensive Programs

To be more effective, program activities should integrate, link, and reinforce each other, and should align with the overall vision of the prevention program. The following resources for the Ecological Model and the Spectrum of Prevention can be used in the development of comprehensive sexual violence prevention programs.

The article “Sexual Violence Prevention”, published in the Prevention Researcher, provides an excellent discussion and examples of comprehensive program strategies. It can be downloaded for free at

<http://preventconnect.org/wp-content/uploads/2009/04/lee-2007-Sexual-Violence-Prevention.pdf>

Ecological Model

The four-level Ecological Model can be used to better understand the root causes of SV and to recognize and develop potential points of prevention. The Ecological Model is a way to describe violence in terms of the complex interaction of four levels of influence, including individuals, interpersonal relationships, the community, and the society levels. For a clear description of each level of the ecological model and examples of SV prevention strategies targeting each level, see *Beginning the Dialogue* (pages 4 and 5). An example showing how the Ecological Model is applied to develop school-based primary prevention strategies is included at the end of this document.

Spectrum of Prevention

The Spectrum of Prevention provides another framework, complementary to the Ecological Model, which can help organizations develop more comprehensive strategies based on existing efforts. To download a free copy of the publication *Sexual Violence and the Spectrum of Prevention* which offers examples of activities for each level of the spectrum, click on:

http://www.nsvrc.org/sites/default/files/Publications_NSVRC_Booklets_Sexual-Violence-and-the-Spectrum-of-Prevention_Towards-a-Community-Solution.pdf , or to hear a pod cast on the

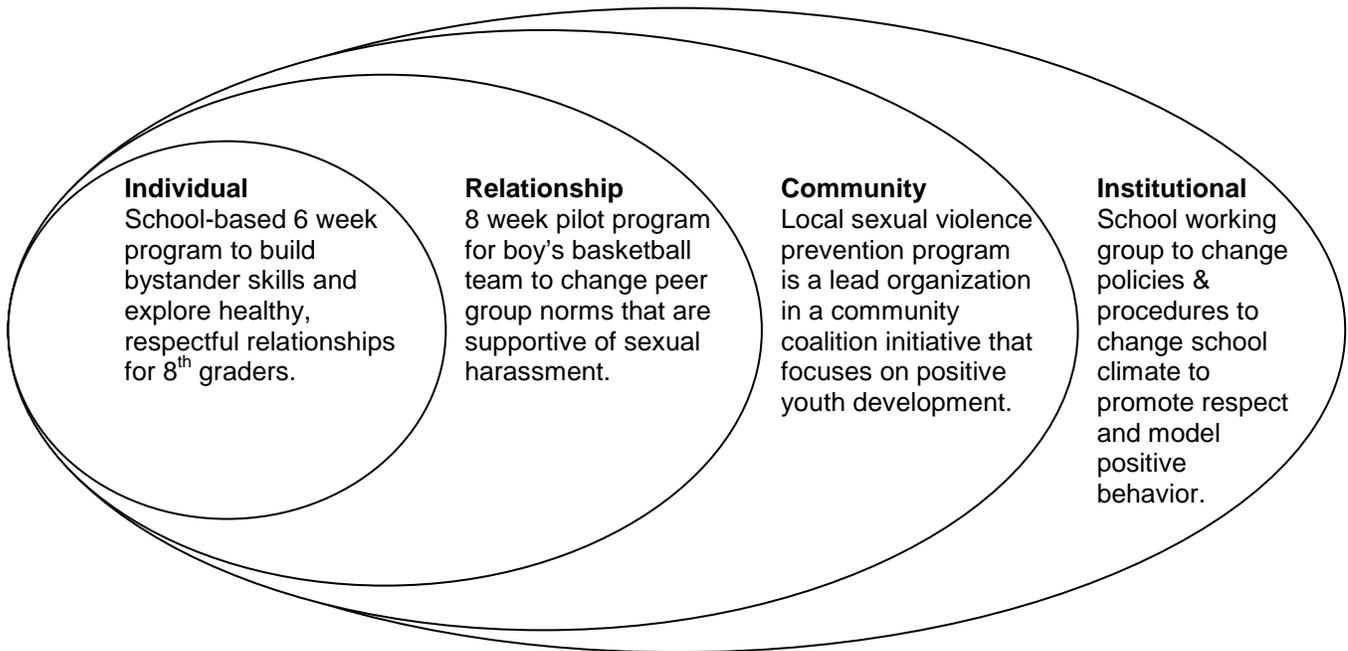
Spectrum, go to **CALCASA’s PreventConnect** website at:

<http://preventconnect.org/2007/03/the-spectrum-of-prevention/> or watch an eight minute summary on-line at:

<http://preventconnect.org/2006/11/using-the-spectrum-of-prevention/>

Using the Ecological Model to Develop School-Based Comprehensive Primary Prevention⁴

To increase effectiveness, SV prevention strategies should address several levels of the social ecological model. For example, a school-based comprehensive primary prevention strategy might include:



Individual

A school-based curriculum focused on shifting gender roles and defining healthy relationships for a group of 8th graders works to influence the student (individual level change) to change individual knowledge, attitudes and behaviors. Although it is set in a school, the change doesn't occur school-wide as the culture of the school has not been addressed. This change is being pursued one student at a time through the curriculum. To make this effort comprehensive, additional activities are necessary.

Relationship

A pilot program focused on young boys works to influence peer group norms (relationship level change) that support sexual harassment and SV.

Institutional

A school working group might be formed to change the policies and procedures of the school (institutional level change) thereby changing the climate and environment from acceptance of violence as a norm to honoring and modeling respect and positive interactions.

Community

Ideally, individual, relationship and institutional changes would be pursued within this school and supported by a community-wide SV prevention initiative (community level change) that includes a focus on positive youth development.

⁴ Excerpted from the April, 2006 draft version of "Sexual Violence Prevention and Education Program Announcement" by the Centers for Disease Control (CDC), National Center for Injury Prevention and Control's (NCIPC), Division of Violence Prevention (DVP).

Sexual Violence and the Spectrum of Prevention:

Towards a Community Solution

Sexual violence is preventable. Communities are vital in the development of effective sexual violence prevention strategies. Local initiatives are in a good position to respond to the needs of their community and involve participation of community members. This fact sheet provides information about the [Spectrum of Prevention](#), a tool developed by the *Prevention Institute* and tailored by the NSVRC, to assist communities in developing comprehensive sexual violence prevention initiatives. Designed for broad scale change, it focuses not just on individuals, but also on the environment, including systems and norms that contribute to sexual violence. An outline of the six levels of the [Spectrum](#) follows. By working at all six levels simultaneously, communities can design an effective strategy that results in a comprehensive initiative/program which promotes confidence that their relationships, homes, neighborhoods, schools, places of worship and work places are safer.

| Level of Spectrum | | Definition of Level |
|-------------------|---|---|
| Level 1 | Strengthening Individual Knowledge & Skills | Enhancing an individual's capability of preventing violence and promoting safety |
| Level 2 | Promoting Community Education | Reaching groups of people with information and resources to prevent violence and promote safety |
| Level 3 | Educating Providers | Informing providers who will transmit skills and knowledge to others and model positive norms |
| Level 4 | Fostering Coalitions & Networks | Bringing together groups and individuals for broader goals and greater impact |
| Level 5 | Changing Organizational Practices | Adopting regulations and shaping norms to prevent violence and improve safety |
| Level 6 | Influencing Policy & Legislation | Enacting laws and policies that support healthy community norms and a violence-free society |

A detailed description of the Spectrum of Prevention can be found at:

<http://www.nsvrc.org/publications/nsvrc-publications/sexual-violence-and-spectrum-prevention>

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Spectrum of Prevention: Sample Activities

Level 1: Strengthening Individual Knowledge and Skills

- Provide multiple session skill-building programs that teach healthy sexuality and healthy and equitable relationship skills to high school students
- Build the skills of bystanders to safely interrupt behavior such as sexist and homophobic harassment

Level 2: Promoting Community Education

- Teach parents to address unhealthy attitudes and behaviors in their children that support sexual violence
- Stage community plays that reinforce positive cultural norms, portray responsible sexual behavior, and models of bystander action
- Hold religious and political leaders accountable for providing clear and consistent messages that sexual violence is not appropriate; model healthy, equitable relationships and healthy sexuality
- Develop awards programs to publicly recognize responsible media coverage and community leadership to prevent sexual violence

Level 3: Educating Providers

- Train little league coaches to build skills to interrupt and address athletes' inappropriate comments and behaviors that promote a climate condoning sexual harassment and sexual violence
- Train health care providers, mental health professionals, educators, foster parents and other professionals on the principles of healthy relationships
- Collaborate with musicians, song writers, artists and other role models about positively impacting young people

Level 4: Fostering Coalitions and Networks

- Foster partnerships between researcher/academics and community providers to strengthen evaluation approaches
- Engage art organizations to promote community understanding and solutions
- Engage the business sector to foster workplace solutions and build support

Level 5: Changing Organizational Practices

- Implement and enforce sexual harassment and sexual violence prevention practices in schools, workplaces, places of worship and other institutions
- Implement environmental safety measures such as adequate lighting and emergency call boxes, complemented by community education and enforcement of policies
- Encourage insurers to provide resources and materials promoting healthy sexuality

Level 6: Influencing Policies and Legislation

- Promote and enforce full implementation of the Title IX law
- Establish policies at universities to provide sexual violence prevention curriculum to all students and training to all staff, and include funding as a line item in the university's budget
- Pass middle and high school policies to offer comprehensive sex education programs that include sexual violence prevention and address contributing factors in the school environment.

California Department of Public Health
Safe and Active Communities Branch
Violence Prevention Unit

10 Principles of Effective Prevention Programs/Strategies⁵

CDC is utilizing the following principles to design and implement RPE programs and strategies. Many RCCs are already using some of these principles, but may identify others that can strengthen program efforts.

1. Comprehensive: strategies address risk and protective factors for sexual violence at multiple levels of the Ecological Model or Spectrum of Prevention.
2. Varied teaching methods: multiple strategies that increase awareness and understanding as well as enhance and build new skills.
3. Sufficient dosage: exposure to enough of the intervention to produce the desired effect (i.e. multiple sessions). Research shows that 7-9 “doses” are needed to affect changes in attitudes and behaviors.
4. Theory driven: strategies that have a scientific justification or logical rationale for why they should work.
5. Positive relationships: strategies that promote strong positive relationships between children/youth and adults, youth to youth, and adult to adult.
6. Appropriately timed: strategies are initiated early enough and at the appropriate developmental time to have an impact on the development of positive and negative behaviors.
7. Socioculturally relevant: tailored to the community and cultural norms, beliefs and practices; inclusion of community representatives in planning and implementation phases.
8. Outcome evaluation: systematic measurements that can document how well the intervention works.
9. Well-trained staff: programs are implemented by staff that are sensitive, competent, and sufficiently trained, supported, and supervised.
10. Evidence-based: efforts that are informed by the best available research or expertise.

⁵ Nation M; Crusto C; Wandersman A; Kumpfer KL; Seybolt D; Morrissey-Kane E; Davino K. What Works in Prevention: Principles of Effective Prevention Programs. *American Psychologist*. 58(6-7); Jun-Jul 2003:449-456.

California Department of Public Health
Safe and Active Communities Branch
Violence Prevention Unit

Program Examples and Resources

The purpose of this document is to provide information about promising strategies to sexual violence prevention. The programs and resources included in this document are examples provided for each of the required Program Strategies, and are here for educational purposes only. This list is not exhaustive and should not be considered an endorsement of any particular program, curriculum or product.

Active Bystander Engagement

Programs:

Aggressors, Victims and bystanders

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=142>.

Bringing in the Bystander

<http://cola.unh.edu/prevention-innovations/bystander>

Green Dot

http://www.livethegreendot.com/train_curriculum.html

Mentors in Violence Prevention (MVP)

<http://www.mvpstrategies.net/bystander-approach/>

Resources:

Green Dot review

<http://www.doe.in.gov/sites/default/files/student-services/ending-violenceone-green-dot-reviewer-comments.pdf>

MVP review

http://www.courtinnovation.org/sites/default/files/MVP_evaluation.pdf

Community Engagement in a Community or School Setting

Programs:

Safe Dates

<http://nrepp.samhsa.gov/ViewIntervention.aspx?id=141>

SANKOFA

<http://nrepp.samhsa.gov/ViewIntervention.aspx?id=226>

Second Step

<http://www.cfchildren.org/second-step/middle-school.aspx>

Shifting Boundaries

http://www.preventconnect.org/2013/05/shifting_boundaries/

Start Strong

<http://startstrong.futureswithoutviolence.org/>

The Fourth R

<http://nrepp.samhsa.gov/ViewIntervention.aspx?id=207>

Resources:

Curriculum reviews

<http://nrepp.samhsa.gov/ViewIntervention.aspx?id=141>

“Sexual violence prevention programs have many reasons for devoting time and attention to school settings: significant numbers of children with diverse backgrounds may be readily accessed over a sustained period of time; schools already have a role in sexual violence prevention and intervention; schools have access to parents (and other caregivers and youth influencers); and as a focal point to the community, schools help (define and) establish community standards.” (Watkins, M. & Hegge, J. 2005. Best practices in sexual violence prevention education: recommendations for prevention educators working with youth in grades K-12.)

Community Mobilization

Programs:

Close to Home (C2H)

www.c2home.org

Project Envision

http://www.svfreenyc.org/programs_prevention.html

Resources:

PreventConnect eLearning module

“Community Mobilization and Primary Prevention”

<http://learn.preventconnect.org/course/view.php?id=6>

WCSAP

Community Development Demonstration Projects

Initiative 1:

<http://www.wcsap.org/working-youth-who-are-homeless>

Initiative 2:

<http://www.wcsap.org/stonewall-iq-health-project>

Partners in Prevention: A Tool for Community Development Conversation

<http://www.wcsap.org/partners-prevention-tool-community-development-conversation>

C2H program summary

www.rwjf.org/content/dam/farm/reports/programs_results_reports/2012/rwjf72686

The process of community mobilization is as important as the output; “When people have an opportunity to participate in decisions and shape strategies that vitally affect them, they will develop a sense of ownership in what they have determined, and commitment to seeing that the decisions are sound and that the strategies are useful, effective and carried out” (*Lofquist, 1996*).

Promoting Gender Equity

Programs:

Coaching Boys Into Men

http://www.futureswithoutviolence.org/section/our_work/men_and_boys/coaching_leadership/

Hardy Girls, Healthy Women

<http://www.hghw.org/>

HollaBack

<http://www.ihollaback.org/>

Men of Strength

<http://www.mencanstoprape.org/The-Men-of-Strength-Club/>

(Special Note: For California's implementation of this strategy, MyStrength, please go to www.mystrength.org)

The Everyday Sexism Project

<http://usa.everydaysexism.com/>

Women, Action, and the Media (WAM!)

<http://www.womenactionmedia.org/>

Resources:

Coaching Boys to Men Evaluation program summary <http://clinicaltrials.gov/ct2/show/NCT01367704>

XY online - Men, masculinities, and gender politics

<http://www.xyonline.net/>

Men of Strength Evaluation

http://www.mencanstoprape.org/images/stories/MCSR_2010_Evaluation.pdf

My Strength Club Summary

<http://www.cdph.ca.gov/HealthInfo/injviosaf/Documents/MOSTClubsEvaluation-EPIC.pdf>

Youth Leadership Development

Programs:

Expect Respect

<http://www.expectrespectaustin.org/youth-leadership/>

Start Strong - Engaging Influencers - Older Teen Mentors <http://startstrong.futureswithoutviolence.org/4-elements-of-success/engage-influencers/older-teen-mentors/>

Peer Solutions <http://www.peersolutions.org/>

Camp Peaceworks <http://www.preventconnect.org/2012/01/camp-peaceworks/>

Resources:

Enhancing our Primary Prevention Efforts: **Intergenerational Partnerships, Engaging Youth and Social Change** (materials from TC-TAT, CPEDV and CALCASA regional trainings) <http://www.calcasa.org/2011/03/regional-trainings-offered-intergenerational-partnerships-engaging-youth-and-social-change/>

Youth-led Prevention

<http://www.preventconnect.org/2012/01/youth-led-prevention/>

Youth 360

<http://www.preventconnect.org/2012/01/youth-360/>

Youth Leadership Institute

<http://www.yli.org/>

California Department of Public Health
Safe and Active Communities Branch
Violence Prevention Unit

Additional Resources

CDC's vision for the National RPE Program and primary prevention of sexual violence:

A review of the CDC publication Sexual Violence Prevention: Beginning the Dialogue

(<http://www.cdc.gov/violenceprevention/pub/SVPrevention.html>) is strongly recommended. It provides additional information about CDC's vision for the National RPE Program and primary prevention of sexual violence.

National Sexual Violence Resource Center: <http://nsvrc.org/>

Prevention Connection: <http://www.calcasa.org/what-we-do/prevention/prevention-connection/>

Information about principles of effective prevention:

[What works in prevention: Principles of effective prevention programs.](#)

[Nation, Maury; Crusto, Cindy; Wandersman, Abraham; Kumpfer, Karol L.; Seybolt, Diana; Morrissey-Kane, Erin; Davino, Katrina](#) American Psychologist, Vol 58(6-7), Jun-Jul 2003, 449-456.

Information about evaluation:

Creative strategy to evaluate <http://calcasa.org/prevention/creative-ways-to-measure-prevention/>

Using online tools for evaluation <http://calcasa.org/prevention/online-tools-help-evaluate-prevention/>

Using Logic Models for Planning Primary Prevention Programs <http://calcasa.org/prevention/using-logic-models-for-planning-primary-prevention-programs-2/>

Information about risk and protective factors:

[A Systematic Qualitative Review of Risk and Protective Factors for Sexual Violence Perpetration Andra Teten Tharp¹, Sarah DeGue¹, Linda Anne Valle¹, Kathryn A. Brookmeyer¹, Greta M. Massetti¹, and Jennifer L. Matjasko¹](#)

Information about innovations in prevention programming:

[Innovations in Prevention \(NSVRC\)](#)

Information about Logic Models

[Logic Model eLearning course](#)

Information about RPE theory of change:

[Creating Safer Communities: The Underlying Theory of the Rape Prevention and Education Model of Social Change](#)

[Prevention Session 5: Demystifying Theory](#)

Materials from CALCASA RPE Trainings:

[Logic Models for Prevention Programming web conference materials](#)

[Logic Models for Prevention Programming II pre conference training materials](#)

[Logic Model regional training materials](#)

[Using Data to Grow Prevention web conference](#)

[Selecting Sexual Violence Prevention Strategies to Fit Diverse Communities](#)

Exhibit A
SAMPLE Scope of Work Using Community Mobilization Strategy
November 1, 2014 – January 31, 2015

| GOAL # 1: Build organizational capacity to plan, implement and evaluate a sexual violence (SV) primary prevention community mobilization project, and complete VPU administrative requirements. | | | | |
|---|--|---------------------------|-------------------|---|
| MEASURABLE OBJECTIVES | MAJOR ACTIVITIES | TIME LINE | STAFF RESPONSIBLE | PERFORMANCE MEASURE AND/OR DELIVERABLES |
| 1. By January 31, 2015, project staff will participate in Violence Prevention Unit (VPU) required and approved Technical Assistance and Training (TAT). | 1.1 Participate in VPU required and approved TAT, including: organizational assessment; online webinar; two-day in-person training; and completion of pre/post TAT activities. | 1.1 Nov 2014– Jan 2015 | 1.1 PD; PC | 1.1 Agenda, registration receipt, and completed assignments. |
| | 1.2 Participate in ongoing coaching calls as required by VPU. | 1.2 Nov 2014– Jan 2015 | 1.2 PC | 1.2 Notes from coaching calls. |
| 2. By January 31, 2015, design and conduct assessment and planning to strengthen project goals, objectives, logic model, and evaluation. | 2.1 Review project goals, objectives, logic model and proposed evaluation tools and methods. | 2.1 Nov 2014– Jan 2015 | 2.1 PC | 2.1 Notes from analysis and completed assessment. |
| | 2.2 Review research and evidence to support Program Strategy. | 2.2 Nov 2014– Jan 2015 | 2.2 PD; PC | 2.2 Research notes. |
| | 2.3 Conduct community assessment(s) and key informant interviews to build evidence of community readiness and cultural appropriateness of project activities. | 2.3 Nov 2014– Jan 2015 | 2.3 PD; PC | 2.3 Summary of results. |
| | 2.4 Revise project goals, objectives, and logic model as necessary to reflect research results. | 2.4 Nov 2014– Jan 2015 | 2.4 PC | 2.4 Revised documents. |
| | 2.5 Complete initial evaluation plan and participate in evaluation TA calls as required by VPU. | 2.5 Nov 2014– Jan 2015 | 2.5 PC | 2.5 Completed evaluation plan, logic model and evaluation tools as required by VPU. |
| | 2.6 Obtain Letters of Commitment from key partners collaborating on project. | 2.6 Nov 2014– Jan 2015 | 2.6 PC | 2.6 Letters of Commitment. |

Staff Responsible Legend: Project Director (PD); Project Coordinator (PC)

Exhibit A
SAMPLE Scope of Work
November 1, 2014 – January 31, 2015

| GOAL # 2: Engage youth and adult community members in sexual violence (SV) primary prevention through community mobilization. | | | | |
|---|---|-------------------------|-------------------|---|
| MEASURABLE OBJECTIVES | MAJOR ACTIVITIES | TIME LINE | STAFF RESPONSIBLE | PERFORMANCE MEASURE AND/OR DELIVERABLES |
| <p>1. By January 31, 2015, a minimum of 10 youth leaders, ages 11-18, after participating in a Youth Leadership Team (YLT) orientation, will have increased knowledge of:</p> <ul style="list-style-type: none"> • SV prevention strategies and public health approaches to prevention; • healthy relationship practices; • gender norms and the role of gender in SV; • community organizing techniques; and • their role in SV prevention. | 1.1 Finalize program information and marketing materials. Review and familiarize project staff with <i>Close to Home Training Guide</i> to be used for community mobilization strategy. | 1.1 Nov – Dec 2014 | 1.1 PD; PC | 1.1 Copies of materials; Close to Home training guide used as curriculum. |
| | 1.2 Identify and recruit youth for project. | 1.2 Nov 2014 – Jan 2015 | 1.2 PC | 1.2 List of youth. |
| | 1.3 Formalize commitment from youth and set meeting schedule. | 1.3 Nov 2014 – Jan 2015 | 1.3 PC | 1.3 Signed commitments and meeting schedule. |
| | 1.4 Conduct three-day orientation training with new youth participants. | 1.4 Jan 2015 | 1.4 PD; PC | 1.4 Agenda and sign-in sheet. |
| | 1.5 Facilitate 2-4 meetings per month of YLT averaging a total of 6-8 hours per month after orientation is completed. | 1.5 Jan 2015 | 1.5 PC | 1.5 Agendas, minutes and sign-in sheets. |
| | 1.6 Pay youth stipends to youth who lead project tasks. | 1.6 Jan 2015 | 1.6 PC | 1.6 Documentation of activities and stipends. |
| | 1.7 Evaluate all YLT activities through pre/post tests and key informant interviews, and compile evaluation summary. | 1.7 Jan 2015 | 1.7 PC | 1.7 Evaluation tools and summary. |

Exhibit A
SAMPLE Scope of Work
February 1, 2015 – January 31, 2016

| GOAL # 1: Build organizational capacity to plan, implement and evaluate a sexual violence (SV) primary prevention community mobilization project, and complete VPU administrative requirements. | | | | |
|---|---|-------------------------|-------------------|---|
| MEASURABLE OBJECTIVES | MAJOR ACTIVITIES | TIME LINE | STAFF RESPONSIBLE | PERFORMANCE MEASURE AND/OR DELIVERABLES |
| 1. By January 31, 2016, project staff will participate in VPU required and approved TAT. | 1.1 Participate in quarterly VPU required and approved TAT, including: online webinars; one-day in-person trainings; phone or onsite TA; and completion of pre/post TAT activities. | 1.1 Feb 2015 – Jan 2016 | 1.1 PD; PC | 1.1 Agendas and completed assignments. |
| | 1.2 Participate in ongoing TA/coaching calls as required by VPU. | 1.2 Feb 2015 – Jan 2016 | 1.2 PC | 1.2 Notes from TA/coaching calls. |
| | 1.3 Complete revised evaluation plan as needed and participate in evaluation TA calls as required by VPU. | 1.3 Feb 2015 – Jan 2016 | 1.3 PC | 1.3 Revised evaluation plan, including logic model and other evaluation tools/methods as required by VPU. |
| 2. By January 31, 2016, conduct ongoing project assessment and planning to strengthen project goals, objectives and logic model. | 2.1 Review project goals, objectives, and logic model. | 2.1 Nov 2015 – Jan 2016 | 2.1 PD; PC | 2.1 Notes of analysis. |
| | 2.2 Review research and evidence to support Program Strategy. | 2.2 Nov 2015 – Jan 2016 | 2.2 PD; PC | 2.2 Research notes. |
| | 2.3 Review all evaluation results on an ongoing basis to ensure project effectiveness, community readiness and cultural appropriateness of project activities. | 2.3 Nov 2015 – Jan 2016 | 2.3 PC | 2.3 Summary of results. |
| | 2.4 Revise project objectives and logic model as necessary to reflect research results. | 2.4 Nov 2015 – Jan 2016 | 2.4 PC | 2.4 Revised documents. |

Staff Responsible Legend: Project Director (PD); Project Coordinator (PC)

Exhibit A
SAMPLE Scope of Work
February 1, 2015 – January 31, 2016

GOAL # 1: Continued -- Build organizational capacity to plan, implement and evaluate a sexual violence (SV) primary prevention community mobilization project, and complete VPU administrative requirements.

| MEASURABLE OBJECTIVES | MAJOR ACTIVITIES | TIME LINE | STAFF RESPONSIBLE | PERFORMANCE MEASURE AND/OR DELIVERABLES |
|--|---|-------------------------|-------------------|---|
| 3. By March 1, 2015, submit annual report with evaluation results. | 3.1 Document all project activities. | 3.1 Nov 2014 - Jan 2015 | 3.1 PC | 3.1 Project documentation. |
| | 3.2 Complete annual report with evaluation results and submit as directed to VPU. | 3.2 Mar 2015 | 3.2 PD; PC | 3.2 Annual report. |

Exhibit A
SAMPLE Scope of Work
February 1, 2015 – January 31, 2016

| GOAL # 2: Engage youth and adult community members in sexual violence (SV) primary prevention through community mobilization. | | | | |
|---|--|-------------------------|-------------------|--|
| MEASURABLE OBJECTIVES | MAJOR ACTIVITIES | TIME LINE | STAFF RESPONSIBLE | PERFORMANCE MEASURE AND/OR DELIVERABLES |
| <p>1. By January 31, 2016, after participating in a YLT, a minimum of 10 youth leaders, ages 11-18, will have increased knowledge of:</p> <ul style="list-style-type: none"> • SV prevention strategies and public health approaches to prevention; • healthy relationship practices; • gender norms and the role of gender in SV; • community organizing techniques; and • their role in SV prevention. | 1.1 Revise program information and marketing materials as necessary. | 1.1 Feb 2015 – Jan 2016 | 1.1 PC | 1.1 Copies of materials; Close to Home training guide. |
| | 1.2 Identify and recruit new youth for project as necessary and appropriate. | 1.2 Feb 2015 – Jan 2016 | 1.2 PC | 1.2 List of youth. |
| | 1.3 Formalize commitment from all youth and set meeting schedule. | 1.3 Feb 2015 – Jan 2016 | 1.3 PC | 1.3 Signed commitments and meeting schedule. |
| | 1.4 Conduct three-day orientation training with new youth participants. | 1.4 Feb 2015 – Jan 2016 | 1.4 PD; PC | 1.4 Agenda and sign-in sheet. |
| | 1.5 Facilitate 2-4 meetings per month of YLT averaging a total of 6-8 hours per month on information and skills needed for project implementation. | 1.5 Feb 2015 – Jan 2016 | 1.5 PC | 1.5 Agendas, minutes and sign-in sheets. |
| | 1.6 Recruit YLT members to participate in and/or attend VPU sponsored TAT events, meetings, and conferences. | 1.6 Feb 2015 – Jan 2016 | 1.6 PC | 1.6 Agendas, minutes and sign-in sheets. |
| | 1.7 Conduct planning and development with YLT and other community partners. Pay youth stipends to youth who lead events and project tasks. | 1.7 Feb 2015 – Jan 2016 | 1.7 PD; PC | 1.7 Planning documents. |
| | 1.8 Evaluate all YLT activities through pre/post tests and key informant interviews and compile evaluation summary. | 1.8 Feb 2015 – Jan 2016 | 1.8 PC | 1.8 Evaluation tools and summary. |

Exhibit A
SAMPLE Scope of Work
February 1, 2015 – January 31, 2016

| GOAL # 2: Continued -- Engage youth and adult community members in sexual violence (SV) primary prevention through community mobilization. | | | | |
|--|---|--------------------|-------------------|--|
| MEASURABLE OBJECTIVES | MAJOR ACTIVITIES | TIME LINE | STAFF RESPONSIBLE | PERFORMANCE MEASURE AND/OR DELIVERABLES |
| <p>2. By March 31, 2015, YLT members, after participating in a community mapping process, will have:</p> <ul style="list-style-type: none"> • demonstrated an increase in knowledge of the community environment; • identified community assets; and • identified adult leaders to engage in the organizing and prevention process. | 2.1 Establish criteria for community mapping process and seek final approval from VPU. | 2.1 Feb – Mar 2015 | 2.1 PD; PC | 2.1 List of criteria; Close to Home training guide. |
| | 2.2 Conduct community mapping. | 2.2 Feb – Mar 2015 | 2.2 PC | 2.2 Schedule, sign-in sheets, and community map. |
| | 2.3 Discuss and compile results. | 2.3 Feb – Mar 2015 | 2.3 PD; PC | 2.3 Copy of results and notes related to discussion. |
| | 2.4 Evaluate all activities through pre/post tests and participant satisfaction surveys and compile evaluation summary. | 2.4 Feb – Mar 2015 | 2.4 PC | 2.4 Evaluation tools and summary. |
| <p>3. By June 30 2015, YLT members, after administering a community survey, will have increased awareness of current social norms by:</p> <ul style="list-style-type: none"> • increasing their knowledge of key issues related to SV prevention in the community; and • engaging newly identified community members in conversations about local SV issues. | 3.1 Discuss criteria for community survey. | 3.1 Apr – Jun 2015 | 3.1 PD; PC | 3.1 List of criteria; Close to Home training guide. |
| | 3.2 Finalize survey in consultation with VPU. | 3.2 Apr – Jun 2015 | 3.2 PC | 3.2 Copy of survey. |
| | 3.3 Create list of community members to receive survey. | 3.3 Apr – Jun 2015 | 3.3 PD; PC | 3.3 List of community members. |
| | 3.4 Conduct survey; Compile, discuss, and summarize results. | 3.4 Apr – Jun 2015 | 3.4 PD; PC | 3.4 Completed surveys; Copy of results. |
| | 3.5 Evaluate all activities through pre/post tests, key informant interviews, and participant satisfaction surveys, and compile evaluation summary. | 3.5 Apr – Jun 2015 | 3.5 PC | 3.5 Evaluation tools and summary. |

Exhibit A
SAMPLE Scope of Work
February 1, 2015 – January 31, 2016

| GOAL # 2: Continued -- Engage youth and adult community members in sexual violence (SV) primary prevention through community mobilization. | | | | |
|--|---|--------------------|-------------------|---|
| MEASURABLE OBJECTIVES | MAJOR ACTIVITIES | TIME LINE | STAFF RESPONSIBLE | PERFORMANCE MEASURE AND/OR DELIVERABLES |
| <p>4. By September 30, 2015, YLT members will have:</p> <ul style="list-style-type: none"> • increased the number of relationships with potential adult allies; • documented key SV issues/concerns in the community; • increased their understanding of what motivates community leaders to get involved in SV prevention; and • increased their fundamental community organizing skills. | 4.1 Discuss criteria and process for “relationals” in consultation with VPU. | 4.1 Jul – Sep 2015 | 4.1 PD; PC | 4.1 List of criteria; Close to Home training guide. |
| | 4.2 Finalize process in consultation with VPU. | 4.2 Jul – Sep 2015 | 4.2 PC | 4.2 Copy of process. |
| | 4.3 Create list of community members to participate in “relationals” process. | 4.3 Jul – Sep 2015 | 4.3 PD; PC | 4.3 List of community members. |
| | 4.4 Conduct “relationals”; Compile, discuss, and summarize results. | 4.4 Jul – Sep 2015 | 4.4 PD; PC | 4.4 Documentation of completed meetings; Copy of results. |
| | 4.5 Evaluate all activities through pre/post tests, key informant interviews, and participant satisfaction surveys, and compile evaluation summary. | 4.5 Jul – Sep 2015 | 4.5 PC | 4.5 Evaluation tools and summary. |

Exhibit A
SAMPLE Scope of Work
February 1, 2015 – January 31, 2016

| GOAL # 2: Continued -- Engage youth and adult community members in sexual violence (SV) primary prevention through community mobilization. | | | | |
|---|---|-------------------------|-------------------|---|
| MEASURABLE OBJECTIVES | MAJOR ACTIVITIES | TIME LINE | STAFF RESPONSIBLE | PERFORMANCE MEASURE AND/OR DELIVERABLES |
| <p>5. By January 31, 2016, YLT members will have:</p> <ul style="list-style-type: none"> • developed a summary of collective community SV issues and solutions; • compiled a list of community member's hopes, visions for success, strengths, and challenges; • fostered a feeling of community between community members; and • developed an increased shared analysis of the issue of SV in the community. | 5.1 Discuss criteria and process for "Kitchen Table Conversations/House Meetings" in consultation with VPU. | 5.1 Oct 2015 – Jan 2016 | 5.1 PD; PC | 5.1 List of criteria; Close to Home training guide. |
| | 5.2 Finalize process in consultation with VPU. | 5.2 Oct 2015 – Jan 2016 | 5.2 PC | 5.2 Copy of process. |
| | 5.3 Create list of community members to participate in process. | 5.3 Oct 2015 – Jan 2016 | 5.3 PD; PC | 5.3 List of community members. |
| | 5.4 Conduct "Kitchen Table Conversations/House Meetings"; Compile, discuss, and summarize results. | 5.4 Oct 2015 – Jan 2016 | 5.4 PD; PC | 5.4 Documentation of completed meetings; Copy of results. |
| | 5.5 Evaluate all activities through pre/post tests, key informant interviews, and participant satisfaction surveys, and compile evaluation summary. | 5.5 Oct 2015 – Jan 2016 | 5.5 PC | 5.5 Evaluation tools and summary. |

Exhibit A
SAMPLE Scope of Work
February 1, 2016 – January 31, 2017

| GOAL # 1: Build organizational capacity to plan, implement and evaluate a sexual violence (SV) primary prevention community mobilization project, and complete VPU administrative requirements. | | | | |
|---|---|-------------------------|-------------------|---|
| MEASURABLE OBJECTIVES | MAJOR ACTIVITIES | TIME LINE | STAFF RESPONSIBLE | PERFORMANCE MEASURE AND/OR DELIVERABLES |
| 1. By January 31, 2017, project staff will participate in VPU required and approved TAT. | 1.1 Participate in quarterly VPU required and approved TAT, including: online webinars; one-day in-person trainings; phone or onsite TA; and completion of pre/post TAT activities. | 1.1 Feb 2016 – Jan 2017 | 1.1 PD; PC | 1.1 Agendas and completed assignments. |
| | 1.2 Participate in ongoing TA/coaching calls as required by VPU. | 1.2 Feb 2016 – Jan 2017 | 1.2 PC | 1.2 Notes from TA/coaching calls. |
| | 1.3 Complete revised evaluation plan as needed and participate in evaluation TA calls as required by VPU. | 1.3 Feb 2016 – Jan 2017 | 1.3 PC | 1.3 Revised evaluation plan, including logic model and other evaluation tools/methods as required by VPU. |
| 2. By January 31, 2017, conduct ongoing project assessment and planning to strengthen project goals, objectives and logic model. | 2.1 Review project goals, objectives, and logic model. | 2.1 Nov 2016 – Jan 2017 | 2.1 PD; PC | 2.1 Notes from analysis. |
| | 2.2 Review research and evidence to support Program Strategy. | 2.2 Nov 2016 – Jan 2017 | 2.2 PD; PC | 2.2 Research notes. |
| | 2.3 Review all evaluation results on an ongoing basis to ensure project effectiveness, community readiness and cultural appropriateness of project activities. | 2.3 Nov 2016 – Jan 2017 | 2.3 PC | 2.3 Summary of results. |
| | 2.4 Revise project objectives and logic model as necessary to reflect research results. | 2.4 Nov 2016 – Jan 2017 | 2.4 PC | 2.4 Revised documents. |

Exhibit A
SAMPLE Scope of Work
February 1, 2016 – January 31, 2017

GOAL # 1: Continued -- Build organizational capacity to plan, implement and evaluate a sexual violence (SV) primary prevention community mobilization project, and complete VPU administrative requirements.

| MEASURABLE OBJECTIVES | MAJOR ACTIVITIES | TIME LINE | STAFF RESPONSIBLE | PERFORMANCE MEASURE AND/OR DELIVERABLES |
|--|---|-------------------------|-------------------|---|
| 3. By March 1, 2016, submit annual report with evaluation results. | 3.1 Document all project activities. | 3.1 Feb 2015 – Jan 2016 | 3.1 PC | 3.1 Project documentation. |
| | 3.2 Complete annual report with evaluation results and submit as directed to VPU. | 3.2 Mar 2016 | 3.2 PD; PC | 3.2 Annual report. |

Exhibit A
SAMPLE Scope of Work
February 1, 2016 – January 31, 2017

| GOAL # 2: Engage youth and adult community members in sexual violence (SV) primary prevention through community mobilization. | | | | |
|--|--|-------------------------|-------------------|--|
| MEASURABLE OBJECTIVES | MAJOR ACTIVITIES | TIME LINE | STAFF RESPONSIBLE | PERFORMANCE MEASURE AND/OR DELIVERABLES |
| <p>1. By January 31, 2017 after participating in a YLT, a minimum of 10 youth leaders, ages 11-18, will have increased knowledge and skills in the areas of:</p> <ul style="list-style-type: none"> • SV prevention strategies and public health approaches to prevention; • healthy relationship practices; • describing the role of gender in SV; • community organizing techniques; and • leadership for SV prevention in the community. | 1.1 Revise program information and marketing materials as necessary. | 1.1 Feb 2016 – Jan 2017 | 1.1 PC | 1.1 Copies of materials; Close to Home training guide. |
| | 1.2 Identify and recruit new youth for project as necessary and appropriate. | 1.2 Feb 2016 – Jan 2017 | 1.2 PC | 1.2 List of youth. |
| | 1.3 Formalize commitment from all youth and set meeting schedule. | 1.3 Feb 2016 – Jan 2017 | 1.3 PC | 1.3 Signed commitments and meeting schedule. |
| | 1.4 Conduct three-day orientation training with new youth participants. | 1.4 Feb 2016 – Jan 2017 | 1.4 PD; PC | 1.4 Agenda and sign-in sheet. |
| | 1.5 Facilitate 2-4 meetings per month of YLT averaging a total of 6-8 hours per month on information and skills needed for project implementation. | 1.5 Feb 2016 – Jan 2017 | 1.5 PC | 1.5 Agendas, minutes and sign-in sheets. |
| | 1.6 Recruit YLT members to participate in and/or attend VPU sponsored TAT events, meetings, and conferences. | 1.6 Feb 2016 – Jan 2017 | 1.6 PC | 1.6 Agendas, minutes and sign-in sheets. |
| | 1.7 Conduct planning and development with YLT and other community partners. Pay youth stipends to youth who lead community events and project tasks. | 1.7 Feb 2016 – Jan 2017 | 1.7 PD; PC | 1.7 Planning documents. |
| | 1.8 Evaluate all YLT activities through pre/post tests and key informant interviews, and compile evaluation summary. | 1.8 Feb 2016 – Jan 2017 | 1.8 PC | 1.8 Evaluation tools and summary. |

Exhibit A
SAMPLE Scope of Work
February 1, 2016 – January 31, 2017

| GOAL # 2: Continued -- Engage youth and adult community members in sexual violence (SV) primary prevention through community mobilization. | | | | |
|---|---|-------------------------|-------------------|--|
| MEASURABLE OBJECTIVES | MAJOR ACTIVITIES | TIME LINE | STAFF RESPONSIBLE | PERFORMANCE MEASURE AND/OR DELIVERABLES |
| 2. By June 30, 2016, after attending two (2), two-hour trainings, a minimum of 15 youth and adult project action team members will have increased SV and public health knowledge, skills and behaviors based on issues and strategies identified by community members. | 2.1 Convene core group of YLT and community members to work on specific issues/solutions through project action teams. | 2.1 Feb – Jun 2016 | 2.1 PD; PC | 2.1 Agenda; sign-in sheet; Close to Home training guide. |
| | 2.2 Staff and YLT members provide training to team members on SV prevention strategies and public health approaches related to issues and strategies identified. | 2.2 Feb – Jun 2016 | 2.2 PC | 2.2 Training agenda; sign-in sheet. |
| | 2.3 Evaluate training and document results, and compile evaluation summary. | 2.3 Feb – Jun 2016 | 2.3 PC | 2.3 Summary of results. |
| 3. By January 31, 2017, project action team members, after attending a minimum of quarterly meetings/events, will have increased practice of community leadership and facilitation by: <ul style="list-style-type: none"> • demonstrating an increase in leadership and project management skills; and • increasing the involvement of community members in SV prevention; and • development of a project action plan. | 3.1 Conduct Project/Action Planning and Development meeting with project action team. | 3.1 Jun 2016 – Jan 2017 | 3.1 PD; PC | 3.1 Agenda; sign-in sheet; Close to Home training guide. |
| | 3.2 Work collectively to develop organizing project action plan with objectives to increase involvement of community members in SV prevention and build toward long term change that includes institutional or organizational change. | 3.2 Jun 2016 – Jan 2017 | 3.2 PC | 3.2 Copy of action plan. |
| | 3.3 Document and evaluate results and project activities, and compile evaluation summary. | 3.3 Jun 2016 – Jan 2017 | 3.3 PC | 3.3 Summary of results and evaluation. |

Exhibit A
SAMPLE Scope of Work
February 1, 2017 – January 31, 2018

| GOAL # 1: Build organizational capacity to plan, implement and evaluate a sexual violence (SV) primary prevention community mobilization project, and complete VPU administrative requirements. | | | | |
|---|---|-------------------------|-------------------|---|
| MEASURABLE OBJECTIVES | MAJOR ACTIVITIES | TIME LINE | STAFF RESPONSIBLE | PERFORMANCE MEASURE AND/OR DELIVERABLES |
| 1. By January 31, 2018, project staff will participate in VPU required and approved TAT. | 1.1 Participate in quarterly VPU required and approved TAT, including: online webinars; one-day in-person trainings; phone or onsite TA; and completion of pre/post TAT activities. | 1.1 Feb 2017 – Jan 2018 | 1.1 PD; PC | 1.1 Agendas and completed assignments. |
| | 1.2 Participate in ongoing TA/coaching calls as required by VPU. | 1.2 Feb 2017 – Jan 2018 | 1.2 PC | 1.2 Notes from TA/coaching calls. |
| 2. By March 1, 2017, submit annual report with evaluation results. | 2.1 Document all project activities. | 2.1 Feb 2016 – Jan 2017 | 2.1 PC | 2.1 Project documentation. |
| | 2.2 Complete annual report with evaluation results and submit as directed to VPU. | 2.2 Mar 2017 | 2.2 PD; PC | 2.2 Annual report. |
| 3. By January 31, 2018, submit comprehensive final report with evaluation results. | 3.1 Document all project activities. | 3.1 Nov 2014 – Jan 2018 | 3.1 PC | 3.1 Project documentation. |
| | 3.2 Complete final report with evaluation results and submit as directed to VPU. | 3.2 Jan 2018 | 3.2 PD; PC | 3.2 Final report. |

Exhibit A
SAMPLE Scope of Work
February 1, 2017 – January 31, 2018

| GOAL # 2: Engage youth and adult community members in sexual violence (SV) primary prevention through community mobilization. | | | | |
|--|--|-------------------------|-------------------|--|
| MEASURABLE OBJECTIVES | MAJOR ACTIVITIES | TIME LINE | STAFF RESPONSIBLE | PERFORMANCE MEASURE AND/OR DELIVERABLES |
| <p>1. By January 31, 2018 after participating in a YLT, a minimum of 10 youth leaders, ages 11-18, will have increased knowledge and skills in the areas of:</p> <ul style="list-style-type: none"> • SV prevention strategies and public health approaches to prevention; • healthy relationship practices; • describing the role of gender in SV; • community organizing techniques; and • leadership for SV prevention in the community. | 1.1 Revise program information and marketing materials as necessary. | 1.1 Feb 2017 – Jan 2018 | 1.1 PC | 1.1 Copies of materials; Close to Home training guide. |
| | 1.2 Identify and recruit new youth for project as necessary and appropriate. | 1.2 Feb 2017 – Jan 2018 | 1.2 PC | 1.2 List of youth. |
| | 1.3 Formalize commitment from all youth and set meeting schedule. | 1.3 Feb 2017 – Jan 2018 | 1.3 PC | 1.3 Signed commitments and meeting schedule. |
| | 1.4 Conduct three-day orientation training with new youth participants. | 1.4 Feb 2017 – Jan 2018 | 1.4 PD; PC | 1.4 Agenda and sign-in sheet. |
| | 1.5 Facilitate 2-4 meetings per month of YLT averaging a total of 6-8 hours per month on information and skills needed for project implementation. | 1.5 Feb 2017 – Jan 2018 | 1.5 PC | 1.5 Agendas, minutes and sign-in sheets. |
| | 1.6 Recruit YLT members to participate in and/or attend VPU sponsored TAT events, meetings, and conferences. | 1.6 Feb 2017 – Jan 2018 | 1.6 PC | 1.6 Agendas, minutes and sign-in sheets. |
| | 1.7 Conduct planning and development with YLT and other community partners. Pay youth stipends to youth who lead community events and project tasks. | 1.7 Feb 2017 – Jan 2018 | 1.7 PD; PC | 1.7 Planning documents. |
| | 1.8 Evaluate all YLT activities through pre/post tests and key informant interviews, and compile evaluation summary. | 1.8 Feb 2017 – Jan 2018 | 1.8 PC | 1.8 Evaluation tools and summary. |

Exhibit A
SAMPLE Scope of Work
February 1, 2017 – January 31, 2018

| GOAL # 2: Continued -- Engage youth and adult community members in sexual violence (SV) primary prevention through community mobilization. | | | | |
|---|--|-------------------------|-------------------|--|
| MEASURABLE OBJECTIVES | MAJOR ACTIVITIES | TIME LINE | STAFF RESPONSIBLE | PERFORMANCE MEASURE AND/OR DELIVERABLES |
| <p>2. By January 31, 2018, the project action team will have mobilized community members for SV prevention through an action plan that establishes institutional or organizational change to support SV prevention at the community level evidenced by:</p> <ul style="list-style-type: none"> • an increase in tailored prevention strategies; • community members actively promoting healthy relationships; • community members proactively engaged in SV prevention; • SV prevention on the community agenda with priority for ongoing action; and • an increase in community strengths/assets. | 2.1 Conduct ongoing Project/Action Planning and Development meetings with project action team. | 2.1 Feb 2017 – Jan 2018 | 2.1 PD; PC | 2.1 Agenda; sign-in sheet; Close to Home training guide. |
| | 2.2 Work collectively to update/refine organizing project action plan to increase involvement of community members in SV prevention. | 2.2 Feb 2017 – Jan 2018 | 2.2 PC | 2.2 Copy of action plan. |
| | 2.3 Implement one or more objectives from the action plan, including an objective that establishes institutional or organizational change. | 2.3 Feb 2017 – Jan 2018 | 2.3 PC | 2.3 Documentation of activities. |
| | 2.4 Document and evaluate results, and compile evaluation summary. | 2.4 Feb 2017 – Jan 2018 | 2.4 PC | 2.4 Summary of results and evaluation. |

California Department of Public Health
Safe and Active Communities Branch
Violence Prevention Unit
Rape Prevention and Education Program
SAMPLE Community Mobilization Logic Model

| Assumptions | External Factors |
|--|---|
| Technical assistance from CDPH and C2H trainers | Funding for three years |
| Buy-in from implementing organization (leadership, staff & volunteers) | Community economic conditions |
| Recruitment of participants is feasible and successful | Community demographics |
| Clarity of C2H model for guiding work plan and action | Community and institutional priorities (e.g., schools, religious organizations) |
| Training is effective in increasing knowledge and skills of participating players | Unexpected SV incidents |
| Target institutions or environments are identified and access/engagement is feasible | |
| Community and youth work together towards a common goal/vision of SV prevention | |



Glossary of Acronyms

CDPH – California Department of Public Health

FTE – Full Time Equivalent

LM – Logic Model

LOS – Letter of Support

RCC – Rape Crisis Center

RFA – Request for Application

RPE – Rape Prevention and Education

SAC – Safe and Active Communities

SEM – Socio-Ecological Model

SOW – Scope of Work

SV – Sexual Violence

TAT – Technical Assistance and Training

VPU – Violence Prevention Unit