



**Office of Family Planning
Teen Pregnancy Prevention Program**

**Information and Education
Program Manual
Grant Term 2011-2016**

Table of Contents

I. INTRODUCTION	1
A. Purpose	1
B. I&E Program	1
C. Background Information	2
1. Legislation Requirements	2
2. Sexual Health Education Accountability Act; Health & Safety Code Sections (151000-151003).....	2
3. California Comprehensive Sexual Health (CSHE) and HIV/AIDS Prevention Education Act; California Education Code: Sections 51930-51939	3
4. Health Education Content Standards for California Public Schools K-12.....	5
5. Other Related Legislation	5
II. I&E PROGRAM REQUIREMENTS	5
A. I&E Project Sustainability	5
1. 5-Year I&E Project Action Plan	6
2. 3-Year Project Sustainability Plan	6
3. Regional Network Meetings and Activities Requirements.....	7
B. I&E Project Intervention Requirements	8
1. I&E Core Intervention	10
a. Mandatory Learning Objective	10
b. Additional Learning Objectives.....	10
2. I&E Supplementary Interventions.....	12
3. Selection of Interventions	12
4. Target Population(s) and Setting(s)/Location(s)	13
C. Family Pact Clinical Service Linkages Requirements	13
1. Requirements.....	15
D. Evaluation Requirements	16
1. Reportable Demographics of Target Population Requirements	16
2. Behavioral Outcomes.....	16
3. Program Evaluation.....	17
a. Process Measure.....	17
b. Short-Term Outcome Measures	18

c. Qualitative Outcomes.....	18
d. Statewide Evaluation	18
e. Continuous Program Improvement (CPI) Evaluation.....	18
E. Workplan Requirements	19
F. Curriculums and Lesson Plans.....	19
G. Additional Program Requirements	19
III. I&E ADMINISTRATIVE REQUIREMENTS.....	21
H. Program Reporting Requirements.....	21
1. Mid-Year and Year-End Progress Report Requirements	21
2. Monthly Performance Reports (MPRs) Requirements	22
I. Meetings, Trainings, and Site Visits Requirements.....	22
J. Required Communication with OFP Staff	23
K. Staffing Requirements	23
L. Funding Level and Grant Period	26
M. Title XIX Federal Financial Participation (FFP)	26
N. Fiscal Documents.....	27
1. Budget.....	27
O. Payment Provisions	28
1. Payment Types	28
2. Invoice Requirements	31
3. Quarterly Invoice Payment Schedule.....	33
4. Invoice Submission.....	33
P. Amendment Process.....	34
Q. Expense Allowability.....	34
1. Recovery of Overpayments	35
2. Prohibited Expense	35
3. Payment Withholds	37
R. Audit Monitoring and Compliance	38
1. Annual Financial and Compliance Audit.....	38
2. Audit and Record Retention	38
S. Disallowed Activities.....	39

IV. OFP SUPPORT AND OTHER RESOURCES 41
 A. OFP Support 41
 B. Program Resources 41

I. INTRODUCTION

A. Purpose

The purpose of this Information and Education (I&E) Program Manual is to provide I&E Grantees with an overview of the Office of Family Planning's (OFP) administrative, grant and program requirements; and tools for implementing a successful local program. If you have questions about the program requirements or need technical assistance (TA) please contact the [Program Consultant](#) assigned to your Agency. If you need TA with the administrative or fiscal requirements, please contact the [Contract Manager](#) assigned to your Agency.

B. I&E Program

The OFP is a Division within the Center for Family Health, California Department of Public Health (CDPH), and is overseen by the California Health and Human Services Agency. The OFP is charged by the California Legislature "to make available to citizens of the State of California who are of childbearing age, comprehensive medical knowledge, assistance, and services relating to the planning of families."

The I&E Program is authorized by California Welfare and Institutions Code Section 14504.3, [Appendix 1 of the I&E RFA # 11-10017] and the Title XIX of the Federal Social Security Act (Medicaid).

The I&E Program, administered by the OFP, Teen Pregnancy Prevention (TPP) Program, provides adolescents with information, education and linkages to clinical health care that helps them avoid pregnancy and sexually transmitted infections (STI). This 30 year-old, innovative program is community-based and program services are offered in diverse settings such as mainstream and alternative schools, social service agencies, juvenile detention facilities and youth centers. Teens help review and plan activities, and in some programs, act as peer counselors to deliver information and help support the development of future-oriented youth. Adult programs help support parents and other adults who care for youth.

The goal of the I&E Program is to:

- Decrease teenage pregnancy through educational programs that equip teens at high risk for pregnancy with the knowledge, understanding, and behavioral skills necessary to make responsible decisions regarding at-risk behavior.

C. Background Information

1. Legislation Requirements

I&E Grantees are not required to provide a curriculum based prevention education intervention. However, all interventions that provide sexual health information must comply with the following legislation, as appropriate for the intervention.

State-funded community-based programs, including those administered by the OFP, that are intended to prevent adolescent or unintended pregnancies and/or STIs, including HIV/AIDS, and are supported by state funds or state-administered funds shall comply with the following California legislation:

- The Sexual Health Education Accountability Act [See Appendix 2 of the I&E RFA #11-10017].
- The California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act [See Appendix 3 of I&E RFA #11-10017].
- The Health Education Content Standards for California Public Schools – Kindergarten through Grade Twelve. Please refer to <http://www.cde.ca.gov/ci/he/he/index.asp> for the applicable statute.

2. Sexual Health Education Accountability Act; Health & Safety Code Sections (151000-151003)

California's Sexual Health Education Accountability Act (SHEAA) became law on January 1, 2008. It requires that California state funds for community based sex education be spent on programs that are medically accurate, comprehensive and appropriate for the target population.

The law affects all state-funded community-based programs, including those administered by the OFP, that are intended to prevent adolescent or unintended pregnancies and/or STIs, including HIV/AIDS, and are supported by state funds or state-administered funds. SHEAA does not apply to school-based instruction, which is regulated by Education Code Sections 51930-51939. However, state-funded programs providing sexual health education in public schools must state how their instruction complies fully with applicable Education Codes: California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act [Appendix 3 of I&E RFA #11-10017]

This law sets forth basic standards for community-based sexual health education programs that are a simplified version of the existing standards for school-based instruction. These standards are:

- All information shall be medically accurate, current, and objective.
- People presenting the information must understand and use current scientific data about sexual health.

- The program must be appropriate for its targeted population's age, culture, and language.
- The program may not teach or promote religious doctrine.
- The program may not reflect or promote bias against any person on the basis of disability, gender, nationality, race or ethnicity, religion, or sexual orientation.
- The program must provide information about the effectiveness and safety of one or more contraception or STI/STD prevention methods.
- Programs directed at minors must include information that abstinence is the only certain way to avoid pregnancy and STIs.

SHEAA also states that only programs directed at minors less than 12 years of age may be abstinence-only. However, for the purposes of I&E funding, the OFP will not support abstinence-only interventions, which include the following types of program:

- **Abstinence-only:** Programs that emphasize abstinence from all sexual behaviors. These programs do not include information about contraception or disease-prevention methods.
- **Abstinence-only-until-marriage:** Programs that emphasize abstinence from all sexual behaviors outside of marriage. Contraception or disease-prevention methods are discussed to emphasize failure rates and present marriage as the only morally correct context for sexual activity.
- **Fear-based:** Abstinence-only and abstinence-only-until-marriage programs designed to control young people's sexual behavior by instilling fear, shame, and guilt. These programs often rely on negative messages about sexuality, distort information about condoms and STIs, and promote biases based on gender, sexual orientation, marriage, family structure, and pregnancy options.

3. California Comprehensive Sexual Health (CSHE) and HIV/AIDS Prevention Education Act; California Education Code: Sections 51930-51939

The California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act specifies that school districts are not required to provide CSHE, **but if they choose to do so, school districts and I&E Grantees shall comply with all of the requirements listed below:**

- CSHE 51933 - Comprehensive sexual health education instruction shall be age-appropriate and bias-free, all factual information shall be medically accurate and objective.

-
- Instruction shall be appropriate for students of all genders, sexual orientations, and ethnic and cultural backgrounds, and it shall be accessible for English language learner students and students with disabilities.
 - Instruction shall encourage communication between students and their families and shall teach respect for marriage and committed relationships.
 - In grades seven to twelve, instruction shall include all of the following:
 - Information about the value of abstinence;
 - Information about sexually transmitted diseases (STDs), including all Federal Food and Drug Administration (FDA)-approved methods of reducing the risk of contracting STDs;
 - Information about all FDA-approved methods of contraception, including emergency contraception; and
 - Information about California's newborn abandonment law (Safe Surrender Law and skills for making responsible decisions about sexuality)
<http://www.safehaven.tv/states/california/>, <http://www.babysafe.ca.gov/>.

The HIV/AIDS Prevention component of this law (Section 51934) requires that all students in public schools, grades seven to twelve, receive HIV/AIDS prevention instruction at least once during middle school and once during high school (Education Code Section 51934).

It is important to note there are further requirements if, when in compliance with teaching HIV/AIDS prevention, public schools choose to provide additional instruction not directly related to HIV/AIDS. Additional instruction includes information about contraception and other STIs besides HIV/AIDS. If this occurs, public schools are then considered to be "crossing over" into providing CSHE and must also comply fully with Education Code Section 51933. To illustrate, "crossing over" below are two examples:

- Example #1: During HIV/AIDS instruction, students are only taught about condoms and their correct usage, as it relates to preventing HIV/AIDS transmission. The instructor is only required to comply with Section 51934 (HIV/AIDS) of the Education Code and not Section 51933 (CSHE) of the Education Code.
- Example #2: During HIV/AIDS instruction, information about birth control (in addition to condoms) is presented to students. The instructor is now considered to also be providing CSHE and must comply with Education Code Section 51933.

For more information about the instructional requirements of this law, please visit the California Department of Education (CDE) website:
<http://www.cde.ca.gov/ls/he/se/>.

4. Health Education Content Standards for California Public Schools K-12

On March 12, 2008, the California State Board of Education adopted the Health Education Standards for California Public Schools in response to California Education Code Section 51210.8 requirements <http://www.cde.ca.gov/ci/he/he/index.asp>.

These standards provide a framework for school programs offering health education instruction. There are specific criteria for “Growth, Development, and Sexual Health” (Standard 2) for each grade level ([Health Education Content Standards for California Public Schools](#)). The State Board of Education and CDE do not require districts to follow the standards. However, some districts have adopted the standards. Please contact the schools you will be working with to see if they have adopted the standards, as they may affect your curriculum selection.

5. Other Related Legislation

California Minor Consent Laws:

This law defines which minors can consent to what services, and delineates providers’ obligations for securing participants confidentiality.

http://www.teenhealthlaw.org/fileadmin/teenhealth/teenhealthrights/ahwg/ahwg_consent_toolkit.pdf.

http://www.teenhealthlaw.org/minorconsent/minor_consent_confidentiality_and_child_abuse_reporting_in_california/part_1_minor_consent/

Statutory Rape Law:

[*Applicable Sections of the California Penal Code*](#)

II. I&E PROGRAM REQUIREMENTS

A. I&E Project Sustainability

Sustainable programming requires that the community embrace and support pregnancy prevention efforts. The OFP encourages I&E Grantees to be visible in their community, invite individuals who work with youth, or whose business cater to youth, to project meetings and involve them in project planning discussions to insure wide community involvement. These relationships can also be helpful if unforeseen state funding reductions adversely affect the I&E Project and fund-raising, donations of cash or in-kind support are needed.

1. 5-Year I&E Project Action Plan

Grantees are required to develop and submit a 5-year I&E Project Action Plan to include the components outlined below.

- Core Values
- Vision
- Mission Statement
- Organization Structure
- 5-Year Goals, Objectives & Activities
- Yearly Evaluation Measure
- Recruitment and Retention Plan

The OFP will provide additional directives on meeting submission requirements, deadlines, and reporting, in the latter part of year one (Fiscal Year 2011-2012) of the grant.

2. 3-Year Project Sustainability Plan

Grantees are required to develop a Project Sustainability Plan to demonstrate the Agency's capacity to maintain services at a level that will provide ongoing teen pregnancy prevention efforts in your community in the event of elimination of major financial, managerial, and technical assistance from an external source, including the I&E Project grant. The sustainability plan will be developed in year two (Fiscal Year 2012-2013) of the grant. The OFP will provide additional directives on meeting submission requirements, deadlines, and reporting, in the latter part of year one (Fiscal Year 2011-2012) of the grant.

Examples of a sustainability plan's components include, but are not limited to:

- The Grantee's commitment to support the I&E Project goals in the event of resource reductions.
- Plans to maintain the required Grantee's I&E Project interventions including prioritization of interventions and other activities.
- Development of periodic reports that evaluate and update the Agency's Needs Assessment and the associated outcome measures to illustrate success in identifying, solving, and improving the teen birth rate in your community and to promote your community's commitment to healthy youth and reducing risky behaviors.

- Support of diverse educational opportunities focused on gaining insights and identifying innovative strategies to promote youth sexual health, to reduce health inequities, and to address the needs of underserved communities.

3. Regional Network Meetings and Activities Requirements

OFP created the TPP Regional Network requirement to promote collaboration between agencies and organizations already working with individuals I&E Projects will serve. The Regional Networks are made up of representatives from local agencies such as school districts or local public health representatives, parents, teens and other organizations involved with youth. Regional Network meetings serve as a forum in which service providers can share knowledge, and expertise. Regional Networks shall meet at least quarterly to discuss youth issues in the region, receive training, develop media campaigns, etc. Historically, Grantees involved in TPP Regional Networks have become adept at refining their programs to meet the needs of youth, while sharing their experiences to help other agencies enhance youth-focused health services.

Grantees are required to participate in an assigned TPP Regional Network comprised of OFP's TPP Grantees. TPP Regional Networks will be configured by geographic areas. Each Grantee will be assigned to a Regional Network.

Grantees are required to:

- Send the Project Director or Project Coordinator to attend each Regional Network meeting. Consistent attendance is required.
- Actively participate in developing and maintaining the Regional Network.
- Report activities pertaining to the Regional Network twice per year in Progress Reports and monthly in the Monthly Performance Reports.
- Include the agendas, minutes and sign-in sheets from the Regional Network meetings with the Mid-Year and Year-End Progress Report.
- Include the Regional Network as an objective on the I&E Workplan.
- Complete tasks assigned by the Regional Network in a timely manner.

Regional Network meetings are required to convene on a regular basis, not less than quarterly. Each Network shall agree on an organizational structure, mission statement, vision, goals and objectives to be met on a yearly basis. Network activities may include, but are not limited to:

- Supporting region-wide activities during Teen Pregnancy Prevention Month.
- Developing educational, outreach, and other materials.

- Guiding activities in such a way that people recognize the Regional Network as one organization.
- Making presentations to Boards of Supervisors or Legislators, and/or other community leaders.
- Designing and/or participating in large scale public events.
- Mapping service locations to ensure services are provided throughout the region.
- Creating a website for the Regional Network's members to use to share information with the community.

In addition, Regional Network meetings are to provide a setting in which members can:

- Discuss common issues affecting teen pregnancy rates and service delivery within the region.
- Centralize training for various topics, including cultural awareness, capacity building, serving emerging populations, science-based interventions, etc.
- Share information on accomplishments and best practices.
- Problem-solve challenges and barriers to implementing interventions.
- Obtain support and motivation from fellow members.
- Increase the visibility of project successes and outcomes within the region.
- Coordinate community awareness and mobilization activities.

B. I&E Project Intervention Requirements

Grantees are required to implement one (1) Core Intervention – Life Skill Education, and a minimum of two (2) to a maximum of four (4) Supplementary Interventions based on the Grantees funding level and addresses the I&E program goal.

I&E Project Intervention Requirements			
I&E Core Intervention			
Is comprised 3 Life Skill Education learning objectives: one (1) mandatory learning objective and two (2) additional learning objectives			
	Funding Level	Minimum Target Population by Geographic Settings	
Life Skill Education	Category 1 Category 2 Category 3	Urban = 60 Urban = 100 Urban = 150	Rural = 25 Rural = 50 Rural = 75
I&E Supplementary Interventions			
Grantees shall implement a minimum of two (2) and a maximum of (4) supplementary interventions based on their funding levels			
	Funding Level	Minimum Target Population by Geographic Settings	
Information Presentations	Category 1 Category 2 Category 3	Urban = 100 Urban = 150 Urban = 200	Rural = 50 Rural = 100 Rural = 125
Targeted Prevention Activities (TPA)	Category 1 Category 2 Category 3	Urban = 100 Urban = 150 Urban = 200	Rural = 50 Rural = 100 Rural = 125
Parenting Teens Education and Support	Category 1 Category 2 Category 3	Urban = 15 Urban = 25 Urban = 30	Rural = 8 Rural = 12 Rural = 15
Parent-Child Sexuality Communication	Category 1 Category 2 Category 3	Urban = 100 Urban = 150 Urban = 200	Rural = 50 Rural = 100 Rural = 125
Peer-Based Education	Category 1 Category 2 Category 3	Urban = 5 Urban = 7 Urban = 8	Rural = 2 Rural = 4 Rural = 5
Youth Leadership	Category 1 Category 2 Category 3	Urban = 5 Urban = 7 Urban = 8	Rural = 2 Rural = 4 Rural = 5
Teen Theater	Category 1 Category 2 Category 3	Urban = 5 Urban = 7 Urban = 8	Rural = 4 Rural = 4 Rural = 5
Mentoring	Category 1 Category 2 Category 3	Urban = 15 Urban = 25 Urban = 30	Rural = 8 Rural = 12 Rural = 15
Community Awareness and Mobilization	No required annual minimum number		
Social Networking			
* See Appendix 10 of the I&E RFA # 11-10017 for a complete list of intervention requirements			

1. I&E Core Intervention

The purpose of the I&E Life Skill Education Intervention is to introduce adolescents to basic life skills, education, and information that will assist adolescents in their development of skills required to navigate adult life. Life skills include: developing healthy peer and adult relationships; developing communication, critical thinking and decision making skills; life goal planning; and learning to make healthy choices regarding reproductive and personal health care. Developing these skills fosters greater self-esteem and personal empowerment, which in turn supports the avoidance of pregnancy.

The Life Skills Education Intervention is not intended to be a long-term, in-depth learning experience, and is to be as experiential as possible, with the intent of demonstrating to adolescents how they can take control of their lives and experience personal success.

The Life Skill Education Intervention must incorporate activities through one (1) mandatory learning objective and two (2) additional learning objectives of the Grantee's choice. The learning objectives are intended to teach skill sets that help adolescents develop life skills and healthy behaviors based on the Needs Assessment conducted for the target population.

a. Mandatory Learning Objective

- Life Skill Education Intervention activities shall focus on the prevention of teen pregnancy, access and utilization of Family PACT services, and HIV/STI prevention behavioral outcomes, to fulfill the Federal Financial Participation (FFP) requirement.
- Activities should include information on how to prevent teen pregnancy and promote referral and access to Medi-Cal/Medicaid pregnancy prevention and health care services. Examples of activities may include, but are not limited to, helping teens choose to remain abstinent or access appropriate forms of birth control, discouraging disproportionate age gaps in dating relationships, recognizing personal success in incremental behavior change, and providing referrals for family planning and reproductive health (Family PACT) services.
- Develop and incorporate one or more behavioral, knowledge, and/or attitude outcome(s) as related to teen pregnancy prevention and HIV/STI prevention.

b. Additional Learning Objectives

Grantees should identify and develop two (2) additional Life Skill Education learning objectives reflective of the needs of the Grantee's target population, based on data from the Needs Assessment findings.

Examples of learning objectives that meet this criteria may include, but are not limited to:

- Increasing an adolescent's performance in, and connections to, school.
- Providing instruction on the skills of personal goal planning, both short and long term, that will help adolescents build successful futures.
- Developing communication skills (e.g., verbal/nonverbal communication, active listening, expressing feelings, etc.).
- Developing strong personal and community connections (i.e., building healthy connections between adolescents, their families, schools and teachers and communities, etc.).
- Focusing on couples, families and communities within the context of supporting adolescents in behaviors that prevent teen pregnancy.
- Dealing and coping with broader societal messages and myths.

Minimum Requirements:

- Implement a total of three (3) Life Skill Education learning objectives: one (1) mandatory learning objective and two (2) additional learning objectives.
- Meet the special needs of parenting teens, if applicable.
- Address the cultural, linguistic, and literacy levels of teen participants.
- Tailor sessions for adolescents with special needs, if applicable.
- Provide handouts and/or an outline of the learning objectives with pertinent information presented in the course, and referral sheets.
- Identify and assess one or more perceived behavioral change(s)/outcome skill(s), knowledge acquired, and/or perceived attitude change(s).
- Develop and implement behavioral assessments (pre-post-tests/surveys for the selected behavioral outcomes the Grantee proposes to assess, etc.).
- Length of the intervention shall be a minimum of one (1) hour per learning objective for a total of three (3) hours to complete the Life Skill Education Intervention.

- Provide the Life Skill Education Intervention to the required number of annual program participants.

2. I&E Supplementary Interventions

Grantees are required to implement a minimum of two (2) and no more than four (4) Supplementary Interventions that addresses the I&E Program goal.

I&E Supplementary Interventions include, but are not limited to:

- Information Presentations
- Targeted Prevention
- Parenting Teens Education and Support
- Parent-Child Sexuality Communication
- Peer-Based Education
- Youth Leadership
- Teen Theater
- Mentoring
- Community Awareness and Mobilization
- Social Networking

A detailed description of I&E Supplementary Interventions, criteria elements, and minimum implementation requirements is found in [Appendix 10](#) of the I&E RFA # 11-10017.

All materials developed for use for activities related to community awareness and mobilization (e.g., flyers, brochures, radio or television public service announcements, newspaper articles, etc.) must be reviewed and approved by OFP prior to their use and distribution. The Material Review Form, the Material Review Form Instructions, and the Program Consultant Approval and Acknowledgment Form are posted on the TPP Website.

<http://www.cdph.ca.gov/programs/tpp/Pages/MaterialReviewFormandInstructions.aspx>

3. Selection of Interventions

During the RFA process, Grantees were required to select interventions that are known to influence behavior and result in desired outcomes, and/or select curricula that has been proven effective via evidence-based evaluation, as available. This requirement

helps ensure positive outcomes for youth. Intervention strategies shall meet the needs of Grantees' target population as indicated in the Grantees' Needs Assessment and documented in the Grantees' Logic Model.

4. Target Population(s) and Setting(s)/Location(s)

Grantees are required to meet the required minimum number of youth/adolescents to be served annually by geographic setting based on the Grantee's funding level and the teen birth rate as referenced in [Appendix 10](#) of the I&E RFA #11-10017. While these minimum number of youth are required, Grantees are encouraged to target as many youth as is feasible within their community.

During the I&E RFA process, Grantee's identified and described the target population(s) and the setting(s) or location(s) that the Grantees will serve through each intervention. Grantees also provided details on how they will recruit and retain participants for each intervention. To effectively evaluate intervention outcomes, Grantees shall clearly identify the specific demographics of their target population for each I&E Project Intervention. The required reportable demographics shall include, at a minimum, the estimated number of target population to be served, age group, gender, race/ethnicity, sexual orientation, and at risk population category.

Grantees were required to select interventions that incorporate youth development principles and creativity. In addition, interventions are to be cost-effective in reducing teen pregnancy among Grantees proposed target population(s). Cost-effectiveness is expressed as the extent to which an activity is thought to be as valuable or worthy as it is expensive. Cost-effective can be a measure of the maximum health benefits of implementing the intervention's services/activities to the target population over a justifiable cost.

During the term of the Contract, the OFP will not permit Grantees to change interventions unless there is substantial justification to do so. Prior OFP approval is required to change interventions. Substantial justification includes, but is not limited to, the following considerations:

- There has been a substantial change/shift in the target population identified.
- Outcome data including, but not limited to, an updated Needs Assessment, indicates the selected intervention is not effective.

C. Family Pact Clinical Service Linkages Requirements

In 1996, the California Legislature enacted Family PACT which was administered by the OFP in January, 1997. Family PACT provides family planning and reproductive health services to California's low-income residents of reproductive age including the provision of services to teens.

Family PACT providers work in concert with OFP/TPP-funded Programs for the purposes of:

- Increasing access to publicly funded family planning services for low-income California residents.
- Increasing the use of effective contraceptive methods by clients.
- Promoting improved reproductive health.
- Reducing the rate, overall number, and cost of unintended pregnancies.

I&E Grantees serve as a bridge between comprehensive prevention education programs and clinical services through working partnerships with Family PACT providers. I&E Grantees provide teens reproductive health education and referral services. Referrals include family planning services, clinical care, HIV/AIDS testing and STI testing and treatment. Referrals may include, but are not limited to: providing a list of local Family PACT providers, Family PACT website, information, referral cards, tours and open houses at Family PACT clinics. I&E Grantees are also required to collaborate with Family PACT providers in the development of teen-friendly clinical services in their community education and clinical linkage Family PACT efforts. For more information about Family PACT and to find a provider in your area, please visit the Family PACT website:

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

Grantees shall implement I&E Project Interventions activities that qualify for FFP reimbursement to maximize funding for I&E Projects. FFP reimbursement for approved State Programs includes providing specific activities that meet the following two objectives.

- Assisting Medi-Cal eligible individuals to enroll in the Medi-Cal/Family PACT Program.
- Assisting individuals on Medi-Cal to access Medi-Cal or Family PACT providers and services.

The OFP has developed a FFP User's Guide to assist Grantees in understanding the FFP requirements. This guide will assist Grantees in complying with federal funding rules and receive the maximum allowable federal and state funding.

Grantees are required to establish formal partnerships with Family PACT providers to expand access and availability of clinical services to targeted population(s) and to ensure that teens and young adults have access to sexual health services ([Family PACT Annual Program Report](#)). All interventions shall include clinical service linkage activities. Referrals may include, but are not limited to: providing a list of local Family PACT providers, Family PACT website information, referral cards, and/or tours and open houses at Family PACT clinics. I&E Grantees are also required to collaborate with Family PACT providers in the development of teen-friendly clinical services in their community (please click on this link for information on [Key Elements of a Teen-Friendly Clinic](#)). For more

information about Family PACT and to find providers in your area, please visit the Family PACT website: <http://www.familypact.org>.

1. Requirements

A list of Family PACT Integration Requirements for Intervention Activities is provided in [[Appendix 11](#) of the I&E RFA #11-10017]. Grantees are required to demonstrate their collaboration with, and establishment of, a relationship with one or more Family PACT providers to:

- Promote awareness of and assistance with accessing comprehensive family planning reproductive health services for the purposes of preventing unintended pregnancy and STIs among pre-sexually active and sexually active teens.
- Provide information about the availability of reproductive and sexual health services, including methods to prevent and treat STIs.
- Increase the number of teens who access clinical services at Family PACT clinics. Services must address barriers to access to Family PACT clinics (for example, lack of public transportation, cultural diversity impacts, youth not feeling welcomed in the clinic, etc.).
- Develop a plan of action to maximize collaborative efforts and best practices.
- Meet I&E Program requirements including:
 - Coordinating a referral mechanism for teens to access Family PACT services at clinics with teen-friendly environments.
 - Assisting with promotional activities to create awareness about local Family PACT clinics.
 - Providing monthly or quarterly teen tours of Family PACT clinics. If monthly visits are not feasible, then Grantees are to implement activities that will allow participants to become familiar with Family PACT providers and their services through interventions such as one-on-one street outreach and informational presentations.
 - Documenting Family PACT partnerships through the submission of a Letter of Intent by Family PACT provider [[Attachment 6](#) of I&E RFA #11-10017]. Grantees are encouraged to partner with Family PACT providers based on geographical locations where services will be implemented, as well as with providers who can deliver linguistically and culturally appropriate care to the target populations. Please click on this link for information on [Steps in Developing a Partnership with Providers](#).

D. Evaluation Requirements

Grantees are required to conduct and participate in program/performance evaluation to monitor the progress and/or success of intervention activities. Grantees are not required to hire an outside evaluator to perform and meet the evaluation requirements as outlined in the I&E RFA #11-10017 and the Contract.

1. Reportable Demographics of Target Population Requirements

To effectively evaluate intervention outcomes, Grantees shall clearly identify the specific demographics of their target population for each I&E Project Intervention on the [Workplan](#) and the [Progress Report](#). The required reportable demographics shall include at a minimum:

- Estimated number of target population to be served
- Age Group — all ages may be served but should be reported by the following breakdown:
 - Youth under age 11
 - Adolescents (ages 12-14)
 - Adolescents (ages 15-17)
 - Adolescents (ages 18-19)
 - Young Adults (ages 20-24)
 - Adults, Parents, Guardians, Mentors, Personnel who work with youth, etc. (ages 25 and over)
- Gender
- Race/Ethnicity (e.g., Latino, Asian, African American, etc.)
- Sexual Orientation, if applicable (e.g., gay, lesbian, bi sexual, transgendered youth questioning their sexuality, etc.)
- At-risk population category, if applicable (e.g., foster care, absentee father, gang involvement, juvenile justice/incarcerated, homeless, substance abuse, parenting teen, special needs, etc.)

2. Behavioral Outcomes

Grantees will be required to monitor and evaluate I&E Project Interventions (e.g., surveys completed by participants at project entry and exit). Outcomes shall include

actual sexual and contraceptive behavior as well as risk and protective factors. At a minimum, Grantees shall include a behavioral outcome that is clearly linked to increasing family planning clinical services and outreach through Family PACT Clinical Service Linkages. Other potential behavioral outcome measurements may include:

- Increase in Condom Use
- Increase in Consistency of Condom Use
- Increase in Contraceptive Use
- Reduction in the Number of Sexual Partners
- Age of Sexual Debut
- Success Regarding Linking Participants to Clinical Reproductive Health Services
- Reduction in Sexual Risk-Taking Behaviors (e.g., alcohol, drugs, peer pressure, etc.)
- A Delay of Initiation of Sexual Intercourse
- Increase Emergency Contraceptive Use
- Reducing Childbirth
- Future Plans and/or Life Goals

3. Program Evaluation

I&E Program evaluation will include, but is not limited to, Process Measures, Short Term Outcome Measures, Qualitative Outcomes, Statewide Evaluation, and Continuous Program Improvement (CPI) Evaluation.

a. Process Measure

Process measures are outcomes that when measured, determine if a program has been implemented as planned; and can identify a program's strengths and weaknesses. These measures provide feedback to the OFP about how well the intervention is being implemented and how to adjust or enhance the intervention. Process measures reflect when, to whom, how often, and in what settings the intervention and/or services are provided. Examples of process measures include, but are not limited to, participant demographics, client service usage, referral sources, staff characteristics, program activities, minutes, participant outcome data, and participant satisfaction data.

Grantees will be required to submit two semi-annual Progress Reports and Monthly Performance Reports to OFP. Additionally, the OFP may request information on program taxonomy for additional evaluation activities. These reports will document the implementation of teen pregnancy intervention activities.

b. Short-Term Outcome Measures

Short term outcome measures are observable and measure the level of knowledge, attitude, skill, or aspiration change in program participants. These measures indicate whether or not the intervention has made an impact on the intended target population. For each proposed intervention, Grantees shall include short-term outcome measures to determine if the activities have an immediate impact on the targeted population.

c. Qualitative Outcomes

Qualitative Outcomes are another form of evaluation and involve the collection of non-quantitative data (i.e., observational information/results that can be counted) and the facilitation of inductive reasoning (i.e., outcomes based on specific observations that support broader generalizations and theories). Qualitative Outcomes are observational information that can be used to describe project functions and what it means to the people involved. Some examples of qualitative outcomes include open-ended survey responses, feedback forms, photographs (with captions), case studies, testimonial quotes, etc.

Retrospectively, Qualitative Outcomes are important for understanding how and why the proposed outcomes of an intervention were achieved and help identify of any unintended consequences. Qualitative Outcomes provide information from the perspectives of the targeted population by obtaining culturally-specific information about the beliefs, norms, behaviors, and social contexts affecting a particular health issue. Qualitative Outcomes can also provide important answers about the relevance of an intervention for the specific population(s).

d. Statewide Evaluation

Grantees will be required to participate in impact or outcome based evaluation protocols to determine the effectiveness of I&E Projects and interventions among projects.

e. Continuous Program Improvement (CPI) Evaluation

CPI is an evaluation process implemented by Grantees with technical support provided by the OFP or its designee. Grantees are required to participate, implement, monitor and evaluate their project, to improve their project interventions. This involves a process outlined for each CPI tool to: organize the information collected; report outcomes; measure and identify potential changes discovered through the CPI Summary; implement changes, as necessary; and to re-evaluate the impact of the change. Progress on the completion of CPI

activities is submitted to the OFP in the required Mid-Year Report, and the final CPI Summary is submitted in the Year-End Progress Report. (See Section III, Part A: Program Reporting Requirements for the Progress Report link, due dates, and instructions).

The OFP will provide Grantees ongoing technical assistance and consultation on program evaluation. The evaluation efforts of all Grantees are legislatively mandated and are important for ensuring program effectiveness and the overall goals of the I&E Program.

E. Workplan Requirements

Workplans document the activities necessary to implement the interventions described in the Project Plan. OFP requires Workplans for the following Program requirements:

- I&E Project Interventions,
- TPP Regional Networks,
- Family PACT Clinical Service Linkages, and
- Administrative Activities.

Grantees were required to have an approved Workplan prior to contract execution.

F. Curriculums and Lesson Plans

Grantees shall submit lesson plans or curricula outline (with talking points) for each intervention detailing the topics and/or activities to be conducted and the implementation timeframe to the OFP Program Consultant (PC) for review and approval prior to implementation.

G. Additional Program Requirements

1. Training Seminars, Workshops or Conferences

Grantees are required to obtain prior OFP PC approval to attend training seminars, workshops, or conferences that will be funded in whole or in part by I&E grant funds.

2. Information Technology

OFP requires the use of the internet, electronic mail, internet-based surveys (i.e., Survey Monkey), scanning equipment, Adobe, Microsoft Office programs, teleconferences, and web-based conferences (i.e., Webinars). Internet-based interventions may include, but are not limited to the use of Social Networking sites, CD or DVD presentations, or webinars.

In the event technical requirements change, the Grantee will be responsible for subsequent software upgrades to keep pace with State requirements. For all business class computers purchased with grant funds, purchases must meet current CDPH hardware and/or software standards including a three (3) or four (4) year warranty for computers.

3. Grantee Requirements

Grantees are contractually required to:

- Ensure projects will be guided by continuous input from the target population(s) served.
- Ensure project staff value the cultural and linguistic characteristic of the target population(s) served.
- Conduct project activities and provide educational materials (e.g., print, audio visual, electronic etc.) is appropriate in terms of culture, language, literacy level, age, and gender for the intended target population.
- Provide services in a manner that respects the beliefs, privacy, and dignity of the individual. Individuals have the right to accept or reject services and their participation must be voluntary. Grantee agrees to keep signed consents on file, as appropriate, to document agreed upon participation in grant-related activities/ interventions.
- Maintain accurate program implementation records, which document the number of people served, materials developed, activities conducted, etc.; including the utilization of State issued reporting forms to document program implementation, when appropriate. These records may include, but are not limited to, logs, sign-in sheets, meeting minutes, survey and evaluation data, etc. It is recommended that the Grantee set up documentation files by intervention and other major activities and/or requirements. Planning documents, meeting minutes, sign-in sheets, etc., are retained as activities are completed. These records shall be kept and made available for three (3) years from the date of the final grant award payment.
- Obtain prior approval by OFP to participate in data collection or research studies using OFP/I&E information for purposes other than those of fulfilling the requirements of this grant.
- Submit the documents supporting the Needs Assessment for review periodically to assess direction of project goals. The Needs Assessment findings and the documents supporting the Needs Assessment shall remain on file for audit purposes.

III. I&E ADMINISTRATIVE REQUIREMENTS

Grantees shall have both administrative and programmatic expertise to manage state grant funds, and the technical expertise to successfully implement I&E Project activities. The following outlines the administrative and program tasks to assist Grantees in meeting state requirements and expectations. The Grant Agreement/Contract will contain these and other requirements.

NOTE: The CDHP, OFP reserves the right to review and adjust its requirements and procedures in response to statutory, regulatory, or administrative requirements. Should any changes occur, Grantees will be notified in writing.

H. Program Reporting Requirements

Grantees are required to submit an electronic Mid-Year and Year-End Progress Report, for each fiscal year that summarizes program accomplishments during each report period. The reports shall be received on or before the due date. Reports submitted after the due date will be considered late. The OFP will not consider submission extensions to submit Progress Reports.

1. Mid-Year and Year-End Progress Report Requirements

The Mid-Year Report is due on February 1 for the period beginning July 1 and ending December 31 for each fiscal year.

The Year-End Progress Report is due on August 1 for the period beginning January 1 and ending June 30 for each fiscal year.

PROGRESS REPORTS SUBMISSION DATES	REPORT PERIOD
Mid-Year - February 1	July 1 – December 31
Year-End - August 1*	January 1 – June 30

* The Year-End Report for the last fiscal year (FY 2015- 2016) of the contract will be due June 30, 2016.

The Progress Report documents barriers and challenges to program implementation and identifies best practices of high performing programs.

Adobe Acrobat (full version) is required to download, fill in, save, and print the report forms. The [Progress Report Forms](#), and the [Progress Report Instructions](#) are available on the TPP Website.

Grantees shall complete and submit Progress Reports via e-mail to their assigned PC. The PC will review the Progress Report and provide comments, feedback or

recommendations. Revisions will only be required for Progress Reports that are incomplete or unsatisfactory.

Grantees failure to submit timely and acceptable Progress Reports is cause for OFP to withhold up to one hundred percent (100%) from future quarterly payments. If the Progress Report is complete and meets all the OFP requirements, the PC will e-mail the Grantee a letter stating the Progress Report has been received and reviewed. Please keep a copy of the letter for audit and administrative review purposes.

2. Monthly Performance Reports (MPRs) Requirements

Grantees are required to complete a MPR each month and submit it via e-mail to their assigned PC by the 10th day of the following month.

The purpose of the MPR is to:

- Ensure the Grantees meet program and contract requirements.
- Increase PC opportunities to provide technical assistance.
- Collect additional data to support TPP program success.

Grantees will report typical monthly activities such as, but not limited to:

- Staffing.
- Continuous Program Improvement progress.
- Family PACT collaboration for clinical linkage.
- Progress towards implementing and completing approved interventions.

The PC will review the MPR and provide comments and recommendations. Revisions will only be required for MPRs that are incomplete or unsatisfactory.

The MPR and the instructions on how to complete the form are posted on the TPP website.

I. Meetings, Trainings, and Site Visits Requirements

OFP will sponsor state and regional training opportunities which may include, but are not limited to, the following: an annual TPP meeting, orientation meeting(s), topic/issue-specific training, and other OFP approved activities that support I&E Project staff development and organizational capacity. Grantees are required to attend and participate in all meetings and trainings sponsored by OFP. These include the participation of OFP-designated I&E Project staff, and when appropriate, fiscal staff, subcontractors or community representatives.

Grantees are required to participate in regular program discussions, determined by OFP and the Grantee's designated OFP Program Consultant/Contract Manager, via telephone and/or webinar. Discussion topics may include, but are not limited to, program updates, needs, and strategies to improve and/or maintain effective program services, compliance issues, and/or corrective action plan(s).

The OFP will perform, at its discretion, formal and/or informal site visits.

J. Required Communication with OFP Staff

Grantees are required to maintain regular communication with the OFP PC and Contract Manager (CM) as follows:

- Maintain a reliable e-mail address and telephone number; regularly check e-mail and voice mail; return telephone calls on a timely basis.
- Immediately report to PC any barriers or challenges to implementing and/or administering the Contract, Scope of Work, Workplan, or evaluation requirements.
- Inform PC and CM of any staff changes or changes to contact information by submitting an [Agency Information Form](#) to PC and CM within five (5) working days of any changes.
- Inform PC and CM of vacation schedules for key staff and identify staff member who will function as key contact person during vacations or prolonged leave of absence.
- Inform PC when I&E Project Staff are unable to attend and/or participate in meetings and trainings scheduled and sponsored by OFP a minimum of 48 hours before the scheduled event.
- Submit prospective program activity calendars to PC on a monthly or quarterly basis.

K. Staffing Requirements

Grantees are required to hire program staff with the appropriate training, experience, and knowledge required to deliver the services as stated in Exhibit A, Scope of Work of the I&E Contract and Workplan. Grantees shall meet and maintain the staffing standards described in the *Core Competencies for Adolescent Sexual and Reproductive Health* guide developed by the California Adolescent Sexual Health Workgroup (ASHWG [[Appendix 14](#) of the I&E RFA #11-10017]). At a minimum, there shall be a designated Project Coordinator and Health Educator(s) employed by the Grantee.

1. Project Director

The Project Director shall be responsible for ensuring the success and viability of I&E activities. For the purpose of the I&E Grant, OFP mandates that the title "Project Director" is designated to perform the following duties:

- Supervising the Project Coordinator, Health Educator, and other staff.
- Approving I&E Project activities.
- Budget development and fiscal management.
- Hiring staff.
- Reviewing I&E Project evaluation documents, MPRs, Progress Reports, corrective action plans, and correspondence.

In addition, the Project Director may conduct the Project Coordinator duties in the event there is a temporary absence of a Project Coordinator. If the Grantee chooses to staff a Project Director, OFP requires the Project Director to be employed by the Grantee no less than 5% Full Time Equivalent (FTE) toward I&E Project activities.

2. Program Coordinator

The overall responsibility of the Program Coordinator is to coordinate and document project activities. The Project Coordinator shall be employed by the Grantee and allocate no less than 25% FTE toward I&E Project activities. The Program Coordinator responsibilities shall include (via staff or directly), but are not limited to, the following:

- I&E intervention programming.
- Developing documents required by the Contract.
- Overseeing local and statewide CPI data collection and evaluation.
- Supervising and training staff and volunteers.
- Monitoring the budget.
- Overseeing project activities and subcontractor budgets.
- Participating in Regional Network efforts.
- Attending OFP-sponsored meetings and trainings.
- Serve as the Liaison with OFP staff.

3. Health Educator(s)

Health Educator(s) are generally under the supervision of the Project Coordinator or Project Director. The core responsibility of the Health Educator(s) is to conduct and implement the I&E intervention activities. The Health Educator(s) shall allocate no less

than a cumulative 50% FTE for one or more positions toward I&E Project activities. The Health Educator(s) may be employed by the Grantee or may be a subcontractor of the Grantee. The Health Educator(s) responsibilities shall include, but not limited to, the following:

- Conducting I&E Interventions.
- Assisting with CPI and local evaluation activities.
- Referring target-youth to Family PACT reproductive services.
- Collection of data for biannual progress reports.
- Conducting trainings to enhance skills/knowledge on the issue of teen pregnancy prevention.

4. Fiscal/Administrative Staff

Grantees shall hire fiscal/administrative staff with the appropriate training and expertise to maintain the fiscal integrity of the grant funds. Staff shall be knowledgeable of, and practice, standard accounting and payroll practices (including state and federal tax withholding requirements), maintenance of fiscal/administrative records/documents, appropriate tracking and review/approval of expenditures, and other administrative policies and procedures to maintain the fiscal integrity of the grant funds awarded to the Grantees.

5. Staff Salaries

The salaries paid to Grantees' staff shall not exceed rates paid to State Civil Service personnel performing comparable work. The merit and cost of living adjustment paid to staff employed by Grantees shall not exceed rates paid to State Civil Service personnel performing comparable work. If additional information about State Civil Service maximum salaries is required, please contact the CM assigned to your Agency.

6. Subcontractor Agreements

Prior written authorization is required before Grantees enter into, and are reimbursed for any subcontract for services costing \$5,000 or more. Except as indicated in Exhibit D(F), Special Terms and Conditions, Provision 5, Subcontract Requirements, Paragraph a.(3) of the Contract, when securing subcontracts for services exceeding \$5,000, Grantees shall obtain at least three bids or justify a sole source award.

Grantees are responsible for monitoring subcontracts, and are required to visit all subcontractors at least quarterly or more frequently if designated by OFP. Grantees shall establish an effective communication system with each subcontractor to receive all necessary information that the Grantees require in completing and submitting reports to OFP.

I&E Project staff, including subcontractors, whose positions are funded with Title XIX funds are required to complete a one-month Time Study each quarter of the fiscal year.

L. Funding Level and Grant Period

The funding levels are as follows:

Funding Level	Annual Teen Birth Rates (number of live births per 1,000 females aged 15-19 years)	Funding Amount	Minimum Proposed Number of Interventions
Category 1	30.0 to 49.9	\$50,000	3
Category 2	50.0 to 69.9	\$75,000	4
Category 3	70 and greater	\$100,000	5

Funding for the I&E Program will be made available for a maximum of five (5) fiscal years for the period July 1, 2011 to June 30, 2016

- Year 1 = 7/1/2011 – 6/30/2012
- Year 2 = 7/1/2012 – 6/30/2013
- Year 3 = 7/1/2013 – 6/30/2014
- Year 4 = 7/1/2014 – 6/30/2015
- Year 5 = 7/1/2015 – 6/30/2016

M. Title XIX Federal Financial Participation (FFP)

Medicare and Medicaid federal regulations allow matching a percentage of expenses incurred for the majority of expenses necessary for the efficient administration of the Medi-Cal Program. Federal Medi-Cal (Medicaid) Title XIX provides FFP reimbursement for approved State programs providing specific activities that meet the following two objectives:

- Assisting Medi-Cal eligible individuals to enroll in the Medi-Cal/Family PACT Program.
- Assisting individuals on Medi-Cal to access Medi-Cal or Family PACT providers and services.

The I&E Program has been approved by Medi-Cal to receive FFP reimbursement for federally reimbursable activities. The CDPH, OFP makes available reimbursement of FFP funds for I&E Program activities and selected administrative expenses. This reimbursement is provided through matching Title XIX Medi-Cal (Medicaid) funds with OFP-allocated State General Funds or with local certified county/city government funds to maximize funding for I&E Program.

To obtain FFP reimbursement, I&E Grantees must:

- Meet the two FFP objectives noted above (only FFP-allowable activities will be reimbursed);
- Document all activities performed by Grantee's staff via quarterly Time Studies;
- Provide certified, non-federal funds (State General Funds and/or local county/city government funds) to qualify for Title XIX reimbursement, and
- Have a target or target a population of adolescents that is Medi-Cal eligible (per Title XIX criteria) and/or are Medi-Cal beneficiaries.

Time Studies are the official OFP method used to document staff time spent on all activities to determine the percent of time that is FFP reimbursable. Grantees must use the OFP Time Study documents provided by OFP. The OFP has developed a FFP User's Guide to assist funded applicants understand the FFP requirements. This guide will assist funded agencies in complying with federal funding rules and receive the maximum allowable federal and state funding.

N. Fiscal Documents

Grantees shall prepare required financial information and fiscal documents in accordance with Generally Accepted Accounting Principles (GAAP).

1. Budget

The budget defines the fiscal relationship between the State and the Grantees. Budget documents form the basis for Grantee payments and fiscal accountability for audit compliance. All expenses shown on the budget documents must directly relate to the accomplishment of the goals, objectives, activities, timelines, and outcomes identified in the I&E Program Grant Agreement, Scope of Work (SOW), and Workplan.

OFP provides an electronic Budget/Invoice template located in the Fiscal Information Section of the TPP website at www.cdph.ca.gov/programs/tpp/Pages/default.aspx. This excel formatted template contains all the necessary documents for submitting a proposed budget which includes:

- Summary Budget page
- Detail budget pages
- Justification worksheets to support the budget detail pages
- Reconciliation page that reconciles expenditures

-
- Instructions

O. Payment Provisions

Payments can be requested if the following criteria are met:

- The Contract has been approved and fully executed (signed by both parties). No services are to be provided prior to receipt of all approvals as CDPH is unable to issue payment prior to receipt of final approval of the contract.
- The Budget Act for the fiscal year has been signed and includes an appropriation for the I&E Program. Grantees shall be able to cover at least 90 days worth of payroll, indirect expenses and operating expenses, as well as expenses incurred by a subcontractor or consultant prior to reimbursement by the State.

The maximum amount payable for any fiscal year cannot exceed the Grant Agreement Budget amounts for that fiscal year. The Grantee must meet all contractual obligations, and have incurred the actual costs to receive payment per the Contract.

1. Payment Types

There are four (4) types of payments that can be submitted by Grantees:

A. Initial Allotment

An annual initial allotment of up to 25 percent of the yearly grant can be requested at the beginning of each fiscal year. The request must be submitted in a format determined by OFP and is subject to the following conditions:

- i) The prior year annual initial allotment issued by OFP under this Grant, if any, has been fully liquidated or repaid in full. All previous invoiced costs are justified.
- ii) At no time may the sum total of any annual initial allotment exceed 25 percent of the annual Grant amount.
- iii) The Budget Act of the current year and/or any subsequent years covered under the Grant appropriates sufficient funds for the program.
- iv) The Grantee is in compliance with the Grant and in "Good Standing" with OFP.

Grantee must submit an Annual Initial Allotment payment request for the period July 1 – June 30 of each fiscal year by August 1st of each fiscal year. The Initial Allotment request must be submitted in a format determined by CDPH/OFP. An Excel file is provided by OFP containing templates for fiscal administration. The Initial Allotment Template is located in the Fiscal Information Section of the TPP website.

Use of this template is mandatory. This template contains both the Initial Allotment Request Letter and the instructions for this request under each separate worksheet.

An original and one copy of the Initial Allotment must:

- Be printed on Agency letterhead, and
- Be signed (in blue ink) by the Fiscal Officer (or designee).

Initial Allotment requests must be submitted to:

California Department of Public Health
Office of Family Planning
Attn: "Contract Manager Name"
P.O. Box 997420, MS 8305
Sacramento, CA 95899-7420

If using Courier Delivery (i.e. UPS, FedEx, Golden State Overnight, etc.) deliver to:

California Department of Public Health
Office of Family Planning
Attn: "Contract Manager Name"
1615 Capitol Avenue, Suite 73.560, MS 8305
Sacramento, CA 95814-5015

Note: All document deliveries not including the mail station number MS 8305 will be returned to sender by the CDPH Mail Services Unit.

Please allow 45 days for processing of a grant payment from the date OFP receives your request. Please contact your Contract Manager if payment has not been received after 45 days.

The Initial Allotment is recouped in one-third (1/3) increments from the first three quarterly invoices. Initial Allotments will be deducted from the first, second, and third quarterly invoice payments for each fiscal year of the Grant as shown in the table below. If Grantee recoupment of the entire allotment amount cannot be recouped within the first three quarters, recoupment will continue through the fourth quarter and any supplemental invoices.

Recovery Schedule		
Quarterly Invoices	Period	Amount of Initial Payment deducted from invoice
First Quarter	July 1 – September 30	1/3
Second Quarter	October 1 – December 31	1/3
Third Quarter	January 1 – March 31	1/3
Fourth Quarter	April 1 – June 30	0 or any remaining balance

B. Quarterly Invoices

Invoices for actual expenditures during a given quarter will be submitted each quarter of the fiscal year.

C. Supplemental Invoices

Supplemental invoices are necessary when expenses incurred during a given quarter were not included on a previously submitted quarterly invoice. Grantees shall not include expense(s) incurred in a previous quarter on a subsequent quarterly invoice. Supplemental Invoice must meet all of the following requirements:

- Grantees must submit a supplemental invoice claiming only the additional expense(s).
- Grantees will be required to submit documentation to OFP to substantiate the supplemental invoice.
- Supplemental invoices shall be submitted for payment within 60 days following the end of each calendar quarter.

D. Final Invoice

- A final undisputed invoice shall be submitted for payment no more than 60 calendar days following the expiration or termination date of this Grant, unless a later or alternate deadline is agreed to in writing by OFP. Said invoice should be clearly marked “Final Invoice”, thus indicating that all payment obligations of the State under this Grant have ceased and that no further payments are due or outstanding.
- The State may, at its discretion, choose not to honor any delinquent final invoice if the Grantee fails to obtain prior written State approval of an alternate final invoice submission deadline. Written State approval shall

be sought from OFP prior to the expiration or termination date of this Grant.

- The Grantee must submit a “Contractor’s Release (Exhibit F)” with the final invoice.

2. Invoice Requirements

Invoicing requirements are as follows:

- Invoices must be accompanied by a cover letter printed on agency letterhead.
- Expenses requiring prior written approval will be reimbursed only if approval has been granted (i.e., subcontracts, outreach materials, advertisement/media, equipment purchases, trainings, etc.).
- Personnel costs invoiced must be based on actual expenditures and require a time study report (for all personnel claiming FFP) to support the FFP Matchable percentage rate, rather than approved budget documents. Budget documents are only an estimate of expenditures.
- Invoices claiming FFP must be accompanied by an approved time study report for each person claiming FFP. The time study report must reflect 100 percent of employee’s time, and at a minimum contain the following information:
 - Agency Name
 - Time study Period
 - First and last name of employee
 - Employee classification or title
 - Budget line number
 - Percent of time studied to each program listed
 - Percentage of time by activity classification
 - ❖ FFP Eligible (Match-able)
 - ❖ Non-Eligible (Unmatched)
 - ❖ Other
- All invoices are to be submitted quarterly.
- Invoices that contain a reimbursement request for EQUIPMENT must include a CDPH 1203 form listing the purchased items. The CDPH 1203 with the instructions for completing this form is located in the Fiscal Information Section of the TPP website at: <http://www.cdph.ca.gov/programs/tpp/Pages/default.aspx>
- Negative balances are not allowed on the total lines of the Invoice Summary Page.
- Quarterly invoices must be submitted within 30 calendar days following the end of the quarter.

- Information entered on the invoice will automatically update the Fund Reconciliation Worksheet. This worksheet should be reviewed by Grantees prior to submitting invoices to avoid payment reductions (cuts) due to insufficient funds.
- EXPENDITURE DOCUMENTATION REVIEW (EDR): Grantees will be required to submit documentation to the OFP to substantiate each invoice with the exception of the Initial Allotment Request. Documentation shall include but is not limited to:
 - Time studies and supporting documentation
 - Salary schedule
 - Fringe benefit costs
 - General expenses (allocation methodology and/or receipts)
 - Office space rental (allocation methodology/rent documents)
 - Employee travel logs (gas and hotel receipts, per diem reimbursements, airfare, etc.)
 - Employee training (receipts for registration fees, training materials, etc.)
 - Equipment (purchase/maintenance receipts)
 - Subcontractor invoices (invoices and receipts for billing)
 - Food (sign-in log for supporting participant activity and food receipts)
 - Incentive and Education Materials and Outreach Materials (receipts)
 - Program event (agenda, announcement, receipts, miscellaneous supplies, etc.)
 - Stipends (cancelled checks, receipts)
 - Transportation for participants (receipts for bus passes, rental bus, taxi, etc.)
 - Indirect costs (Methodology – i.e., Executive Director expenses, Fiscal Staff expenses, janitorial expenses, liability insurance, etc.)

Grantees shall maintain for review and audit and supply to the OFP, upon request, adequate documentation of all expenses claimed to permit a determination of allowable expenses. All invoice detail, fiscal records, or backup documentation shall be prepared in accordance with generally accepted accounting principles or practices and the terms of the Grant Agreement.

The OFP Program may hold or reject invoice that, due to incompleteness or other discrepancies, cannot be processed by Program staff within 15 days of receipt.

3. Quarterly Invoice Payment Schedule

The periods covered by the quarterly invoice and the due dates of the quarterly invoice for each fiscal year of the Grant are described in the table below:

Payment Type	Period	Invoice Due Date
First Quarterly Invoice	July 1 – September 30	November 1st
Second Quarterly Invoice	October 1 – December 31	February 1st
Third Quarterly Invoice	January 1 – March 31	May 1st
Fourth Quarterly Invoice	April 1 – June 30	August 1st

Quarterly invoices must be submitted for payment within 30 days following the end of each calendar quarter.

OFP may, at its discretion, choose not to honor any delinquent invoice if the Grantee fails to obtain prior written approval from OFP of an alternate submission deadline.

4. Invoice Submission

Grantees must submit a complete invoice package containing the following documents:

- Signed original cover letter on official Agency letterhead that includes the following:
 - Date the cover letter was prepared
 - Agreement number as shown on your contract
 - Inclusive dates for the invoice period
 - Total amount of the invoice
 - Contact name and telephone number
 - Original signatures
- Signed invoice that includes the following:
 - Original signatures by the Agency’s Project Director and Fiscal Agent below the certification statement of the Invoice Summary Page
 - Detail Pages of the invoice showing appropriate expenditures according to the approved program budget
 - Agreement number and Agency name as shown on your contract
- Time Study Data Report for Summary of FFP (for all staff invoicing Title XIX Funds)
- Supporting documentation/receipts for all expenses claimed for EDR

-
- HAS 1203, if applicable

Grantees should submit all fiscal documents to the address referenced below:

**California Department of Public Health
Center for Family Health
Office of Family Planning
Attn: OFP Contract Manager "Enter Name"
P.O. Box 997420, MS 8305
Sacramento, CA 95899-7420**

Note: Invoices submitted electronically will not be accepted.

P. Amendment Process

Should either party, during the life of the contract, desire a change in the contract, that change shall be proposed in writing to the other party. The other party shall acknowledge receipt of the proposal within ten (10) calendar days of receipt of the proposal. The party proposing any such change shall have the right to withdraw the proposal any time prior to acceptance or rejection by the other party. Any proposal shall set forth an explanation of the reason and basis for the proposed change and the text of the desired amendment to the contract which would provide for the change. If the proposal is accepted, the contract shall be amended to provide for the change mutually agreed to by the parties. No amendment will be considered binding on either party until it is formally approved by the State.

Subject to prior review and approval of the State through a formal amendment to the agreement, Grantees may shift up to 10 percent of the annual allocation under the agreement, provided that the total of all line item shifts over the life of the contract does not exceed \$15,000.

Q. Expense Allowability

Invoices, received from a Grantee and accepted and/or submitted for payment by the State, shall not be deemed evidence of allowable Grant costs.

Grantees shall maintain for review and audit and supply to the OFP, upon request, adequate documentation of all expenses claimed to permit a determination of allowable expenses. All invoice detail, fiscal records, or backup documentation shall be prepared in accordance with generally accepted accounting principles or practices and the terms of the Grant Agreement.

If the allowability or appropriateness of an expense cannot be determined by the State because invoice detail, fiscal records, or backup documentation is nonexistent or inadequate according to generally accepted accounting principles or practices, all

questionable costs may be disallowed and payment may be withheld by the State. Upon receipt of adequate documentation supporting a disallowed or questionable expense, reimbursement may resume for the amount substantiated and deemed allowable.

If travel is a reimbursable expense, receipts must be maintained to support the claimed expenditures.

Costs and/or expenses deemed unallowable are subject to recovery by OFP.

1. Recovery of Overpayments

Claims based upon a contractual agreement or an audit finding and/or an audit finding that is appealed and upheld, will be recovered by the State and/or Federal Government by one of the following options:

- 1) Grantee's remittance to the State of the full amount of the audit exception within 30 days following the State's request for repayment;
- 2) A repayment schedule which is agreeable to both the State and the Grantee.

The State reserves the right to select which option will be employed and the Grantee will be notified by the State in writing of the claim procedure to be utilized.

Interest on the unpaid balance of the audit finding or debt will accrue at a rate equal to the monthly average of the rate received on investments in the Pooled Money Investment Fund commencing on the date that an audit or examination finding is mailed to the Grantee, beginning 30 days after Grantee's receipt of the State's demand for repayment.

If the Grantee has filed a valid appeal regarding the report of audit findings, recovery of the overpayments will be deferred until a final administrative decision on the appeal has been reached. If the Grantee loses the final administrative appeal, Grantee shall repay, to the State, the over-claimed or disallowed expenses, plus accrued interest. Interest accrues from the Grantee's first receipt of State's notice requesting reimbursement of questioned audit costs or disallowed expenses.

2. Prohibited Expense

Grantees shall not use I&E Grant funds to supplant any existing program funding. Grantees shall not use funds from this Grant for reimbursement of the costs related to any of the following goods, services, or activities:

- A. Bonuses/Commissions: Bonuses and commissions paid from Grant funds are prohibited.

-
- B. Lobbying: Grant funds may not be used for lobbying activities. Lobbying is an attempt to influence public officials in connection with the awarding of contracts, grants, or loans.
 - C. Fund-raising: Grant funds shall not be used for fund raising activities, with the exception of securing the required community in-kind match up to a total amount of \$1,500.
 - D. Purchase of Real Property: Grant funds cannot be used to purchase real property.
 - E. Interest: The cost of interest payments is not an allowable expenditure.
 - F. Lease-Purchase Options: It is prohibited to use Grant funds to enter into a lease-purchase contract for the purchase of equipment or any other personal property, or for the purchase of real property.
 - G. Grant Writing: All costs associated with responding to any RFA and preparing the application are not reimbursable expenses.
 - H. Clinical Services: Grant funds shall not be used to provide clinical services related to reproductive health, including diagnosis and treatment of infections and condition, including cancers, that threaten reproductive capability, medical family planning treatment and procedures, including contraceptive supplies and follow-up.
 - I. Religious Doctrine/Benefits: The Grantee must comply with the mandates of the California Constitution (Article XVI, Section 5), which prohibit the use of public funds to aid any religious sect, church, creed, or sectarian purpose. Program activities shall not include sectarian beliefs and/or information related to the doctrines of any religious group or organization.
 - J. Mental Health Counseling: Grant funds shall not be used to provide mental health counseling services to youth or other target populations. For purposes of this grant agreement, these services are formal assessment, evaluation, analysis, or treatment of a client/patient's psychiatric disorder by a licensed psychiatric provider, either individually or in a group setting.
 - K. Existing Programs: Grant funds shall not be used to support pre-existing programs (outreach, counseling, educational, or other) funded by other public or private sources.
 - L. Health Insurance: Grant funds shall not be used to pay for project participant's enrollment in any type of health insurance program. A client, who does not have insurance and is in need of reproductive health clinical services, can be referred to a Family PACT provider who will provide services to eligible participants at no cost.

M. Food and Refreshment:

- 1) The purchase of food and refreshments for anyone other than the target population is prohibited.
- 2) Food and refreshment must be used as an incentive and only provided to the target population during prevention or educational activities, not for personnel, at health fairs, or collaborative meetings.
- 3) OFP recommends contributions for food or food incentives, from local community vendors, continue to be recommended in lieu of allocating funds.
- 4) The OFP PC and CM must pre-approve the use of food incentives.

N. Project Planning Costs: Funds shall not be used for project planning purposes, e.g. conducting needs assessments used for the application, developing curricula, planning a media campaign, etc.

3. Payment Withholds

Grantees are subject to the denial of payment, reduction of payment, or withhold of payment for failure to correct cited deficiencies and/or failure to provide OFP with timely and acceptable reports. OFP may reduce or withhold a scheduled grant payment if the Grantee does not meet any or all of the following:

- 1) Three repeated and uncorrected findings of deficiencies in the financial audits conducted by DHCS.
- 2) Grantee's failure to submit timely and acceptable reports.
- 3) The evaluation requirements for the grant period.
- 4) The contract requirements specified by OFP.
- 5) Grantee's failure to submit documents to support invoiced expenses.
- 6) Achievement of the objectives and activities specified in the Workplan and/or Exhibit A, Attachment 3, Scope of Services of the Contract.

Upon receipt and approval of the Final Progress Report each year, OFP may pay all or a portion of any previously withheld funds based on the Grantee's achievement of the project Workplan, reporting requirements, and applicable match requirements.

The State reserves the right to demand immediate repayment of any annual initial allotment that has not yet been fully offset if Grantee fails to submit timely and acceptable reports.

Unless waived or otherwise stipulated in the Contract, CDPH may, at its discretion, withhold 10 percent (10%) of the face amount of the Agreement, 50 percent (50%) of the final invoice, or \$3,000 whichever is greater, until CDPH receives a final report that meets the terms, conditions and/or Scope of Work requirements of the Contract.

R. Audit Monitoring and Compliance

All Grantees that receive funding from the CDPH, OFP are expected to comply with all State and Federal funding, reporting, and audit requirements. State and Federal representatives have the right to monitor, audit and/or conduct on-site reviews of Agency's and/or subcontractors within reasonable times of business operation for compliance with the provisions of the Contract, applicable State and Federal laws, and regulations.

All Grantees are required to conduct an annual financial and compliance single audit. These audits are conducted to review the program performance based on the SOW, verify financial status of the grantee and accuracy of grantee billings to the State and Federal governments.

1. Annual Financial and Compliance Audit

On the 15th day of the fifth month following the completion of each fiscal year, Grantees shall obtain a single organization-wide financial and compliance audit. The audit shall be conducted according to Generally Accepted Auditing Standards. The cost of the audit may be included in the budget for this Grant up to \$3,000 each fiscal year.

Please see Exhibit D(F), Provision 16. of the Grant Agreement for further detail regarding this requirement.

2. Audit and Record Retention

Grantees and/or Subcontractor shall maintain books, records, documents, and other evidence, accounting procedures and practices, sufficient to properly reflect all direct and indirect costs of whatever nature claimed to have been incurred in the performance of the Grant Agreement, including any matching costs and expenses. records and interview staff in any subcontract related to performance of this Agreement. (GC 8546.7, CCR Title 2, Section 1896).

Please refer to Exhibit D(F), Provision 7. of the Grant Agreement for further details regarding this requirement.

S. Disallowed Activities

Use of Contract funds for any of the following activities, is grounds for termination pursuant to Provision 9. Termination of the Grant Agreement:

1. Case Management

The development of case plans for the evaluation, treatment, and/or care of individuals who are unable to arrange for services on their own behalf; assess the individual's needs and coordinate the delivery of needed services; ensure that services are obtained in accordance with the case plan; and follow up and monitor progress to ensure that services are having an impact on the problem. This includes coordination and assurance in health services, legal services, social services, and victim services, whether these services are offered to individuals or reached through group based interventions.

2. Clinical Services

Delivery of clinical services related to reproductive health, including diagnosis and treatment of infections and conditions, including cancers that threaten reproductive capability, and medical family planning treatment and procedures, including contraceptive supplies and follow-up.

3. Curriculum Development

Contract funds shall not be used to develop or test new non-evaluated or modified curriculum.

4. Existing Programs

Contract funds shall not be used to support pre-existing programs (outreach, counseling, educational or other) funded by other public or private sources.

5. Fund Raising

Contract funds shall not be used for fund raising activities.

6. Grant Writing

Costs associated with responding to any Request for Applications are not reimbursable with Contract funds.

7. Health Insurance

Contract funds shall not be used to pay for project participant's enrollment in any type of health insurance program. A client, who does not have insurance and is in need of reproductive health clinical services, can be referred to a Family PACT provider who will provide services to eligible participants at no cost.

8. Mental Health Counseling

Contract funds shall not be used to provide mental health counseling services for youth or other targeted populations.

9. Religious Doctrine/Beliefs

The Grantee shall comply with the mandates of the California Constitution (Article XVI, Section 5), which prohibit the use of public funds to aid any religious sect, church, creed or sectarian purpose. Program activities shall not include sectarian beliefs and/or information related to the doctrines of any religious group or organization.

10. Lobbying

Contract funds will not be used to support lobbying activities. Lobbying is defined as communicating with a member of a legislative body, or a government official or employee, with the intention of impacting the formulation of legislation; or swaying the general public with the specific intention of promoting a “yes” or “no” vote on a particular piece of legislation. Educating legislators, their staff, government employees, or the general public about OFP, CCG, or teen pregnancy prevention related issues is not considered lobbying.

11. Abstinence

As described in I&E RFA #11-10017, Section I,C.3.c, OFP will not support abstinence-only, abstinence-only-until-marriage, and fear-based interventions, activities, and/or curriculum implementation.

IV. OFP SUPPORT AND OTHER RESOURCES

A. OFP Support

See OFP Website at <http://www.cdph.ca.gov/programs/tpp/Pages/default.aspx>

B. Program Resources

The OFP TPP Website contains information, updates, resources, and documents Grantees should become familiar with. Please visit the TPP Website frequently. If you have difficulty locating a document on the website please contact the PC or CM assigned to your agency for assistance.