

**Request for Application (RFA) #25-10029**

Adolescent Sexual Health Education Program (ASH Ed) –  
California Personal Responsibility Education Program (CA PREP)  
& Information and Education (I&E) Program

**January 2025**



California Department of Public Health  
Center for Family Health  
Maternal, Child, and Adolescent Health Division

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## **PART I. Funding Opportunity Description**

### ***A. Funding Purpose and Structure***

The California Department of Public Health, Maternal, Child and Adolescent Health Division (CDPH/MCAH) is accepting applications from eligible organizations ([Part I. H, Eligibility Requirements](#)) to implement the Adolescent Sexual Health Education (ASH Ed) Program. The ASH Ed program is supported by two funding sources: 1) Federal funding from the U.S. Department of Health and Human Services, Family & Youth Services Bureau (FYSB) for the California Personal Responsibility and Education Program (CA PREP), and 2) California State General Funds (SGF) for the Information and Education Program (I&E).

- Applicants must apply for CA PREP funding to implement evidence-based or evidence-informed comprehensive sexual health education with youth as required by the federal PREP grant and described in this RFA.
- Applicants may choose to apply for additional I&E funding to implement an evidence-based or evidence-informed program/strategy in one of the following options:
  1. enhanced youth engagement, or
  2. parent/caring adult education and engagement

The structure of both CA PREP and the I&E Funding allows for program innovations and enhancements based on best practices and input from past ASH Ed awardees. CDPH/MCAH Option 1 for I&E funding will improve program quality by dedicating resources to centering youth voice and leadership. Option 2 will equip parents/caring adults in the community with the skills needed to support the sexual health of young people. Parent/caring adult education and engagement provides youth with multiple support systems as they navigate sexual identity, relationships, and health.

Applicants must comply with the instructions contained in this document to apply for funding to implement CA PREP and, if desired, apply for funding for I&E services. The application process and requirements are included in parts I-IV:

- [Part I. H. Eligibility Criteria](#)
- [Part II. Program Requirements](#)
- [Part III. Application Submission Process](#)
- [Part IV. Program Narrative and Corresponding Attachments](#)

All CA PREP applications will be reviewed and scored first, and the applicants with the highest scores will be awarded CA PREP funds. CDPH/MCAH will only review and score the I&E applications for those applicants awarded CA PREP funds. For details, see [Part IV. Program](#)

[Narrative & Corresponding Attachments.](#)

Cooperative Agreements will be awarded for three (3) state fiscal years, beginning July 1, 2025 and ending June 30, 2028, contingent on availability of funds from FYSB and SGF. The start of the contract term date is an estimate. Contracts will be processed and executed based on departmental priorities, which can result in a later start date. Receipt of funding under this cooperative agreement does not guarantee future funding.

CDPH/MCAH expects to make awards under the Cooperative Agreement Act, Health & Safety Code (Sections 38070-38081.1). A cooperative agreement is an agreement between the department and a unit of local government, any other unit of state government or a non-profit organization.

Applications are due to CDPH/MCAH on March 4, 2025 by 4 p.m. Applicants must adhere to the due dates in [Part I. K, RFA Key Action Dates](#)

***B. Funding Availability***

CDPH/MCAH expects to award funding and execute agreements with eligible and qualified applicants. CDPH/MCAH reserves the right to determine the level of funding to be awarded.

**CA PREP**

The total amount to be distributed among awardees is anticipated to be \$5,302,561 per State Fiscal Year (FY) for each of the three (3) years within the contract period, July 1, 2025 through June 30, 2028.

**I&E**

The total amount to be distributed among awardees is anticipated to be \$1,122,393 per State Fiscal Year (FY) for each of the three (3) years within the contract period, July 1, 2025 through June 30, 2028. I&E funding will supplement the CA PREP awards for enhanced program activities in one of the two areas described in [I&E Funding Options](#).

*Limitations of State Liability*

Funding for the resulting agreement is dependent upon availability of future appropriations by the State Legislature, Congress, or federal funding for the purposes of the resulting agreement. No legal liability on the part of the State for any payment may arise under the resulting agreement until funds are made available through an annual appropriation. If an agreement is executed before ascertaining available funding and funding does not become available, CDPH/MCAH will cancel the agreement.

### *Funding Reductions in Subsequent Years*

If an agreement is executed and full funding does not become available for subsequent FYs, CDPH/MCAH will either cancel the agreement with no liability occurring to CDPH/MCAH or amend it to reflect reduced funding and reduced activities.

### **C. Public Health Significance**

While the adolescent birth rate (ABR) in California continues to decline and is one of the lowest in the country, inequities in the ABR persist and rates of sexually transmitted infections (STIs) among young people in California are on the rise. In 2022, more than 12,000 babies were born to California parents aged 19 years and under, with 12 percent of those births being a second or subsequent child born during adolescence [1]. Sixty-four percent of adolescents aged 19 and under with a subsequent birth experienced a suboptimal interpregnancy interval (less than 18 months between a live birth and the conception of the next live birth) [1], which increases the risk of adverse pregnancy and birth outcomes [2]. American Indian/Alaska Native and Hispanic/Latino adolescents aged 15-19 years were three times more likely, and Black adolescents were more than twice as likely to give birth compared to White peers. While statewide ABR was 9.5 live births per 1,000 female population aged 15-19, across California counties with at least 10 live births in 2022, ABRs varied widely from 3.8 (Placer) to 23.4 (Del Norte). This illustrates that the county with the highest ABR had a rate 6.2 times that of the county with the lowest rate.

Parenting during adolescence is associated with a decreased likelihood of completing high school, a decreased likelihood of future employment, and increased chances of becoming dependent on public assistance [3]. Research shows that many of these outcomes are not directly caused by becoming a young parent, but rather by other factors already present in young people's lives [4,5]. High rates of poverty, limited economic and educational opportunities, and a lack of safe and nurturing environments have an impact on the lives of young people, regardless of early parenthood [5]. While pregnant and parenting youth are resilient, they often face greater challenges than their non-parenting peers [1]. These challenges not only limit their individual choices and opportunities, but also increase broader social, economic, and health inequities [6]. In California, adolescents with a live birth are more likely to be food and housing insecure, experience intimate partner violence during pregnancy, and experience two or more hardships in their childhood compared to the adult birthing population [7].

On a national level, evidence suggests /that ABRs are declining. This decline is largely due to more youth using contraception and demonstrating strengths by making choices that positively impact their lives, families, and communities. However, California data from the [2019 Youth Risk Behavior Surveillance System \(YRBS\)](#) show that the last time sexually active high school students reported having sex:



- 42 percent used only a condom,
- 21 percent used only hormonal or long-acting reversible contraception (LARC),
- 12 percent used both a condom and hormonal contraception or LARC, and
- 25 percent did not use a contraceptive method [8].

This data demonstrates that there is still more work to do.

In 2022, according to [Centers for Disease Control and Prevention \(CDC\) Sexually Transmitted Infections Surveillance](#), California saw an increase in STI rates in all regions of the state.

Inequities in STI rates persist throughout the state, with the highest among young people ages 15-24, African American/Blacks, and gay, bisexual, and other men who have sex with men. In California, chlamydia (CT) cases were highest among females in the 15-24 age group, with a rate of 2,424 per 100,000 compared to a rate of 1,437 among females aged 15-44. From 2020 to 2021, the CT rate increased 6.4 percent among females and 10.6 percent among males. Disproportionally more CT occurred among adolescent and young adult Black/African American females [9].

Some youth populations experience higher rates of birth and STIs, including HIV, compared to adolescents in general. These populations include youth in foster care, youth experiencing homelessness, male youth who identify as gay or bisexual and/or have same-sex sexual partners, and female youth who identify as lesbian or bisexual and/or have same and other-sex sexual partners [10-12]. These findings highlight the complexities of adolescent sexual behavior, development, and identity, further supporting the need for comprehensive sexual and reproductive health education and access to preventive health services for young people, even as ABRs continue to decline.

Programming that is based on [positive youth development](#) (PYD) promotes resilience and centers youth engagement and is important, especially for high-need populations facing increased hardship and stress. PYD recognizes that all youth have strengths, benefit from high expectations and supportive relationships, and can make meaningful contributions to their lives, families, and communities. PYD focuses on building on youths' strengths and skills such as, problem solving, positive identity and self-efficacy, sense of purpose, communication, and resourcefulness. Applicants should work to incorporate key PYD approaches and principles in all interactions with youth.

Preparing for adulthood is important to address the health inequities that youth face in California. This is accomplished by providing adolescents with the knowledge, skills, and motivation to make informed decisions about their sexual and reproductive health, including the formation of healthy relationships. The continuation of effective public health prevention strategies are important to support adolescent sexual and reproductive well-being. Maintaining effective public health strategies is crucial for supporting adolescent sexual health and reproductive well-being. This provides more opportunities for California youth to build strong

and healthy foundations for the future.

***D. Equity, Cultural & Linguistic Responsiveness and Trauma-Informed Care at CDPH/MCAH***

CDPH/MCAH values equity; cultural humility; intentional use of languages other than English; inclusion; and trauma-responsive approaches in all its programs and initiatives. CDPH/MCAH strives to recognize, respect, and respond proactively to diversity in backgrounds such as race, culture, gender identity, sexual orientation, physical and linguistic abilities, socioeconomic status, etc. These values are included in all CDPH/MCAH programs.

CDPH/MCAH recognizes that institutional racism and social determinants of health impact population health outcomes. Achieving health and well-being for youth in California means acknowledging and addressing the root causes of existing health inequities. These inequities were further illuminated by the COVID-19 pandemic and compounded by structural racism.

Racism has been declared a public health crisis by the [American Public Health Association](#) and the [Association of Maternal Child Health Programs](#), as well as by several local health jurisdictions and organizations across the county. Structural racism and discrimination based on gender, sexual orientation, disability status, poverty, trauma, and other social and environmental factors are interconnected. These factors have significant impact on physical and mental well-being [13,14].

The ASH Ed Program connects young people to education, supports, and services that can help decrease the impact of structural racism and poverty on their physical and mental/emotional health. The program prioritizes listening to and learning from adolescent populations, parents/caregivers, and educators to help remove barriers and support access to quality sexual and reproductive health education programs and services.

CDPH/MCAH is committed to healing-centered engagement in its programs, policies, and practices through trauma-informed programs and services. Viewing trauma as an individual, isolated experience continues to perpetuate harm at the community level. Healing-centered engagement addresses the root cause of the problem by recognizing that trauma is caused by systems and structures. CDPH/MCAH acknowledges that collective healing happens when systems change by building trust with the community and emphasizing physical, psychological, and emotional safety. CDPH/MCAH expects local ASH Ed agencies to have similar values and seek opportunities to improve their knowledge and skills in providing trauma-informed services to the communities they serve while elevating healing-centered engagement.

## **E. Program Goals and Description**

### **CDPH/MCAH Adolescent Sexual Health Education (ASH Ed) Programs**

The main goals of the CDPH/MCAH ASH Ed Program are to:

- reach youth experiencing the greatest inequities in health and social outcomes;
- equip them with the knowledge, understanding, and skills necessary to make responsible and healthy decisions regarding their sexual and reproductive health;
- reduce adolescent birth and STI rates; and
- promote positive development and healthy relationships.

The ASH Ed Program offers comprehensive sexual health education which includes topics such as partner communication, negotiation and refusal skills, and communication with a trusted adult. The programs also inform young people about eligibility and access to federal, state, and local clinical services. Locally, the ASH Ed Program is offered in diverse settings, such as mainstream middle and high schools, alternative schools, social service agencies, juvenile detention facilities, youth centers, and other community settings.

### **California Personal Responsibility and Education Program (CA PREP)**

[Per FYSB](#), CA PREP aims to reduce rates of adolescent births and STIs, including HIV, among youth experiencing the greatest inequities in these outcomes (details about CA PREP youth service populations are in [Part II, Program Requirements](#)). CA PREP funds must be used primarily to replicate or substantially incorporate elements of effective Evidence-Based Program Models (EBPMs) or Evidence-Informed Program Model (EIPMs) for comprehensive sexual health education.

Key components of CA PREP include:

- education about both abstinence and contraception;
- implementation of EBPM/EIPMs;
- integration of Adulthood Preparation Subjects (APS);
- compliance with California Health & Safety and Education Codes, when applicable;
- community outreach and engagement activities, including maintenance and/or participation in a coalition of local partners and parent/caregiver engagement;
- dissemination of information and linkage to Family Planning, Access, Care, and Treatment (PACT) and other youth services; and
- participation in required data collection, monitoring, and evaluation activities.

More information about the CA PREP grant program can be found on [FYSB's website](#).

CDPH/MCAH established definitions of EBPM/EIPM using the most recent available Teen Pregnancy Prevention Evidence Review [15,16] and the Title V program guidance provided by the U.S. Department of Health and Human Services Health Resources and Services Administration [17]. CDPH/MCAH defines evidence-based curricula as those that are supported by at least one rigorous or moderately rigorous study, with an intervention-research design that demonstrated statistically significant improvements in at least one of the PREP-target areas:

- delaying sexual activity or reducing the number of sexual partners;
- increasing condom or contraceptive use for sexually active youth; or
- reducing pregnancy among youth.

CDPH/MCAH defines evidence-informed curricula as those that meet one or more of the following criteria:

- completes at least one rigorous or moderately rigorous study not using an intervention-research design;
- documents evidence of expert consensus as to their likely effectiveness;
- is grounded in scientific theory; and/or
- identifies compelling topics or priorities with emerging evidence.

CDPH/MCAH has selected four pre-approved curricula that meet the criteria for EBPM/EIPM that can be utilized through this RFA:

- [Making Proud Choices! \(MPC!\) California 5th Edition, 2021](#)  
MPC is designated as evidence-based by the [Health and Human Services Teen Pregnancy Prevention Evidence Review](#).
- [Positive Prevention Plus \(PPP\)](#)  
PPP is designated as evidence-based by the [Health and Human Services Teen Pregnancy Prevention Evidence Review](#).
- [Rights, Respect, Responsibility \(3Rs\) CA Edition](#)  
3Rs meets the criteria for evidence-informed. The curriculum was co-developed by 10 experts in sexual health education with 13 youth reviewers [19] and is grounded in scientific theory [20].
- [Teen Talk](#)  
Teen Talk is supported by at least one intervention-research study published in a peer-reviewed journal and meets the criteria for evidence-informed curricula. The study supported the curriculum's effectiveness in multiple PREP targeted behaviors, including delaying sexual activity and increasing condom or contraceptive use [18].

All four EBPM/EIPM meet the requirements of the California Healthy Youth Act (CHYA) as determined by the American Civil Liberties Union [21] and have been approved by CDPH/MCAH and FYSB for implementation by CA PREP. [See Part II. Program Requirements, C. Evidence-Based Program Models](#) for details.

### **Information and Education (I&E) Program**

In accordance with the [Welfare and Institution Code Section 14504.3](#), the I&E Program aims to contribute to a decrease in adolescent pregnancies through educational programs that equip youth with the skills to make responsible decisions regarding their sexual health. The I&E Program may also serve parents/caring adults in the lives of young people. This option provides parents/caring adults with effective tools and skills to support youth regarding healthy and responsible sexual behavior. A complete list of youth service populations for the I&E Program is available in [Part II, Program Requirements](#). Other service populations based on each program option are listed in [Part II, Program Requirements, I&E Funding Options, Service Population](#).

Applying for the I&E funding is an option for those who apply for CA PREP funding but is awarded on a competitive basis only to those who are awarded CA PREP funds. If selected and awarded, the I&E funding will provide support to awardees for one of two options:

1. enhanced youth engagement
2. parent/caring adult education and engagement

These strategies supplement and strengthen CA PREP activities by engaging key populations that support youth sexual well-being. I&E funds must be used for implementing evidence-based or evidence-informed educational programs and strategies.

### ***F. Authorizing Legislation***

#### **CA PREP**

CA PREP was originally authorized in 2010 as part of the [Patient Protection and Affordable Care Act Section 2953](#) (Pub. L. No. 111-148). PREP is authorized and funded by [Section 513 of the Social Security Act \(42 U.S.C. § 713\)](#), as amended by [Section 50503 of the Bipartisan Budget Act of 2018 \(Pub. L. No. 115-123\)](#) extended by [Section 3822 of the CARES Act, 2020 \(Pub. L. No. 116-136\)](#).

#### **I&E Program**

The I&E Program was appropriated in the 1973 California Budget Act and is authorized by [California Welfare and Institution Code \(WIC\) Section 14504.3](#).

## **G. California Laws**

Awardees are required to comply with the following California laws, as applicable:

1. In All Settings
  - [Sexual Health Education Accountability Act \(SHEAA\)](#); California Health and Safety Code (H&S) sections 151000-151003
2. In School Settings
  - [California Healthy Youth Act \(CHYA\)](#); Education Code sections 51930-51939
  - [Health Education Content Standards for California Public Schools: Kindergarten through Grade Twelve](#)
  - [The California Healthy Youth Act and Charter Schools](#)

## **H. Eligibility Criteria**

### **1. Organizational Type**

The following applicants in counties designated as areas of the state with the greatest inequities in health and social outcomes (see [Part I. I, 1. Funding Distribution](#) for eligible counties) are invited to apply for this RFA:

- Units of local government including, but not limited to, cities, counties, and other government bodies or special districts
- State and/or public colleges or universities, also referred to as institutions of higher education
- Public and/or private nonprofit organizations classified as 501(c)(3) tax exempt under the Internal Revenue Services Code

Applicants that are school districts, nonprofit organizations or corporations will be required to submit additional documentation as described in [Part III. D., Instructions for Preparation and Submission of Applications](#).

### **2. Required Experience & Capacity**

Applicants must have at a minimum:

- Five (5) years of experience providing sexual health prevention services to adolescents who face the greatest inequities in these outcomes;
- Five (5) years of experience engaging youth, parents/caring adults, and/or communities;

- Five (5) years of experience in program monitoring and data collection and reporting of performance measures;
- Five (5) years of experience developing community linkages and/or participating in and maintaining partnerships; and
- Organizational capacity to fulfill program and administrative requirements.

### 3. *Eligible Counties*

The ASH Ed Program is designed to support access to comprehensive, medically accurate, and unbiased sexual health education for youth facing the greatest inequities in health and social outcomes. In recognition of the geographic inequities in sexual and reproductive health outcomes across the state, CDPH/MCAH developed the California Adolescent Sexual Health Needs Index (CASHNI) to determine geographic eligibility for service sites. Eligible awardees must serve counties with the highest localized need for adolescent sexual and reproductive health programs based on the CASHNI.

The CASHNI was developed using data at the Medical Service Study Area (MSSA) level. An MSSA is a sub-city and sub-county geographical unit used to organize and display population, demographic, and physician data.

Six indicators of community disparity were standardized and summed to form an index of overall community need for adolescent sexual health programs and services. The six indicators are:

- adolescent birth rate;
- percentage of adolescent births occurring less than 18 months between the last live birth and conception of the current live birth;
- combined gonorrhea and chlamydia incidence rate for adolescents;
- percentage of youth living in concentrated areas of poverty;
- percentage of youth living in racially isolated areas of African Americans, Hispanics, or American Indian/Alaskan Natives; and
- percentage of 18- to 24-year-olds without a high school diploma or equivalent.

Overall community need was ranked from one (1) to five (5) based on the distribution of sums; rankings were multiplied by three (3) for rural MSSAs. Resulting values (range 1 – 15) were multiplied by the 2016-2018 weighted average annual numbers of live births to females ages 15-19. The 2018 CASHNI will be used for this RFA. County scores range from 3

to 14193 across California’s 58 counties. See [Appendix 1](#) for more details and a list of 2018 CASHNI scores by MSSA.

Eligible counties for this RFA are those in which either 1) the sum of the CASHNI scores of all MSSAs is 250 and above or 2) there is at least one MSSA with a CASHNI score of 120 or above. For CASHNI methodology and California county scores, refer to [Appendix 1](#) (Population and Community Need Data).

No more than two (2) applicants will be awarded funding in each county.

Based on these criteria, applicants in the following counties are eligible to apply for funding:

**Table 1: 2025 Eligible Counties Listed in Descending Order of County CASHNI Score**

County	2018 County CASHNI Score (Sum of All MSSAs)	County	2018 County CASHNI Score (Sum of All MSSAs)
Los Angeles	14193	Alameda	873
San Bernardino	5765	Santa Clara	853
Fresno	5332	Kings	807
Kern	5059	Contra Costa	770
Tulare	4109	Butte	488
Riverside	3549	Tehama	401
San Diego	2501	Shasta	391
Orange	2315	Lake	387
Monterey	2270	Yuba	378
Imperial	1896	Solano	367
Merced	1876	Sutter	344
Sacramento	1797	San Luis Obispo	333
Madera	1766	Mendocino	289
San Joaquin	1506	Santa Cruz	273
Stanislaus	1472	San Mateo	268
Santa Barbara	1370	*Del Norte	164
Ventura	1064	*San Benito	155

\* Del Norte and San Benito counties are eligible since they have at least one MSSA with a CASHNI score of 120 or above.



**I. Funding Distribution**

**1. Funding Tiers for CA PREP**

CA PREP funds will be awarded within tiers. Counties in Tier 1 have the highest county California Adolescent Sexual Health Needs Index (CASHNI) scores, followed by Tier 2 and Tier 3. Funding levels will be within the funding ranges by tier described in Table 2. The amount awarded within the funding range will be determined by CDPH/MCAH based on availability of funding, the applicant’s proposed budget, and CA PREP funding priorities.

The minimum amount awarded to all selected applicants will be \$125,000 per fiscal year.

**Table 2: CA PREP Funding Tiers by County CASHNI Score**

<b>Tier</b>	<b>Eligible Counties</b>	<b>Minimum to Maximum Per FY</b>
Tier 1	Los Angeles, San Bernardino, Fresno, Kern, Tulare, Riverside, San Diego, Orange, Monterey, Imperial, Merced	\$125,000 to \$425,000
Tier 2	Sacramento, Madera, San Joaquin, Stanislaus, Santa Barbara, Ventura, Alameda, Santa Clara, Kings, Contra Costa, Butte	\$125,000 to \$275,000
Tier 3	Tehama, Shasta, Lake, Yuba, Solano, Sutter, San Luis Obispo, Mendocino, Santa Cruz, San Mateo, Del Norte, San Benito	\$125,000 to \$175,000

**2. I&E Funding Distribution**

Applicants may request up to \$200,000 per fiscal year for one of the I&E Funding Options. Only applicants awarded for CA PREP funding will be considered for I&E funding. If all I&E funding is not exhausted, CDPH/MCAH reserves the right to adjust the funding above the requested or maximum amount specified in this RFA through negotiation and agreement with applicants.

**J. Agreement Term**

The term of the agreement is expected to be a three (3) year term and is anticipated to be effective from July 1, 2025 through June 30, 2028. The agreement term may change if CDPH/MCAH makes the awards earlier or later than expected due to unforeseen circumstances.

The resulting agreement will be of no force or effect until signed by both parties and approved by CDPH or the Department of General Services (DGS), whichever is applicable. The awardee is cautioned not to commence performance until all approvals are obtained. Should performance commence before all approvals are obtained, said services may be considered to have been volunteered without State reimbursement.

CDPH/MCAH reserves the right to modify the term of the resulting agreement via a formal amendment process.

**K. RFA Key Action Dates**

**Table 3: Key Action Dates**

<b>Event</b>	<b>Date</b>	<b>Time, if applicable</b>
RFA Release	January 16, 2025	
Posting of Informational Webinar	January 23, 2025	
Deadline to Submit RFA Questions	January 28, 2025	4:00 PM
Voluntary Non-Binding Letter of Intent	February 5, 2025	4:00 PM
Q&A Responses Published	February 21, 2025	
Application Due	March 4, 2025	4:00 PM
Public Notice of Intent to Award	May 29, 2025	
Submit an Appeal	June 3, 2025	4:00 PM
Agreements Commence	July 1, 2025	

CDPH/MCAH reserves the right to adjust any key action date and/or time, as necessary. Date and time adjustments will be posted on the [ASH Ed RFA Website](#). It is the applicant's responsibility to check the website frequently for any adjustments made to the timeline.

## PART II. Program Requirements

### California Personal Responsibility and Education Program (CA PREP)

#### A. Service Population

CA PREP applicants must serve the intended service population of youth ages 10-19, and up to age 21 if the youth is expectant or parenting. CDPH/MCAH defines the intended service population as youth who face the greatest inequities based on geography, social/demographic characteristics, and health outcomes.

The CASHNI is used to guide overall county eligibility to apply for funding and help applicants identify service areas with the greatest inequities within their county, using MSSAs.

CASHNI scores for MSSAs range from 0 to 1943 across California's 542 MSSAs. Applicants may provide services to all youth who reside, receive clinical services, or attend school in an MSSA with a CASHNI score of 120 or above (at or above the 70th percentile of all MSSAs). See [Appendix 1](#) for a list of all MSSAs in the eligible counties and information on how to check the MSSA of potential implementation sites.

Alternatively, youth are eligible for services if they meet one or more of the following criteria:

- are experiencing homelessness and/or are youth who have run away;
- attend an alternative or continuation school;
- are in or emancipated from the foster care system;
- are incarcerated in a juvenile justice facility, or are in the probation system;
- identify as lesbian, gay, bisexual, transgender, or questioning (LGBTQ);
- reside in or receive outpatient services from a mental health or substance abuse treatment facility or group home;
- have special health care needs, defined as youth who “have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally” [22];
- are farm or agricultural workers or live in families that are migrant farmworkers, defined as individuals who are “required to be absent from a permanent place of residence for the purpose of seeking remunerated employment in agricultural work” [23]; and/or
- are youth (up to age 21) who are expectant or parenting.

### **B. Annual Target Reach and Cost per Youth**

CA PREP applicants must propose and meet an annual target reach, which is the estimated number of youth expected to complete the EBPM/EIPM implementation for CA PREP during one state fiscal year. The applicant will determine the annual target reach based on the:

- service population,
- program setting,
- implementation setting,
- EBPM/EIPM,
- estimated number of cohorts,
- average cohort size,
- the number of youth who initiated the program, and
- the program-wide retention rate.

Guidance for completing the estimated annual reach calculation is in [Attachment 3](#).

The cost per youth is based on the annual estimated reach and the total award amount requested by the applicant. Cost per youth will vary by agency depending on EBPM/EIPM, program setting, implementation setting, service population, and county population size. Applicants will not receive higher scores for a lower cost per youth. The cost per youth should typically fall within the range of \$200-\$650 annually. Justification is required if the cost per youth estimate exceeds \$650 annually. The cost per youth may not exceed \$1,000 per youth annually. CDPH/MCAH strongly encourages agencies to serve youth experiencing the greatest inequities in health and social outcomes, including those in non-school settings or during non-school hours, and recognizes that doing so may cost more. The cost per youth calculation table and steps are in [Attachment 3](#).

### **C. Evidence-Based Program Models**

In accordance with federal requirements for PREP funding, CA PREP applicants must implement EBPM/EIPMs with the intent to maintain their core elements and/or make minor changes in response to the needs of the youth, as needed. CDPH/MCAH has selected four EBPM/EIPMs that are pre-approved for implementation.

#### **1. EBPM/EIPM Selection**

The four CDPH/MCAH-selected EBPM/EIPMs are identified in Table 4. Applicants must choose at least one of the EBPM/EIPMs listed in Table 4 that best suits the needs of their service population. Applicants serving more than one population may select more than one EBPM/EIPM (e.g., youth in juvenile justice and youth in alternative high schools). EBPM/EIPMs have typically been designed for specific populations (e.g.,

race/ethnicity, age, gender) in specific settings (e.g., schools, clinics, juvenile justice facilities). Refer to [Table 5, EBPM/EIPM At-a-Glance](#).

Not all EBPM/EIPMs are appropriate for all adolescents, organizations, and communities. Selecting an EBPM/EIPM based on the needs of the population(s) increases the chance that it will be appropriate for and accepted by participating adolescents. Additionally, EBPM/EIPMs that reflect the culture, language, and values of the population(s) increase the chances of improving outcomes.[24]

Please note: Applicants may request to use other EBPM/EIPM or propose adaptations in addition to their chosen EBPM/EIPM from Table 4 if the applicant plans to serve a population for which there is no appropriate EBPM/EIPM listed, or for which substantial adaptations would be required to meet the needs of the service population. Adaptation or alternate EBPM/EIPM requests may be made after awards are made and applicants may implement them if they are pre-approved by CDPH/MCAH and FYSB. This process could take up to six months. Through the pre-approval process, applicants must provide a strong rationale and justification for the selection and demonstrate that the curriculum is evidence-based or informed and CHYA aligned.

After the Notice of Intent to Award, CDPH/MCAH will work with the awarded applicants on final approval of their program model(s) to ensure it meets the needs for their service population(s) and setting(s). Implementation may not begin until CDPH/MCAH approves the program models and implementation plan. Please note that while there may be variation in models, some components are standardized and required. For example, all curricula include a demonstration of condom use skills. This demonstration may not be removed; however, individual participants may opt out of this activity if they choose.

**Table 4: CA PREP Pre-approved Program Models**

The following CA PREP pre-approved program models are CHYA aligned. CDPH/MCAH will assist in coordinating trainings to awardees interested in implementing the selected curriculum. Applicants must include the cost of training in their budget proposal as described in [Part VIII, C.,2. Training](#). Training and curriculum expenses can be found on the linked curricula websites.

<ul style="list-style-type: none"><li>• <a href="#">Making Proud Choices! California 5th Edition, 2021</a><ul style="list-style-type: none"><li>• School, Community, or Out of Home Care-based versions</li><li>• Available in Spanish</li></ul></li></ul>
<ul style="list-style-type: none"><li>• <a href="#">Teen Talk</a><ul style="list-style-type: none"><li>• Middle School Version</li><li>• High School Version</li><li>• Adapted for All Abilities Version</li><li>• Youth in Alternative Settings</li></ul></li></ul>
<ul style="list-style-type: none"><li>• <a href="#">Rights, Respect, Responsibility CA Edition</a><ul style="list-style-type: none"><li>• Middle School Version</li><li>• High School Version</li><li>• Available in Spanish</li></ul></li></ul>
<ul style="list-style-type: none"><li>• <a href="#">Positive Prevention Plus 2021 California Edition</a><ul style="list-style-type: none"><li>• Middle School Version</li><li>• High School Version</li><li>• Workbooks available in Spanish</li></ul></li></ul>

**Table 5: EBPMs/EIPMs At-a-Glance**

EBPM/EIPM	Service Population/ Audience	Number of Modules	Intended Curriculum Length	Maximum Facilitator: Student Ratio*	Maximum Cohort Size**	Example Implementation Schedule(s)
<a href="#"><u>Rights, Respect, Responsibility California Edition</u></a>	Youth ages 12-18; specific activities or discussions can be adapted for either middle school or high school settings	<b>Middle School</b> 11  <b>High School</b> 11	<b>Middle School</b> 550 Minutes  <b>High School</b> 550 Minutes	1:20	40	<ul style="list-style-type: none"> <li>• 11 days, 1 lesson/day</li> <li>• 11 days, 1 lesson/day</li> </ul>
<a href="#"><u>Making Proud Choices! California Edition</u></a>	Youth ages 12-18; specific activities or discussions can be adapted for either middle school or high school settings	<b>Community</b> 10  <b>Out of Home Care</b> 10	<b>Community</b> 600 minutes  <b>Out of Home Care</b> 750 minutes	1:15	30	<p><b>Community and Out of Home Care:</b></p> <ul style="list-style-type: none"> <li>• 2 days, 5 modules/day</li> <li>• 5 days, 2 modules/day</li> <li>• 10 days, 1 module/day</li> </ul> <p><b>Adaptation for school setting</b></p> <ul style="list-style-type: none"> <li>• 15 days, 1 module/day</li> </ul>

EBPM/EIPM	Service Population/ Audience	Number of Modules	Intended Curriculum Length	Maximum Facilitator: Student Ratio*	Maximum Cohort Size**	Example Implementation Schedule(s)
<a href="#">Teen Talk</a>	Youth ages 12-18; For All Abilities specific activities or discussions can be adapted for either middle school or high school settings	<b>Middle School</b> 12  <b>High School</b> 11  <b>For All Abilities</b> 11	600 minutes	1:20	40	<b>MS Version</b> 12 sessions over minimum of 10 hours /over two weeks  <b>HS Version</b> 11 sessions over minimum of 10 hours /over two weeks  <b>For All Abilities</b> 11 sessions over minimum of 10 hours /over two weeks
<a href="#">Positive Prevention Plus</a>	Youth ages 12-18; specific activities or discussions can be adapted for either middle school, high school, alternative school and community settings	<b>Middle School</b> 13  <b>High School</b> 13	585 minutes	1:30	30	<b>MS/HS Version</b> 13 sessions over a minimum of 6.5 hours

\* MCAH contract requirement, not a requirement by the curriculum developer.

\*\* May be either MCAH or developer requirement.



2. *Fidelity*

Applicants will be required to maintain fidelity to the core components of the EBPM/EIPMs. Fidelity is the extent to which a program is implemented as intended by the developers. All awardees will attend training and receive ongoing technical assistance on the implementation of the selected EBPM/EIPM with fidelity. Awardees are encouraged to use fidelity monitoring tools to adapt EBPM/EIPMs to meet the needs of their service population(s) and/or setting(s) as long as they do not change core components of the program model. Adaptations are allowed but must be submitted for review and approval by CDPH/MCAH prior to implementation. When applicable, awardees may be required to seek approval from the curriculum developer.

3. *Cultural and Linguistic Context*

Information and activities, including language, must be provided in a culturally sensitive and appropriate manner for program participants. Adaptations to address culture, language, and diversity must be submitted for CDPH/MCAH approval (see [Part 1, section D. Equity and Cultural and Linguistic Responsiveness](#)).

4. *EBPM/EIPM Training*

Awardees will be required to attend all trainings hosted by CDPH/MCAH or provided by the curriculum developer as directed on their selected EBPM/EIPM(s). If program staff miss one session, it will be the responsibility of the supervisor to train the staff. Awardees will ensure program staff hired to implement EBPM/EIPM(s) are able to meet the core components and implement with fidelity in a culturally and linguistically appropriate manner for the service population(s) (see [Part VIII, 2, c. Training](#)).

5. *Changing EBPM/EIPMs After Award*

After awards are made, changes to EBPM/EIPM selection will only be considered if the awardee submits an updated implementation plan to CDPH/MCAH with justification for the change. If awardees are not able to meet CDPH/MCAH requirements, a proposed program improvement plan must be developed to change the EBPM/EIPM selection.

**D. *Parent/Caring Adult Education and Engagement Activities***

All awardees must plan activities to engage parents and caring adults in the community to support youth in their sexual health education. This builds parents/caring adults' confidence in promoting accurate and open conversation. These activities may need to be conducted in other languages based on community need. Some suggested topic/resource areas to support parents and caring adults include:

- preview of the intended EBPM/EIPM curriculum prior to implementation,
- pregnancy and STI prevention,

- adolescent development,
- sexual health/sexuality,
- identity,
- healthy life skills,
- healthy relationships,
- consent and sexual communication,
- educational and career success,
- parent-child communication, and
- youth rights and access to reproductive and sexual health services.

### ***I&E Funding Connection***

Applicants interested in expanding programming for parents/caring adults can explore the I&E funding Option 2 – Parent/Caring Adult Education and Engagement. Applicants considering Option 2 are encouraged to make a connection, where applicable, between proposed I&E activities and CA PREP parent/caring adult activities. Please refer to the [I&E Funding Requirements](#) for more information.

### ***E. Adulthood Preparation Subjects***

Awardees will integrate adulthood preparation subjects (APS) into EBPM/EIPM implementation. The APS are a set of six youth development topics, and integrating three of the six topics into EBPM/EIPM implementation is a federal requirement of PREP funding. The APS include:

- **adolescent development,**
- **healthy life skills,**
- **healthy relationships,**
- educational and career success,
- financial literacy, and
- parent-child communication.

The first three subjects (in bold) have been selected by CDPH/MCAH as topic areas that CA PREP awardees must cover during EBPM/EIPM implementation. The additional three topics are highly encouraged.

Each EBPM/EIPM provides different coverage of the CA PREP topic areas and not all models adequately cover each topic. CDPH/MCAH will review APS content in CA PREP EBPMs to determine which subjects require additional content to meet minimum standards. This information will be available to awardees after contract execution. For more background on the review and the content of each of the CA PREP APS, see [Appendix 2](#).

Awardees will integrate APS in the following ways:

- CA PREP facilitators are required to view or attend topical trainings as directed by CDPH/MCAH to incorporate APS content and themes into EBPM/EIPMs throughout implementation.
- Awardees are encouraged to add relevant activities (e.g., an activity on puberty and physical development, a course on healthy relationships, or a component on financial literacy) before or after EBPM/EIPM implementation with prior approval from CDPH/MCAH.

#### ***F. Local Partner Coalition***

CA PREP awardees will maintain and/or participate in a Local Partner Coalition (LPC) to raise awareness and improve sustainability of adolescent sexual and reproductive health in the community. Awardees will be required to facilitate and/or participate in quarterly meetings with an LPC to collaborate with community representatives that work to support the local youth. Awardees who apply for two counties will maintain and/or participate in an LPC for each county awarded; however, flexibility will be provided for smaller/rural counties or where collaboratives operate regionally.

##### *1. LPC Key Activities*

The purpose of the LPC is to:

- develop relationships with members of the community to contribute to the success and sustainability of ASH Ed;
- identify strategies to seek and maintain community support for ASH Ed services;
- educate members of the community on risk and protective factors associated with adolescent pregnancy, STIs, and HIV, and identify strategies to overcome risk factors;
- enhance opportunities for youth input and community involvement; and
- increase awareness of the importance of providing adolescents access to health care services, including family planning and reproductive health services.

## 2. LPC Key Members

At a minimum, the LPC must include representatives from:

- Family PACT providers;
- foster care, including county/state agencies and/or private organizations/providers;
- social service providers (e.g., services related to homelessness, substance use/abuse, intimate partner violence);
- schools and educators (e.g., school board member, administrator, and/or teacher);
- local MCAH Directors or their public health designee;
- current or potential CA PREP service delivery site(s) serving the awardee service population; and
- a youth from the service population is required, if allocated funding for a Youth Advisor is included in the CA PREP budget.

In addition, awardees are strongly encouraged to include additional representatives, such as:

- youth from the service population(s);
- alumni from the program, if applicable, or young adults with lived experience as parenting adolescents;
- parents or caregivers of youth;
- pregnant and parenting youth service providers (e.g., the Adolescent Family Life Program, Cal-SAFE, locally funded Cal-Learn);
- youth-service and/or youth-focused organizations;
- local government representative(s) or designee(s);
- the local business community (e.g., businesses that serve and/or employ youth, Chamber of Commerce);
- parks and recreation;
- faith-based organizations; and
- service organizations.

Awardees are required to meet in person or virtually at least once per quarter with the LPC. Awardees must develop and present an Annual Community Presentation including CA PREP progress and successes. CDPH/MCAH will provide data routinely to support awardees with communication at the LPC meetings.

### 3. *Other LPC Activities*

Applicants are encouraged to propose additional community engagement and outreach activities. An example would be outreach to local businesses that employ youth. All proposed outreach activities must be approved by CDPH/MCAH prior to implementation.

#### ***I&E Funding Connection***

Applicants that are also applying for one of the I&E funding options are encouraged to integrate proposed I&E activities into LPC activities. Please refer to the [I&E Funding Requirements](#) for more information.

### ***G. Clinical Linkages***

CA PREP awardees are required to establish partnerships with Family PACT providers within their local communities to promote youth awareness and increase adolescent access to family planning, reproductive health, and other youth support services. Awardees will provide information about the availability, confidentiality, and cost of services to all CA PREP youth.

Activities must include, but are not limited to:

- information about Family PACT and other clinical services,
- the dissemination of promotional materials about other local youth services,
- information on crisis counseling for youth experiencing sexual and/or intimate partner violence.

Awardees are encouraged to propose additional activities, such as on-site teen tours of Family PACT or other reproductive health care clinics.

### ***H. Monitoring, Evaluation and Continuous Quality Improvement***

Awardees will participate in CA PREP monitoring and evaluation activities and continuous quality improvement (CQI) as described in the five categories below. Awardees are not required to hire an outside evaluator to meet evaluation requirements outlined in this RFA.

#### ***1. Implementation Monitoring***

Awardees are required to provide documentation that programming matches proposed youth characteristics, program delivery settings, and/or program service areas, as applicable. See [Part II, Program Requirements](#). Awardees are also required to maintain an online calendar of scheduled and planned implementation activities on SharePoint.

2. *Attendance and Fidelity Monitoring*

Awardees are required to collect and report attendance and fidelity data for each cohort of youth served. A cohort is defined as a group of youth participating in one cycle of CA PREP implementation. At a minimum, this will include data collection of youth demographics, attendance, educational content covered, and fidelity monitoring. Awardees are also required to participate in any requested site visits, interviews and external observations of program delivery.

3. *Facilitator Competencies*

CA PREP facilitators must possess knowledge in adolescent development, sexual health, family planning, and the program model(s) selected. Facilitators should have demonstrated knowledge and experience in successfully helping youth succeed. CDPH/MCAH will monitor these competencies through required surveys of facilitators and program coordinators at regular intervals following training activities. Awardees will be required to conduct at least two (2) observations of each facilitator, observing two (2) different lessons/modules/activities per year. Virtual observations are appropriate and acceptable when virtual implementation is integrated regularly into the program delivery.

4. *Youth Experiences and Outcomes*

CA PREP services are required to be interactive, engaging, respectful, and culturally responsive to ensure participants feel safe in their learning environments leading to meaningful engagement. Awardees are required to administer federally designed, Institutional Review Board (IRB) approved, entry and exit surveys to every cohort of youth. The survey is federally mandated and covers topics such as sexual activity, healthy relationships, knowledge of sexual and reproductive health and services, and opinions about the program. Awardees must work with their local school districts and other sites to ensure that the surveys are included in the Memorandum of Understanding (MOU).

5. *Other Evaluation Activities*

Awardees are required to participate in CDPH/MCAH evaluation activities that improve the quality or demonstrate the effectiveness of CA PREP programming. Required activities may include participation in a longitudinal evaluation and/or CQI. CDPH/MCAH will provide further instructions on evaluation activities after the award, as applicable.

***I&E Funding Connection for Monitoring, Evaluation and CQI***

If an applicant is awarded one of the I&E Funding Options, there will be specific monitoring, evaluation, and CQI activities required. Please refer to the [I&E Funding Requirements](#) for more information.

## **I. Staffing**

Awardees must hire staff to complete all CA PREP agreement requirements in order to fulfill the scope of work (SOW) ([Appendix 4, Exhibit A](#)), implement EBPM/EIPMs with fidelity, and to meet the needs of the youth and communities served. All awardees must have a supervisor who is trained on the chosen curricula and be able to train and mentor new staff until a training is offered by the developer. Staff hired to implement should meet the EBPM/EIPM specific core competencies, the [Adolescent Sexual Health Workgroup \(ASHWG\) Core Competencies](#) for adolescent sexual health programs, and deliver the program in a culturally and linguistically appropriate manner for the service population(s).

Core competencies generally include qualities such as:

- knowledge and understanding of the chosen EBPM/EIPM,
- ability and willingness to engage youth in the program,
- comfort and accuracy with discussing sexual health information with a caring, non-judgmental attitude.

Applicants are encouraged to refer to the [Core Competencies for Adolescent Sexual and Reproductive Health](#). The Performance Assessment and Human Resources Toolkit was created to offer strategies and techniques to assist in the implementation of high quality and effective competency assessment. The toolkit provides the background and tools to apply the Core Competencies to the evaluation of staff and performance assessment in a work setting. The [ASHWG website](#) is currently inactive, but the ASHWG Core Competencies are the most up to date and those are linked above. Additional resources can also be found on the website once it becomes active. We will be sending out an addendum once the website is live.

Standard CA PREP staffing includes:

- a designated Project Director whose responsibility is ensuring the viability and success of CA PREP activities;
- a Project Coordinator with overall responsibility for coordinating and documenting project activities;
- a facilitator(s) to conduct and implement CA PREP activities; and
- when possible, a Youth Advisor to support quality improvement efforts, assist the agency with addressing challenges and inform decisions to best meet the needs of youth in the program.

It is beneficial to create a staffing structure that offers facilitators enough time to dedicate to CA PREP, allowing them to invest in and deliver the program frequently and skillfully. While

staffing structures vary by agency size and planned implementation activities, CDPH/MCAH will fund all awardees enough to support, at a minimum, one health educator (100 percent Full Time Employee [FTE]) and one Project Coordinator (at least 25 percent FTE). One staff person may perform the roles of both the Project Director and Project Coordinator. Please note each position separately in [Attachment 6 – Budget Template](#).

**Please Note:** CDPH/MCAH highly recommends planning for CA PREP facilitators to have all or most of their FTE percentage dedicated to PREP (i.e., not split across multiple projects), so that the curricula can be implemented regularly and delivered with skill and comfort.

#### ***I&E Funding Connection***

If applying for one of the I&E Funding Options, the applicant will propose a staffing structure and budget to complete the proposed project plan based on the option chosen. Please refer to the [I&E Funding Requirements](#) for more information.

#### ***J. Reporting and Other Administrative Requirements***

Awardees will comply with all reporting and administrative requirements as directed by CDPH/MCAH.

##### ***1. Reporting Requirements***

- a. *Semi-Annual Progress Reports* – Awardees must complete Semi-Annual Progress Reports. Progress Reports must be received on or before the due date as outlined in the SOW.
- b. *Annual Community Presentation* – Awardees must develop and present (in-person or virtually) an Annual Community Presentation to local partners to share CA PREP activities and accomplishments. The Annual Community Presentation is intended to increase community involvement while also educating the community about adolescent pregnancy prevention services, progress in reducing adolescent birth rates, and successes and challenges related to connecting adolescents to information and support.
- c. *Single Organization-Wide Financial and Compliance Audit* – Awardees must, if applicable, comply with the Single Audit Act and the audit reporting requirements set forth in [2 CFR part 200, subpart F](#):
  - (i) Audit required. A non-Federal entity that expends \$750,000 or more during the non-Federal entity's fiscal year in Federal awards must have a single or program-specific audit conducted for that year in accordance with the provisions of this part.



- (ii) Single audit. A non-Federal entity that expends \$750,000 or more during the non-Federal entity's fiscal year in Federal awards must have a single audit conducted in accordance with §200.514 Scope of audit except when it elects to have a program-specific audit conducted in accordance with paragraph (c) of this section.
  - d. *Other Reports* – Awardees must participate in the collection, monitoring, and reporting of program implementation and outcomes through a uniform set of performance measurements determined by the federal funders. Awardees may be required to complete and submit other CDPH/MCAH performance and/or financial reports.
2. *Meetings, Trainings, and Site Visits*
- a. Awardees must attend all trainings, workshops, and conferences as outlined in the SOW.
  - b. Awardees must participate in monthly program discussions and meetings as outlined in the SOW.
  - c. Awardees must participate in any formal and/or informal site visits performed by CDPH/MCAH. The site visits may be conducted as part of program monitoring to ensure compliance, provide technical assistance, and/or support the continuous quality improvement process as outlined in the SOW.
3. *Material Development, Use, and Approval Process*
- a. All products and publications (e.g., print promotional materials, video, audio, radio, or television public service announcements) developed, produced, reproduced, or purchased under the contract must be approved by CDPH/MCAH before duplication, production, distribution, or use.
  - b. All products, journal articles, public reports, or publications that are developed using funds provided from CDPH/MCAH must acknowledge the support of CDPH/MCAH with a written statement printed on the materials. This statement must also be included on any curriculum, educational materials, programs, program documentation, videotapes, and/or other audio-visual materials resulting from the use of CDPH/MCAH allocation. The written statement/credit should include:
    - (i) a statement identifying funding support on the title page of public reports or publications, and
    - (ii) a statement identifying funding support on the first page of any journal articles.

- c. Sample attribution: “This project is/was supported by funds received from the California Department of Public Health, Maternal, Child and Adolescent Health Division. All analyses, interpretations, and conclusions reached are those of the presenter/author, not the State of California.” For any changes to this credit language, awardees should contact their Program Consultant.

CDPH/MCAH will retain copyright ownership for any and all original materials produced with CDPH/MCAH contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters or reports. Any products such as journal articles, public reports or publications that include an author who is from CDPH must submit the product for review and approval per protocol, prior to submission or release. Any products for publication that involve data collection and analysis relevant to participants must be approved by MCAH prior to project initiation and undergo institutional board review, if applicable.

### **Information and Education (I&E) Program**

The following information is only applicable if applying for I&E funding in addition to CA PREP funds.

#### **A. I&E Funding Options**

Background and general guidelines for the two I&E funding options are included below. Applicants interested in applying for an I&E Funding Option must choose only one of the following in addition to CA PREP:

1. *Enhanced Youth Engagement*

Meaningful youth involvement benefits organizations, their programs, and the youth themselves. Programs that involve youth in planning, decision-making, and implementation are shown to be more effective at engaging young people, and therefore have a greater impact [25]. This I&E funding option is intended to strengthen program activities by providing dedicated funds for awardees to hire Youth Advisors that will engage in a variety of innovative educational and support activities to help achieve I&E goals (see [Part 1, E. Program Goals and Description](#)). Youth Advisors will be trained in medically accurate, inclusive, and comprehensive sexual and reproductive health information, and applicable California laws. Youth Advisors that facilitate educational sessions must be trained and approved for facilitation by the curriculum developer, when applicable. Youth Advisors will support outreach and engagement via activities that increase knowledge and promote healthy behaviors and skills to improve sexual and reproductive health outcomes. Examples of activities include:

- developing content for social media platforms,

- co-facilitating sexual health curricula with a trained Health Educator,
- utilizing technology in creative ways to engage with other youth,
- raising awareness about CA PREP and clinical linkages,
- responding to a comment/question box about sexual and reproductive health, and
- supporting program planning and continuous quality improvement.

Youth Advisors are encouraged to participate in LPCs, quality improvement activities, decision-making opportunities, and parent/caring adult engagement activities. They are part of the I&E staff, and awardees will need to develop an organized structure to support Youth Advisors' growth as leaders via regular check-ins, professional development opportunities, and ongoing relationship building. The weekly check-ins should be between the Youth Advisor and their supervisor. Length of term, hours per week, and number of Youth Advisors at any given time may vary depending on the awardees. CDPH/MCAH requires Youth Advisors to be compensated as required under the California minimum wage, and/or commensurate with experience, location, etc. Stipends are allowable if the hourly rate meets minimum wage requirements.

## 2. *Parent/Caring Adult Education and Engagement*

Parents/caring adults who are informed about sexual and reproductive health (SRH) issues can play an important role in ensuring youth have enough information, skills, and support to access care. Studies have shown that youth who report talking with their parents or a caring adult about sex are more likely to delay having sex and/or use condoms when they have sex [26]. This I&E funding option is intended to enhance CA PREP activities by providing additional dedicated funds for parents/caring adults to build knowledge through specific training, outreach, education, and engagement activities. Awardees must select and implement one of the two programs cited by the CDC. The two programs are:

### 1. [Parents Matter!](#)

Parents Matter! is an evidenced-based curriculum informed by numerous studies and research that consider the complex process parents use to navigate, guide, nurture, and protect their children during early to late adolescence. Parents Matter! is a community-level program designed to enhance protective parenting practices while promoting parent-child discussions about sexuality and sexual risk reduction.

This curriculum is a 6-week, 12-hour virtual series for caretakers and guardians of children in early adolescence (aged 9-12 years). Parents Matter! offers strategies and tools to strengthen and maintain the parent-child relationship while discussing puberty, decision-making, and the reduction of risky behaviors

as they grow older.

2. [Talking Parents, Healthy Teens](#)

Talking Parents, Healthy Teens is a parenting program for parents of adolescents. The main goals of the program are to improve parent-adolescent communication, promote healthy adolescent sexual development, and reduce adolescent sexual risk behaviors. It is designed to help parents improve communication with adolescents and is held at parents' worksites to make it convenient for them to learn about adolescent sexual health and to facilitate recruitment and retention of participants. Talking Parents, Healthy Teens is a self-paced online training through the CDC.

The training consists of eight weekly, one-hour sessions presented during the lunch hour to groups of approximately 15 parents. Session topics include:

- building your relationship with your child;
- adolescent development and new ways of communicating;
- listening skills for talking about sensitive topics;
- getting past roadblocks with talking about sex;
- helping your child make decisions, assertiveness skills, abstinence, and contraception;
- coping with conflict; and
- supervising your child and how to stay motivated.

More information can be found at the [CDC website](#).

**Please note:** Applicants may request the use of other programs and EBPM/EIPMs if the applicant plans to serve a population for which there is no appropriate EBPM/EIPM listed, or for which substantial adaptations would be required to meet the needs of the service population. Alternate programs and EBPM/EIPM requests may be made after awards are made and applicants may implement them if they are approved by CDPH/MCAH. This process could take up to six months. Through the approval process, applicants must provide a strong rationale and justification for the selection.

**B. Service Population(s)**

While the service population are adolescents experiencing the greatest inequities in health and social outcomes, the two (2) I&E funding options allow awardees to engage and educate key adolescent allies to positively impact pregnancy and STI outcomes for adolescents. The service populations for each I&E funding option include the following:

1. *Youth Advisors* – The service population is youth ages 10-19, and up to 21 if the youth is expectant or parenting. A complete list of youth populations who face the greatest inequities in health and social outcomes is available in [Part II, Program Requirements – CA PREP, Service Population](#).
2. *Parents/Caring Adult* – The service population is parents and caring adults of youth defined in [Part II, Program Requirements – CA PREP, Service Population](#).

### **C. I&E Funding Guidelines**

Through I&E, CDPH/MCAH aims to support applicants to enhance the reach of their sexual health education program and increase the number of adults in the community with the skills needed to support and improve the sexual health of young people. I&E applicants must select one of the two (2) I&E funding options and must follow the general guidelines below for implementation.

1. *EBPM/EIPM Selection*  
Applicants must choose one (1) EBPM/EIPM to implement for I&E Funding Option 2, Parent/Caring Adult Education and Engagement. After the Notice of Intent to Award, CDPH/MCAH will work with awardees to determine the best program model for their service population(s) and setting(s). Implementation may not begin until CDPH/MCAH approves the program models and implementation plans. Please note that while there may be variation in models, some components are standardized and required.
2. *Participant Engagement & Education Strategy*  
Applicants must detail how I&E participants will be recruited and remain engaged throughout program implementation. Proposals must also outline the education strategy for the program including days, modules, and other key training details.
3. *Centering Youth Experiencing the Greatest Inequities*  
To ensure that I&E activities reach youth experiencing the greatest inequities in health and social outcomes, applicants must describe how program activities will reach and impact that population in their county. Applicants should indicate how the I&E activities will enhance the CA PREP activities and increase program reach. Activities must be provided in a culturally responsive and appropriate manner for program participants, which includes language. Adaptations to address culture, language, and diversity must be submitted for CDPH/MCAH approval (see [Part 1, D. Equity, Cultural, and Linguistic Responsiveness](#)).
4. *Integration with Local Partner Coalition*  
LPCs associated with CA PREP are essential in strengthening long-term community partnerships and amplifying program impacts. Applicants must describe proposed I&E activities that will support and enhance CA PREP LPC efforts.

#### **D. Monitoring, Evaluation and Continuous Quality Improvement (CQI)**

Awardees will participate in the I&E monitoring, evaluation activities, and continuous quality improvement (CQI) as described in the following two categories. Awardees are not required to hire an outside evaluator to meet evaluation requirements outlined in this RFA.

##### **1. Implementation Monitoring**

Awardees are required to provide documentation that programming matches proposed service population characteristics and program delivery settings.

##### **2. Results-Based Accountability Framework**

CDPH/MCAH will use the Results-Based Accountability (RBA) Framework with awardees to jointly develop and use performance measures for the I&E funding options. RBA is a tool that demonstrates the relationship between results, indicators, and activities to achieve racial-equity-centered and data-driven results as described in [Racial Equity: Getting to Results](#) by The Government Alliance on Race and Equity [27]. Awardees will participate in learning collaboratives, alongside CDPH/MCAH, to develop six (6) to 12 performance measures for each option over the first year of program implementation. Awardees will use the performance measures to monitor efforts in fiscal years two (2) and three (3) of the funding cycle.

#### **E. Staffing**

Awardees must hire staff to complete all I&E and contract requirements to fulfill the SOW (Exhibit A) and implement the program option selected.

Minimum I&E staffing includes:

- a designated Project Director whose responsibility is ensuring the viability and success of I&E activities as well as overall responsibility for supervising, coordinating, and documenting project activities; and
- one (1) or more educator/trainer/facilitator(s) to conduct and implement I&E activities.

It is beneficial to structure staffing in a way that offers facilitators sufficient time to devote to I&E, allowing them to invest in and deliver the program frequently and skillfully. Applicants applying for I&E funding option 1 must have at a minimum the following:

Funding Option 1	Required Minimum Staffing
1. Enhanced Youth Engagement	<ul style="list-style-type: none"> <li>• One (1) staff member designated as the representative in the RBA Framework learning collaborative</li> <li>• One (1) staff member to coordinate/supervise the Youth Advisor(s)</li> <li>• One (1) Youth Advisor</li> </ul>

Note: The same staff can be shared for CA PREP and I&E as long as the proposed staffing pattern meets the minimum requirements for each program, as indicated in the RFA. Please note each position separately in [Attachment 6: Budget Template](#).

**Sample Staffing Pattern by I&E Funding Option**

Applicants must propose a staffing structure and budget to complete the proposed project plan based on the selected I&E funding option. The following table shows a sample staffing pattern for reference

**Table 6: Sample I&E Staffing Pattern by Funding Option**

Funding Option	Sample Minimum Staffing Pattern
1. Enhanced Youth Engagement	Director (5-15 percent), Coordinator/Supervisor (50-100 percent, depending on number of Youth Advisors), Youth Advisors (25-50 percent)
2. Parent/Caring Adult Education an Engagement	Director (5-15 percent), Health Educator(s) (85-100 percent)

Staffing structures will vary by planned implementation activities based on the funding option selected.

## **PART III. Application Submission Process**

All documents related to this RFA can be downloaded from the [ASH Ed RFA website](#). This includes:

1. RFA document, attachments, appendices, and exhibits
2. Important notifications concerning the RFA and process, such as any addenda
3. Award announcements

As a reminder, it is the applicant's responsibility to visit the website on a regular basis for all updates following the release of the RFA.

### **A. Applicant Questions and Reporting of Errors in the RFA**

CDPH/MCAH will accept questions and reporting of errors related to the RFA. Questions may include, but are not limited to, the services to be provided with funding awarded through this RFA and/or its accompanying materials, instructions or requirements. **All applicants must adhere to the following process to submit a question:**

#### **1. How to submit questions or report an error in the RFA**

- a. Submit questions or errors by email to [ASH\\_ED\\_RFA@cdph.ca.gov](mailto:ASH_ED_RFA@cdph.ca.gov) with the subject line "ASH Ed RFA Question(s)" or "ASH Ed RFA Error(s)." Verbal questions will not be accepted.
- b. CDPH/MCAH will send an email to confirm receipt of written questions. If confirmation is not received, applicants may resubmit prior to the stated deadline to confirm receipt by CDPH/MCAH.
- c. Questions must be submitted to CDPH/MCAH by the deadline listed in [Part I. K, RFA Key Action Dates](#).
- d. Questions received after the deadline will not be reviewed or responded to.
- e. Errors in the RFA or its instructions may be reported up to the application submission due date.

#### **2. What to include in a question or report of an error**

Emails sent to CDPH/MCAH for the purpose of asking a question or reporting an error should include:

- a. Name of inquirer, name of organization being represented, and email address;
- b. A description of the subject, concern, or issue in question or RFA discrepancy;



- c. RFA section, page number, and other information useful in identifying the specific problem, concern, or issue in question; and
- d. Proposed remedy sought or suggested, if any.

### **3. Response by CDPH/MCAH**

- a. CDPH/MCAH reserves the right to seek clarification of any inquiry received and to answer only questions considered relevant to this RFA. At its discretion, CDPH/MCAH may consolidate and/or paraphrase similar or related inquiries.
- b. Questions and answers received through the process outlined will be published on the [ASH Ed RFA website](#) on the date listed in [Part I. K, RFA Key Action Dates](#). All questions must be transmitted in written form according to instructions in [Part III, A. 1 and 2](#).
- c. CDPH/MCAH may issue addenda to address errors or make adjustments in the RFA in response to questions until the application submission deadline. These will be posted on the [ASH Ed RFA website](#)

Applicants that fail to report a known or suspected problem with the RFA and/or its accompanying materials or fail to seek clarification and/or correction of the RFA and/or its accompanying materials must submit an application at their own risk. In addition, if an award is made, the successful applicant will not be entitled to additional compensation for any additional work caused by such problem, including any ambiguity, conflict, discrepancy, omission, misinterpretation, or error

### ***B. Application Delivery Method***

Application packages must be sent via email to [ASH\\_ED\\_RFA@cdph.ca.gov](mailto:ASH_ED_RFA@cdph.ca.gov) no later than the date and time listed in [Part I. K, RFA Key Action Dates](#). Applicants will receive a confirmation email upon receipt. Applications received after the date and time listed in the [RFA Key Action Dates](#) will be considered late and will not advance to the review process. CDPH/MCAH is not responsible for failure to submit in a timely manner

### ***C. RFA Informational Webinar Recording/Posting***

CDPH/MCAH will record an RFA Informational Webinar. In the webinar, CDPH/MCAH staff will review the RFA process, eligibility, and funding and provide a program overview.

Applicants are invited to view the Voluntary RFA Information Webinar once it is posted by the date listed on [Table 3. RFA Key Action Dates](#) on the [ASH Ed RFA website](#).

### ***D. Voluntary Non-Binding Letter of Intent***

Applicants are highly encouraged to voluntarily indicate their intention to submit an application. Failure to submit the Letter of Intent will not affect the acceptance of any

application. The Letter of Intent is not binding, and applicants are not required to submit an application merely because a Letter of Intent is submitted.

*1. Submitting a Letter of Intent*

- a. Use [Attachment A \(Voluntary Non-Binding Letter of Intent\)](#) for this purpose.
- b. The Letter of Intent must be emailed to [ASH\\_ED\\_RFA@cdph.ca.gov](mailto:ASH_ED_RFA@cdph.ca.gov) with the subject line: "Voluntary Non-Binding Letter of Intent."
- c. Please submit the Letter of Intent by the date and time listed on [Part I. K, RFA Key Action Dates](#).
- d. CDPH/MCAH will send an email to confirm receipt.

**E. Instructions for Preparation and Submission of Applications**

*1. General Instructions*

- a. Develop applications by following all RFA instructions and/or clarifications issued by CDPH/MCAH, including in the form of question-and-answer notices, clarification notices, administrative bulletins, or RFA addenda.
- b. Before submitting an application, seek timely written clarification of any requirements or instructions that seem vague, unclear, or that are not fully understood by the deadline listed in [Part I. K, RFA Key Action Dates](#).
- c. In preparing an application, all narrative portions should be straightforward, detailed, and precise, and fall within specified page limits. CDPH/MCAH will determine the responsiveness of an application by its quality, not its volume, packaging, or colored displays.
- d. Applicants may include work cited/references as a separate attachment. If including citations as an attachment, please be sure to clearly name the document (e.g., Work Cited for Attachment 3) and note corresponding data reference in the narrative text (e.g., citation 1, 2, 3, etc.).
- e. Organizations may apply to serve multiple counties by submitting one application for each county in which services are proposed. Applications will be reviewed independently by county, and each application is eligible to apply for the funding range that corresponds to the proposed county's tier. Refer to [RFA, Part I. I. 1, Table 2, CA PREP Funding Tiers by County CASHNI Score](#).
- f. Use forms and templates (attachments) provided and follow any instructions provided within the attachments.

## 2. *Application Submission Content*

Each application set must include the following:

- a. Application Cover Sheet ([Attachment 1](#))
- b. Application Checklist ([Attachment 2](#))
- c. CA PREP Narrative Template ([Attachment 3](#)), including components A-E as described in Part IV
- d. I&E Narrative Template, if applicable ([Attachment 4](#))
- e. Local Partner Coalition or Roster ([Attachment 5](#))
- f. Budget Template ([Attachment 6](#)) Please attach a written budget justification beyond the descriptions included in the template in [Attachment 3](#).
- g. Local Partner Coalition Member Letters of Support ([Attachment 7](#))
- h. Attestation of Compliance with the Sexual Health Education Accountability Act of 2007 ([Attachment 8](#))
- i. Certification of Indirect Cost Rate Methodology ([Attachment 9](#))
- j. Organizational Chart
- k. If applicable: Nonprofit organizations must prove they are legally eligible to claim “nonprofit” and/or tax-exempt status by submitting a copy of an IRS determination letter indicating nonprofit or 501(c)(3) tax-exempt status.
- l. If applicable: If the applicant is a corporation, a copy of the organization’s current and active Certificate of Status issued by the State of California, Office of the Secretary of State. Do not submit copies of the organization’s Bylaws or Articles of Incorporation.
- m. If applicable: Applicants who represent a school district must submit proof of tax-free transactions by the IRS.

The person legally authorized to bind the applicant must electronically sign each RFA attachment that requires a signature. CDPH/MCAH defines “electronic signature” as an electronic symbol or process that communicates an intent to sign. Applicants may use platforms or processes available to them for providing electronic signatures. Wet signatures on a document that has been scanned as a PDF is acceptable. Signature stamps are not acceptable. After completing and signing the applicable attachments, assemble them in the order directed above for submission.

## 3. *Applicant Costs*

Applicants are responsible for all costs of developing and submitting an application. Such costs cannot be charged to CDPH/MCAH or included in any cost element of an applicant’s proposed budget.

## **PART IV. Program Narrative & Corresponding Attachments**

There are two program narrative parts to this application:

1. CA PREP Application Narrative ([Attachment 3](#)), 92 points maximum
2. I&E Application Narrative ([Attachment 4](#)), optional, 48 points maximum

All Applicants must apply for CA PREP and complete the corresponding Application Narrative ([Attachment 3](#)) and required attachments. Applicants may apply for an I&E funding option ([Attachment 4](#)) as supplemental to the CA PREP application. There will be two possible steps in the scoring process:

1. All CA PREP applications will be scored first. The highest scoring applicants will be awarded CA PREP funds.
2. Only I&E applications of applicants awarded CA PREP funds in step 1 will be scored, and the highest scoring applicants for I&E will be awarded.

If all funding is not exhausted for I&E, CDPH/MCAH reserves the right to adjust the funding amount for an I&E funding option above the requested amount or the maximum amount specified in this RFA through negotiation and agreement with awardees.

### **Part 1. CA PREP Application Narrative ([Attachment 3](#))**

Applicants should provide a detailed narrative describing the need for services in their area and their capacity and plan for effectively reaching youth experiencing the greatest inequities in health and social outcomes. Applications will be scored based on adequacy, thoroughness, and the degree to which it complies with the RFA requirements and meets CDPH/MCAH program needs as described in the RFA.

Application scores by section are as follows (maximum 92 points):

- A. Background, Experience and Organizational Capacity: 32 points
- B. Implementation Plan: 36 points
- C. Plan for Community Engagement: 12 points
- D. Plan for Clinical Linkages: 6 points
- E. Budget Detail and Justification: 6 points

Applicants must complete the application narrative following the requirements for each section below using [Attachment 3 \(CA PREP Application Narrative Template\)](#). Please ensure responses are complete and concise, follow the instructions provided in the template, and respond directly to the information requested. Please note each question has multiple parts, and applicants are required to answer each part.

Please note all applicants selected for an award will work collaboratively with their CDPH/MCAH Program Consultant prior to the start of the agreement to ensure the feasibility and success of their CA PREP activities, including revising proposed activities, if needed.

MCAH reserves the right to dismiss an application if submission and formatting requirements are not met.

**A. Background, Experience and Organizational Capacity (Maximum 32 points)**

1. (8 points) Describe local adolescent trends in the following three areas:

- birth rates,
- STI/HIV rates, and
- family planning efforts.

Please use citations where appropriate. Responses must include information on youth experiencing the greatest health inequities and social outcomes, and any other geographic and/or demographic factors, such as rurality, migration, linguistic needs, etc.

2. (4 points) Describe the services that the applicant provides in each of the listed categories:

- sexual health education programming,
- sexual and reproductive health care, and
- other youth-serving resources and services.

Applicant must describe any gaps and/or needs, along with the capacity of the organization to address them.

3. (8 points) Describe the applicant's experience and number of years administering adolescent sexual health education programming, including implementation of EBPM/EIPMs. Include a list of the program(s) and outcomes.

In addition, describe experience and number of years providing services in each of the following areas:

- sexual health prevention services to adolescents who face the greatest inequities in health and social outcomes.
- program monitoring and data collection, and reporting of performance measures.
- development of community linkages and/or participation in local coalitions, collaboratives, or other community partner groups.

For details about minimum requirements, please see [Section H. Eligibility Criteria, 2. Required Experience & Capacity.](#)

4. (4 points) Describe the applicant's experience with engaging parents/caring adults in the community to support youth in their sexual health education and to build confidence in promoting open conversation, etc. Describe experience in the following areas:
  - strategies for effective and innovative approaches to reach parents/caring adults,
  - a description of types of engagement,
  - distribution of resources,
  - topics covered, and
  - outcomes from the activities.

Clearly indicate how many years of experience.

5. (2 points) Describe the applicant's organization and how the organizational structure will support ASH Ed. Illustrate the organization chart showing the proposed ASH Ed program agency structure. If applicable, include the organization chart for additional sites.

For details about staffing requirements and responsibilities, please see [Part II, Section C.4 EBPM/EIPM Training](#) and [Part II, Section I. Staffing](#).

6. (2 points) Describe the applicant's capacity in successfully meeting the sexual and reproductive health needs of youth in the local service area. Include the organization's ties to the community and other local youth-serving agencies.
7. (4 points) Describe the applicant's efforts to address the history contributing to the inequities in adolescent sexual health. Please incorporate the following:
  - the impact of explicit and implicit bias embedded in the systems and structures of society. Consider unaddressed: racism, sexism, ageism, colorism, and colonialism as well as the impact of forced migration due to local, federal, and/or international policies.
  - how will the applicant prioritize physical, psychological, and emotional safety as part of the collective process of healing-centered engagement when addressing adolescent sexual health?

**B. Implementation Plan (Maximum 36 points)**

1. (4 points) Describe the plan for implementation, please include the following:
  - model selection and justification,
  - service area and service population, and
  - proposed outreach and recruitment strategies for reaching youth experiencing the greatest inequities in health and social outcomes.
2. (4 points) Describe how past experience will support the proposal. Please include lessons learned and best practices related to:
  - participant recruitment,
  - participant retention, and
  - continuous quality improvement.
3. (8 points) Complete Table 1: Intended Service Population and Program Setting in [Attachment 3](#):
4. (2 points) Complete Table 2, Estimated Annual Reach, and Table 3, Cost Per Youth Calculation in [Attachment 3](#). If the cost per youth exceeds \$650, please provide a justification. For additional details about requirements, please see [Part II., B. Annual Target Reach and Cost per Youth](#).
5. (4 Points) Describe the plan to successfully reach, recruit, and retain a talented pool of diverse staff who are reflective of the ASH Ed service population. Include the applicant's approach to offering a living wage, benefits, incentives, staff development opportunities, etc.
6. (4 points) Describe the number and classification of proposed program staff positions, including project director, project coordinator, facilitator(s), and a Youth Advisor, if applicable. Address the proposed structure of supervision and staff support, and how staffing will support optimal delivery of CA PREP services. For details about staffing requirements see [Part II, I. Staffing](#).
7. (2 points) Describe the plan to support unexpected staff changes at the agency level to assist with implementation and outreach if the team experiences vacancies.

Please include:

- a support plan for curriculum training,
- recruitment for vacant positions, and
- support to staff for implementation during vacancies.

8. (8 Points) Describe the outreach and education plan for parent/caring adults. The plan must describe how:

- curricula will be previewed or shared with parents/caring adults,
- education resources will be shared,
- past experience supports the proposed activities, and
- other innovative parents/caring adult planned activities may be included.

Proposed outreach and education topics may include, but are not limited to:

- adolescent development,
- healthy life skills,
- healthy relationships,
- consent and sexual communication,
- education and career success,
- parent-child communication, and
- youth rights and access to reproductive and sexual health services.

**C. Plan for Community Engagement (Maximum 12 points)**

1. (4 points) Describe past efforts regarding creating, joining, or maintaining an LPC to bolster and leverage resources to support youth in applicant's local service area.

In your response include the process of:

- identifying collaborators and partners,
- developing and/or updating coalition goals,
- tracking activities conducted, and
- engaging communities in the applicant's local service area.

2. (8 points) Describe the community engagement plan during FY 2025-29, including activities that will be conducted by the applicant. Additionally, describe the planned activities, roles, and a detailed description of how the LPC will support the plan. Complete the required LPC or Collaborative Roster ([Attachment 5](#)) and three letters of support. Letters of support are required from the entities listed below that demonstrate willingness to support CA PREP implementation.

- Local Family PACT providers (see Section I. Plan for Clinical Linkages below);
- the local Maternal, Child and Adolescent Health Director or their public health designee;



- a representative from a current or potential CA PREP service delivery site. ([Attachment 7](#))

**D. Plan for Clinical Linkages (Maximum 6 points)**

1. (2 points) Describe relationships and history in the past five years of partnering with local Family PACT and other youth-friendly sexual and reproductive health service providers.
2. (2 points) Explain the plan for creating links between CA PREP implementation and access to Family PACT services.
3. (2 points) Describe additional activities to promote use and awareness of youth-friendly sexual and reproductive health services in your community.

**E. Budget Detail and Justification (Maximum 6 points)**

1. (2 points) Complete [Attachment 6](#) (Budget Template) for each fiscal year (FY 25-26, FY 26-27, FY 27-28). CDPH/MCAH will not provide additional funding for cost-of-living adjustments during the term of the contract, as such applicants are responsible to budget for such increases in their budget proposal.
2. (4 points) Applicants must include a detailed written budget justification beyond the descriptions included in the template.
  - describe the applicant's budget plan per line item.
  - as reflected in the applicant's line-item budget, how are the proposed costs realistic based on reasonable costs specific to the contract?
  - costs that are estimated must include a brief explanation of the estimates or assumptions.
  - describe the differences per line item (e.g., annual salary escalation of x%) in each FY budget.
  - applicants that wish to involve agency funded staff in the implementation and/or oversight of the program must list them as in-kind staff in the budget narrative and describe their role.

**Part 2. I&E Application Narrative (Optional)**

Applicants may apply for an I&E Funding Option as a supplement to the CA PREP application. Only I&E Funding Option applications of applicants awarded CA PREP funds in step 1 of the scoring process will be scored and awarded.

1. (8 points) Describe which of the two I&E funding options (1. enhanced youth engagement or 2. parent/caring adult education and engagement) the applicant is proposing to implement. In the description, include:
  - the service population characteristics
  - the program delivery setting
  - an estimate of the number of participants the applicant will serve annually
2. (8 points) Describe the community need for the proposed I&E activities. If citing data, be sure to include references.
3. (8 points) Describe how the proposed I&E activities will follow each of the four I&E Guidelines. Please see I&E Program Guidelines in the RFA for a description.
  - EBPM/EIPM Selection
  - Participant Engagement & Education Strategy
  - Centering Youth Experiencing the Greatest Inequities
  - Integration with Local Partner Coalition
4. (8 points) List key partners, existing or new, that will support the proposed I&E activities and how the applicant plans to engage with them.
5. (8 points) Describe your agency's capacity or plan to implement the proposed I&E activities.
  - describe strategies for workforce development and support of key staff, including building knowledge and capacity related to the proposed project.
  - describe any relevant experience with using a Results-Based Accountability framework and/or participating in learning collaboratives.
6. (8 points) Describe annual budget and staffing structure for the proposed I&E funding option and explain the planned expenses, including the following:
  - the annual funding and staffing structure to align with the project plan based on the selected option. Budget max is \$200,000.
  - reference [Part II, Program Requirements, I&E, Section E. Staffing](#) for details about staffing requirements.
  - other anticipated costs including travel, training, operating expenses, outreach materials, client incentives, and any other categories needed.
  - required attachment: Complete a budget template for each contract year (FY 25-26, FY 26-27, FY 27-28) ([Attachment 6](#))

## **PART V. Evaluation and Selection**

### **A. First Stage**

1. The application checklist and application package will be reviewed to ensure that applicants (a) meet the RFA eligibility criteria described in the [Part 1. H, Eligibility Criteria](#) section and (b) submitted all requirements as described in [Part III. E, Preparation and Submission Process](#).
2. In addition to any condition previously indicated in this RFA, the following occurrences may cause CDPH/MCAH to deem an application non-responsive or to withdraw points:
  - a. Failure of the applicant to meet application format/content or submission requirements.
  - b. If an applicant submits an application that is materially incomplete or contains material defects, alterations or irregularities of any kind.
  - c. If an applicant supplies false, inaccurate, or misleading information, or falsely certifies program or fiscal compliance on any RFA response. CDPH/MCAH reserves the right to verify information supplied by the applicant.
  - d. If CDPH/MCAH determines, at any stage of the selection process or upon agreement award, that the applicant is unwilling or unable to comply with the contractual terms, conditions, and exhibits cited in this RFA or the resulting agreement.
  - e. If other irregularities occur in an application response that is not specifically addressed herein.

### **B. Second Stage**

#### *Scoring System*

There will be two possible steps in the application scoring process:

1. All CA PREP applications will be scored first. The highest scoring applicants will be awarded CA PREP funds.
2. Only I&E applications of those awarded CA PREP funds in step 1 will be scored and awarded.

If all funding is not exhausted for I&E, CDPH/MCAH reserves the right to adjust the funding amount for an I&E funding option above the requested amount or the maximum award amount specified in this RFA.

Evaluation of the application(s) will be based on the quality and appropriateness of the responses and elements in the [Part IV, Program Narrative and Corresponding Attachments](#). Scores will be based on the application’s adequacy, thoroughness, and the degree to which it complies with the RFA requirements, meets CDPH/MCAH’s program needs, and demonstrates capacity to implement CA PREP and effectively serve the youth experiencing the greatest inequities in health and social outcomes in California. Points for each question will be based on the following scoring system as described in Tables 7-9. Please see [Attachment - 10 Score Sheet](#) for rating factors to be used in the review process.

**Table 7: Point Scoring System for Responses worth 2 points**

Points	Interpretation	General Basis for Point Assignment
0	Missing	Response is missing entirely.
1	Inadequate	Response (i.e., content and/or explanation offered) does not meet CDPH/MCAH’s needs/requirements or expectations.
2	Fully Adequate	Response fully meets CDPH/MCAH’s needs/requirements or expectations. No omission(s), flaw(s), or defect(s) are identified.

**Table 8: Point Scoring System for Responses worth 4 points**

Points	Interpretation	General Basis for Point Assignment
0	Missing	Response is missing entirely.
1	Inadequate	Response (i.e., content and/or explanation offered) does not meet CDPH/MCAH’s needs/requirements or expectations.
2	Adequate	Response meets CDPH/MCAH’s requirements/expectations but is not fully developed. Omission(s), flaw(s) or defect(s) are identified but deemed to be inconsequential and acceptable.
3	Fully Adequate	Response fully meets CDPH/MCAH’s needs/requirements or expectations. No omission(s), flaw(s), or defect(s) are identified.
4	Excellent or Outstanding	Response exceeds CDPH/MCAH’s needs/requirements or expectations. Applicant offers one or more enhancing feature, method, or approach that will enable performance to exceed CDPH/MCAH’s basic expectations.

**Table 9: Point Scoring System for Responses worth 8 points**

<b>Points</b>	<b>Interpretation</b>	<b>General Basis for Point Assignment</b>
<b>0</b>	<b>Missing</b>	Response is missing entirely.
<b>1-2</b>	<b>Inadequate</b>	Response (i.e., content and/or explanation offered) does not adequately meet CDPH/MCAH's needs/requirements or expectations.
<b>3-4</b>	<b>Adequate</b>	Response adequately meets CDPH/MCAH's requirements/expectations but is not fully developed. Omission(s), flaw(s) or defect(s) are identified but deemed to be inconsequential and acceptable.
<b>5-6</b>	<b>Fully Adequate</b>	Response meets CDPH/MCAH's needs/requirements or expectations. No omission(s), flaw(s), or defect(s) are identified.
<b>7-8</b>	<b>Excellent or Outstanding</b>	Response exceeds CDPH/MCAH's needs/requirements or expectations. Applicant offers one or more enhancing feature, method, or approach that will enable performance to exceed CDPH/MCAH's basic expectations.

## **PART VI. Award Administration Information**

### **A. Notice of Awards**

Upon successful completion of the review process, CDPH/MCAH will post a Notice of Intent to Award funds on the [ASH Ed website](#). Note: the term of the resulting agreements is expected to be 36 months and is anticipated to be effective from July 1, 2025 through June 30, 2028, contingent on availability of state and federal funds. The agreement term may change if CDPH/MCAH cannot execute the agreement in a timely manner due to unforeseen delays. The resulting agreement will be of no force or effect until signed by both parties and approved by CDPH or the Department of General Services (DGS), whichever is applicable. The applicant is cautioned not to commence performance until all approvals are obtained. Should performance commence before all approvals are obtained, said services may be considered to have been volunteered.

Upon written request to CDPH/MCAH, applicants can receive a summary of their review rating sheet. Requests should be sent via email to [ASH\\_ED\\_RFA@cdph.ca.gov](mailto:ASH_ED_RFA@cdph.ca.gov).

### **B. Appeal Process**

1. Only those applicants who were not selected as an awardee may file an appeal. Appeals are limited to the grounds that CDPH/MCAH failed to correctly apply the standards for reviewing applications in accordance with this RFA. Disagreements with the content of the review committee's evaluation are not grounds for an appeal. Applicants may not appeal solely on the basis of the funding amount. Only timely and complete appeals that comply with the appeal process stated herein will be considered.
2. The written appeal must fully identify the issue(s) in dispute, the practice that the applicant believes CDPH/MCAH has improperly applied in making its award decision(s), the legal authority or other basis for the applicant's position, and the remedy sought.
3. Appeals must be submitted no later than the date listed in [Part I. K, RFA Key Action Dates](#). Appeals received after this submittal deadline will not be accepted.
4. Submit a written appeal signed by an authorized representative of the organization via email to [ASH\\_ED\\_RFA@cdph.ca.gov](mailto:ASH_ED_RFA@cdph.ca.gov). It is the applicant's responsibility to ensure that a confirmation email from CDPH/MCAH is received, indicating receipt by CDPH/MCAH, prior to the deadline. Appeals will only be considered if they follow the required process.
5. CDPH/MCAH will review each dispute. CDPH/MCAH reserves the right to collect additional facts or information to aid in the resolution of any appeal. The decision of the CDPH/MCAH division chief or their designee will be final and there will be no further

administrative appeal. Applicants will be notified of the decisions regarding their appeal in writing within 15 business days of the receipt of the written appeal letter.

After all appeals are resolved, CDPH/MCAH will formally notify the successful applicants individually in writing.

**C. Disposition of Applications**

1. All materials submitted in response to this RFA will become the property of CDPH/MCAH and, as such, are subject to the [CA Public Records Act](#) (PRA) (Government Code, Section 6250 et seq.). CDPH/MCAH will disregard any language purporting to render all or portions of any application confidential.
2. Upon release of Award Notices, all documents submitted in response to this RFA, and all documents used in the selection process (e.g., review checklists, scoring sheets, letters of intent, etc.) will be regarded as public records under the CA PRA (Government Code Section 6250 et seq.) and subject to review by the public. However, applicant contents, applicant correspondence, selection working papers, or any other medium will be held in the strictest confidence until the Award Notices are issued and/or posted.

**D. Inspecting or Obtaining Copies of Applications**

Persons wishing to view or inspect any application or award related materials must follow the [Department of General Services process to request public records](#).

**E. CDPH/MCAH Rights**

1. CDPH/MCAH reserves the right to do the following:
  - a. Modify any date in the RFA.
  - b. Issue clarification notices, addenda, additional RFA instructions, forms, etc.
  - c. Waive any RFA requirement or instruction for all applicants if CDPH/MCAH determines that a requirement or instruction was unnecessary, erroneous, or unreasonable.
  - d. Allow applicants to submit questions about RFA changes, corrections or addenda.

Any RFA changes or updates will be posted on the [ASH Ed Website](#).

2. CDPH/MCAH reserves the right to take any of the actions described below:
  - a. Offer agreement modifications or amendments to awardees for increased or decreased services and/or increased/decreased funding following successful contract negotiations.

- b. Extend the term of any resulting agreement and alter the funding amount.
  - c. Deem an application non-responsive if an applicant declines to accept the terms and conditions outlined in this document and its exhibits or if an applicant submits alternate Contract/exhibit language that CDPH/MCAH considers a counter option.
3. CDPH/MCAH reserves the right to remedy errors caused by CDPH/MCAH office equipment malfunctions and natural disasters (e.g., floods, fires, earthquakes).
  4. The issuance of this RFA does not constitute a commitment by CDPH/MCAH to make an award. CDPH/MCAH reserves the right to reject all applications and to cancel this RFA if CDPH/MCAH determines it is in the best interest of the State to do so.

**F. Agreement Amendments after Award**

CDPH/MCAH reserves the right to amend any agreement resulting from this RFA. Amendments may include, but are not limited to, term extensions, SOW modifications or alterations to budget or funding.

**G. Staffing Changes after Award**

CDPH/MCAH reserves the right to approve or disapprove changes and/or request staffing changes in key personnel that occur after awards are made.

**H. Federal Certification Clauses**

The [Contractor Certification Clauses](#) can be found on the [DGS website](#) under [Standard Contract Language for Non-IT Services](#). The applicant certifies to the best of its knowledge and belief, that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency.
2. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or agreement under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the offenses enumerated in paragraph 2 of this certification.



4. Have not, within a three-year period preceding this application/proposal, had one or more public transactions (federal, state or local) terminated for cause or default.
5. Must not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under [48 CFR part 9, subpart 9.4](#), debarred, suspended, declared ineligible, or voluntarily excluded from participation in such transaction, unless authorized by the State.
6. Will include a clause entitled "Debarment and Suspension Certification" that essentially sets forth the provisions herein, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. If the applicant is unable to certify to any of the statements in this certification, the applicant must submit an explanation to the program funding this agreement.

***I. Contractual Terms and Conditions***

Each funded applicant must enter into a written agreement that may contain portions of the applicant's application (e.g., Budget, ASH Ed SOW). If an inconsistency or conflict arises between the terms and conditions appearing in the final agreement and the proposed terms and conditions appearing in this RFA, any inconsistency or conflict will be resolved by giving precedence to the final agreement.

## **PART VII. Administrative Requirements**

This section outlines ASH Ed Program administrative requirements. Awardees must be familiar with these requirements prior to entering into an agreement with the CDPH/MCAH and meet the requirements throughout the agreement term. The agreement will include all administrative and program requirements.

### **A. Standard Payroll and Fiscal Documents**

Awardees must maintain adequate employee time recording documents (e.g., timesheets, timecards, and payroll schedules) and fiscal documents based on Generally Accepted Accounting Principles (GAAP) or practices, as defined in [2 CFR Part 200](#) and the standards and guidance from the [Federal Accounting Standards Advisory Board \(FASAB\)](#). It is the responsibility of the awardee to adhere to these regulations.

### **B. Use of Funds**

Funds from this agreement are restricted to the support of ASH Ed Program activities only.

#### **1. Allowable Use of Funds**

Funds may be used to pay for salaries and benefits of ASH Ed Program staff, meeting expenses, travel for program and training purposes, EBPM/EIPMs and standardized APS curricula, outreach materials, postage, supplies, rent, equipment, software, and communication expenses.

Funds may be used for incentives for ASH Ed Program participants with limitations. Limitations include:

- a. Gift certificates/cards are allowed to support the ASH Ed Program. An agreement with the vendor must be made indicating that any unredeemed value will be returned to the awardee within an agreed upon and reasonable timeframe. Gift certificates/cards must only be distributed to the ASH Ed Program participants on a one-time basis with a total value not to exceed \$20 per participant per year. The use of gift cards for the following products is prohibited: tobacco, alcohol, cannabis, firearms and lottery tickets or any related items to those listed. To ensure that gift cards are not used for the prohibited items, awardees must either: 1) purchase and distribute restricted gift cards or cards for stores/restaurants that do not sell these items, or 2) obtain signed assurances from program participants that they will not use the gift cards for the purchase of prohibited items. Electronic program incentives such as e-gift cards to replace physical gift cards are allowable.

- b. Purchase of food is allowed but must be a reasonable expense for ASH Ed participants. For example, refreshments at a cost of no more than \$10 per participant per day of implementation (regardless of number of sessions held on that day).
- c. Transportation incentives are allowed including gas cards, bus passes, or other transportation vouchers to enable youth to participate in program activities and/or access needed services that align with ASH Ed goals.
- d. Additional educational activities or materials are allowed but must be a reasonable one-time expense for ASH Ed participants with a total value not to exceed \$20 per participant per year. Requests will be reviewed on a case-by-case basis.
- e. Cash is not an allowable incentive.

2. *Disallowed Use of Funds*

Funds may not be used for any of the following:

- a. Support of religious activities, including but not limited to, religious instruction, worship, prayer, or proselytizing
- b. Purchase or improvement of land, or building alterations, renovations or construction
- c. Fundraising activities
- d. Political education or lobbying
- e. Supplanting or replacing current public or private funding
- f. Supplanting usual activities of any organization involved with CA PREP and I&E
- g. Reimbursement of costs incurred prior to effective date of the agreement
- h. Reimbursement in support of planning efforts and other activities associated with the development and submission of the ASH Ed RFA application
- i. Reimbursement of costs currently covered by another CDPH/MCAH grant or cooperative agreement
- j. Reimbursement of costs that are not consistent or allowable according to local, State and/or Federal guidelines and regulations

- k. Provision of direct medical care
- l. Reimbursement of professional licensure
- m. Reimbursement of malpractice insurance
- n. Purchase of “S.W.A.G,” or “Stuff We All Get” - Promotional or “Giveaway” Items: Any gifts and giveaway items which have been used to promote state programs should not be distributed by contractors and subcontractors. Examples include, but are not limited to, water bottles, pens, cups, note pads, puzzles, key rings, pocket calculators, clothing, and stuffed toys. (Refer to [S.W.A.G. 2-18-11 Memo](#))

**C. Deliverables**

Agreements awarded as a result of this RFA will be deliverables-based. Deliverables must be completed in accordance with details outlined in the SOW and in the agreement.

Deliverables must be approved by CDPH/MCAH before an agreement payment will be authorized. Payments may be adjusted for incomplete and/or unapproved deliverables and CDPH/MCAH may withhold payment for failure to complete deliverables and/or non-compliance with agreement requirements.

In addition to other remedies, CDPH/MCAH reserves the right to adjust, suspend, or withhold all payments to contractor if required reports are not provided to CDPH/MCAH on a timely basis; if there are continuing deficiencies in contractor’s reporting, record keeping or invoicing requirements; or if contractor’s performance of the work is not adequately evidenced or performed.

**D. Quarterly Invoices**

Applicants must maintain for review and audit purposes, adequate documentation of all expenses claimed. All invoice detail, fiscal records, or backup documentation must be prepared in accordance with GAAP or practices within the terms of the agreement. CDPH/MCAH has the right to request documentation at any time to determine an agency’s allowable expenses. Applicants must retain documentation for seven years after the final invoice of the last contract year. Refer to the [MCAH Fiscal P&Ps](#) for additional information on records retention. Awardees will submit invoices quarterly and no later than the [Invoice Deadlines](#).

**E. Interpretation of Contact/Captions/Word Usage**

Unless the context of this CA PREP and I&E agreement clearly requires otherwise, words used in the singular include the plural and the plural includes the singular number; the masculine, feminine and other neutral genders shall each be deemed to include the others;

“shall,” “must,” “will,” or “agrees” are mandatory, and “may” is permissive; “or” is not exclusive; and “includes” and “including” are not limiting.

## **F. Contract Terms and Conditions**

### **Exhibits**

1. Awardees will enter into an agreement that will contain standard agreement provisions and exhibits. CDPH/MCAH reserves the right to update and replace any form or exhibit.
2. An awardees unwillingness or inability to agree to the terms and conditions of the agreement may cause the CDPH/MCAH to deem an awardee non-responsive and ineligible. CDPH/MCAH will not accept alterations to the agreement language.
3. Prior to and during agreement negotiations, awardees may be required to submit additional information to meet the CDPH/MCAH requirements.

## **G. Additional Requirements**

1. Software is necessary and used toward fulfilling the terms of the agreement. Examples of software include software license fees and software upgrades. Awardees must possess current software to allow for easy flow of communication between the applicant and CDPH/MCAH. All software purchased with CDPH/MCAH funds must meet or exceed the standards established by CDPH/MCAH. CDPH/MCAH requires the use of the internet, video conferencing, electronic mail, scanning equipment, telephones, and computers with current versions of Adobe Professional and the Microsoft Office suite (Word, Excel, and PowerPoint). Awardees must have the ability to print, input data, and download information, such as files from the CDPH/MCAH website and SharePoint. Additional technology may be required during the agreement period.
2. Awardees must obtain prior approval from CDPH/MCAH to participate in data collection or research studies using CA PREP and I&E data for purposes other than the requirements of the agreement.
3. Awardees must begin CA PREP and I&E activities immediately upon agreement execution. During the entire agreement term, awardees are expected to continue CA PREP and I&E services in accordance with the agreement.
4. Awardees must be able to cover at least ninety (90) days' worth of CA PREP and I&E expenses prior to reimbursement by the state.
5. Awardees must comply with the terms and conditions with regard to CDPH/MCAH intellectual property rights. Refer to [Appendix 7, Exhibit D, 6](#) for details.
6. Awardees will not be permitted to use abstinence-only, abstinence only-until-marriage

or fear-based instructions, activities and/or curricula.

**H. Subcontractor Agreements**

CDPH/MCAH requires awardees to provide ASH Ed Program services directly to the public. The use of subcontractors, consultants, or any other non-employee for the ASH Ed Program services is not permitted.

## **PART VIII. Contract Budget & Justification**

CDPH/MCAH posted this agreement RFA to solicit applications to fund the implementation of ASH Ed Program.

CDPH/MCAH will be requiring a standard five (5) line budget. In order to facilitate continued availability of federal funds, CDPH/MCAH is implementing an accountability process for the contract that requires that deliverables be completed in accordance with details and due dates outlined in the final SOW.

A budget for each FY of the contract period is required in the application.

### **Contract Budget Terms**

Agreements will be awarded for three (3) state fiscal years, beginning July 1, 2025 and ending June 30, 2028.

#### ***A. Budget Template***

The CA PREP and I&E Applicant Budget Template ([Attachment 6](#)) contains the worksheets.

The Budget Development Guide tab will provide additional instructions on budget completion.

#### ***B. Required Budget Detail***

The tan highlighted lines on each FY tab must be used to enter specific cost breakdowns and/or descriptions for each new budget line item.

Use whole dollars only when entering costs into the budget templates. Round fractional dollar amounts or cents to the nearest whole dollar amount.

When completing the budget templates, project all estimated costs to perform the services for the entire contract term, including applicable annual rate adjustments attributable to merit increases or cost of living adjustments, etc.

#### ***C. Budget Line Items***

As part of this RFA, CDPH/MCAH will be requiring a standard five (5) line budget: (1) Personnel and Fringe Benefits, (2) Operating Expenses, (3) Capital Expenditures, (4) Other Costs, and (5) Indirect Costs. Details, including required components, of the proposed budget are described below.

1. *Personnel & Fringe Benefits*

a. Personnel Costs

Include the following information under “Detail and Justification of Expense” to explain the reasonableness and/or necessity of the proposed budgeted costs appearing on the Budget Template. Include wage and/or salary details and justifications, including, but not limited to:

- the annual salary rate or range for each position/classification; and/or
- how salary rates or ranges were determined. Applicants may attach additional pages if necessary to fully explain budget costs.

*Note: Applicant staff salaries (paid for with CA PREP and I&E funds) must not exceed the [federal salary cap](#) or rates paid to State Civil Service personnel performing comparable work. CDPH/MCAH reserves the right to limit salary reimbursement to levels that are comparable to those of Civil Service employees. For more information on Civil Service classifications and pay scales, refer to the [California Department of Human Resources](#) website.*

Explain any cost of living, merit or other salary adjustments that are included in the personnel line item. Explain how the amount of each adjustment was determined and explain the frequency or interval at which the adjustment is to be granted. This only applies if you included merit increases, cost of living, or other salary adjustments in the personnel expense line item.

For each funded position title or classification performing CA PREP and I&E activities, do not combine multiple staff on the same line. Applicants cannot combine I&E and CA PREP funds. Each position must be on a separate line. If the applicant chooses to compensate the Youth Advisor with a stipend it would be listed under Operating or Other Expenses.

The FTE or annual percentage of time for each position should be expressed as follows:

Full time [40 hours a week] = 1.0, 3/4 time = 0.75, 1/2 time = 0.50, 1/4 time = 0.25.

b. Fringe Benefits

Display fringe benefit costs using an average fringe benefit rate. Only personnel who are employed by the organization and are working with CA PREP and I&E are to be included. Typical fringe benefit costs can include employer-paid social security, worker’s compensation insurance, unemployment insurance, health, dental, vision and/or life insurance, disability insurance, pension plan/retirement benefits, etc. Accrued vacation and severance pay paid to employees upon termination is not an



allowed fringe benefit. CDPH/MCAH reserves the right to request additional information on how fringe benefits were calculated.

## 2. Operating Expenses

### a. General Expense

This category includes all general costs of the operation of CA PREP and I&E. Examples of such expenses are office supplies, telephone, postage, photocopying of program materials and other consumable operating supplies.

### b. Travel

Indicate the total cost for travel and per diem. Include costs for expenses such as airfare, car rental, mileage reimbursement, parking, toll bridge fees, taxicab fares, overnight lodging, and meal expenses, etc. Travel costs should be per guidelines set forth at [CalHR - Travel Reimbursements](#). The agency must utilize the lowest available cost method of travel.

Indicate the total cost for travel expenses for program. The money budgeted for travel will be for expenses related to the administration of the program. The travel line item in the budget must include only the costs specifically related to the staff activities, such as travel to attend conferences and trainings.

### c. Training

Applicants must include a sufficient expense allocation for the meetings and trainings outlined below:

- (i) Required: All new CA PREP and I&E facilitators are required to attend at least one (1) in-person EBPM/EIPM training, 2-3 days. Project Directors/Coordinators and other staff are strongly encouraged to attend at least one (1) EBPM/EIPM training as well. (If implementing more than one program model, budget accordingly.) Depending on circumstances this training may be held virtually.
- (ii) Required: All new ASH Ed Program staff are required to attend Orientation (1) in-person, 1 day.
- (iii) Optional: Trainings to build staff capacity (e.g., the California Family Health Council's Family Planning Health Worker Course, trainings to implement healthy relationships curricula, etc.).

For budget planning purposes, assume trainings and meetings will be held in Sacramento, the Bay Area or Southern California, have a registration cost of approximately \$150.00 per training/meeting and does not include travel costs.

Depending on circumstances these trainings may be held virtually.

The cost for client/participant-related transportation must not be included here; instead, add all participant-related costs to Line Item 4 – Other Costs.

d. Space Rent/Lease

Includes the cost of renting or leasing office space and also include utilities, janitorial, security, property taxes, and insurance. Applicants must designate the total square feet and the cost per square foot. Under state standards, it is permissible to reimburse up to a maximum of 200 square feet of office space per FTE: (Total staff FTEs) x (up to 200 sq. ft.) x (up to \$3.00 per sq. ft.) x (12 months)

Note: The cost for renting classroom or meeting space (e.g., at a community or youth center) is allowable but should be prorated to the time of actual use (this expense is budgeted under the Other Costs section).

e. Audit Costs

The cost of the mandatory financial audit by an independent auditor at the end of each fiscal year must be included in the budget. Not more than \$3,000 will be allocated for this line item (See [Appendix 6](#), Exhibit D, GTC 04/2017, Audit). Refer to the [Department of General Services Standard Contract Language](#) at [www.dgs.ca.gov/OLS](http://www.dgs.ca.gov/OLS) under Standard Contract Language for Non-IT Services.

f. Communication/Software

CDPH/MCAH requires the use of the internet, electronic mail, scanning equipment, telephones, and computers with current versions of Adobe Acrobat Professional and the Microsoft Office Suite (Word, Excel, and PowerPoint). Additional technology may be required during the agreement period. Examples of software include software license fees, software upgrades, etc.

- (i) Awardees must possess current technology to allow for easy flow of communication between the awardees and CDPH/MCAH such as sending emails with attachments. Awardees must have the ability to access, print, input data, and download information, such as files from the CDPH/MCAH website and SharePoint.

If applicable, enter \$0 if no operating expenses will be incurred. However, an explanation must be included that describes how the operating needs of the program will be met.

g. Equipment

Rented equipment must be budgeted separately in line item three, "Operating Costs." Lease- purchase agreements or options are prohibited.

Minor Equipment is defined as a tangible or intangible item with a base unit (and needed peripherals to operate the unit) cost of less than \$5,000 and a life expectancy of one (1) year or more that is purchased or reimbursed with agreement funds.

Examples of equipment under \$5,000 include computers, printers, etc. (See [Appendix 7](#), Exhibit D, Provision, 1.a.2 Procurement Rules).

3. *Capital Expense*

Unless waived or otherwise stipulated in writing by CDPH, prior written authorization from the appropriate CDPH program Contract Liaison is required before the awardee can be reimbursed for any purchase exceeding \$5,000 or more for capital expenses related to such purchases.

4. *Other Costs*

Costs that are associated with project participants.

Itemize each additional expense line item making up the "Other Costs" and explain why each expense is necessary. Also, explain how the value of each expense was determined. If you offer any services or deliverables on a lump sum or fixed-price basis, please explain how you determined the price or cost.

- a. Indicate any direct program expenses that do not clearly fit into the other budget line items. Such costs may include, but are not limited to, costs for items unique to outreach and program development.
- b. If any service, product, or deliverable will be provided on a fixed price or lump sum basis, name the items and/or deliverable and indicate "fixed price" or "lump sum" next to the item along with the price or fee.
- c. If applicable, enter \$0.

Participant Training: Registration/tuition and material costs directly related to participants.

Participant Travel/Transportation: Costs directly related to transporting program clients (e.g., bus passes/tokens).

5. *Indirect Costs*

Indirect costs include costs that accrue in the normal course of business that can only be partially attributable to performance of an agreement (e.g., administrative expenses such as payroll handling, accounting/personnel expenses, liability insurance coverage, janitorial expenses, security expenses, legal representation, equipment maintenance, Executive Director's time, etc.).

- a. These are costs that a business would accrue even if they were not performing services for the State under an agreement.
- b. Specify indirect cost up to 15 percent of the total personnel including benefits, if not applicable enter \$0. Counties can use their [approved indirect cost rate](#).
- c. Applicants may include any other information that will assist CDPH/MCAH to understand how costs were determined and why they are reasonable, justified, and/or competitive. Include explanations for any/all unusually high or disproportionate costs. For example, if this agreement is to fund a disproportionately high portion of the organization's indirect (overhead) costs, please provide a justification for the proposed allocation method.

Please refer to [Attachment 9 ICR Certification Form](#) – Certification of Indirect Cost Rate Methodology for additional information in how to determine your indirect costs.

**PART IX. Acronyms****Table 10: List of Acronyms**

<b>Acronym</b>	<b>Definition</b>
ABR	Adolescent Birth Rate
APS	Adulthood Preparation Subjects
ASH Ed	Adolescent Sexual Health Education
ASHWG	Adolescent Sexual Health Workgroup
CASHNI	California Adolescent Sexual Health Needs Index
CDPH/MCAH	California Department of Public Health Maternal, Child and Adolescent Health
CA PREP	California Personal Responsibility Education Program
CHYA	California Healthy Youth Act
CQI	Continuous Quality Improvement
DGS	Department of General Services
EBPM	Evidence-Based Program Model
EIPM	Evidence-Informed Program Model
FFP	Federal Financial Participation
FTE	Full Time Employee
FYSB	Family and Youth Services Bureau
GAAP	Generally Accepted Accounting Principles
HHS	U.S. Department of Health and Human Services
HIV/AIDS	Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome
I&E	Information & Education Program
LARC	Long-Acting Reversible Contraception
LGBTQ	Lesbian, Gay, Bisexual, Transgender or Queer/Questioning
LPC	Local Partner Coalition
MSSA	Medical Service Study Area
OFP	Office of Family Planning
PRA	Public Records Act
PYD	Positive Youth Development
RFA	Request for Application
SGF	State General Funds
SHEAA	Sexual Health Education Accountability Act
SOW	Scope of Work
STI	Sexually Transmitted Infection

## PART X. References

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## **PART XI. Appendices/Exhibits**

- Appendix 1 – [Population And Community Need Data](#)
- Appendix 2 – [Adulthood Preparation Subjects](#)
- Appendix 3 – [ASHWG Core Competencies Guiding Principles](#)
- Appendix 4 – [Exhibit A – Ash Ed Sow 2025-2028](#)
- Appendix 5 - [Exhibit B – Budget Detail And Payment Provisions](#)
- Appendix 6 - [Exhibit D – Special Terms And Conditions](#)
- Exhibit E – [Additional Provisions](#)
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