



**Request for Applications (RFA)
11-10017**

Teen Pregnancy Prevention Program
Information and Education (I&E) Program



November 29, 2010

California Department of Public Health
Teen Pregnancy Prevention Program
Office of Family Planning
MS 8400, P.O. Box 997420
Sacramento, CA 95899-7420

This is a NEW I&E RFA. This NEW I&E RFA is different than previously issued I&E RFAs as it contains changes in content, instructions, timelines, requirements, etc. Applicants must carefully read this entire NEW I&E RFA, including all content, instructions, timelines, requirements, etc. Applicants should not rely on a previous RFA, its content, instructions, timelines, requirements, etc., in applying for this NEW I&E RFA. Applicants should not use or submit materials developed in response to prior RFAs to respond to this NEW I&E RFA. Previously submitted materials may not be responsive to this NEW I&E RFA.

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TABLE OF CONTENTS

RFA TIMELINE iv

LIST OF APPENDICES v

LIST OF EXHIBITS vi

LIST OF ATTACHMENTSvii

I. INTRODUCTION 1

 A. Purpose..... 1

 B. I&E Program 1

 C. Background Information 2

 1. Problem Statement 2

 2. California’s Family Planning Access Care and Treatment (Family PACT) Program..... 8

 3. Legislation 9

II. I&E PROGRAM REQUIREMENTS..... 13

 A. I&E Project Sustainability 13

 B. Needs Assessment 14

 C. Logic Model..... 16

 D. I&E Project Interventions Criteria 18

 E. Family PACT Clinical Service Linkages 24

 F. Evaluation 24

 G. Project Plan..... 27

 H. Workplan 27

 I. TPP Regional Networks 28

III. I&E ADMINISTRATIVE REQUIREMENTS 30

 A. Reporting Requirements 30

 B. Meetings, Trainings, and Site Visits 31

 C. Staffing 32

 F. Title XIX Federal Financial Participation 33

 D. Standard Payroll Practices 34

 E. Fiscal Documents 34

 G. Payment Provisions 34

 1. Invoicing Requirements..... 34

 2. Initial Allotment and Quarterly Invoices 34

 3. Payment Periods 36

 4. Repayment of Initial Allotment 36

- H. Interpretation of Contract/Captions/Word Usage 36
- I. Contractual Terms and Conditions 37
- J. Contract Compliance..... 38
- K. Subcontractor Agreements..... 41
- L. Disallowed Activities 41
- IV. GENERAL APPLICATION INFORMATION..... 43
 - A. Funding Level and Contract Period 43
 - B. Title XIX Federal Financial Participation Reimbursement..... 44
 - C. Eligibility 44
 - D. Conditions for Multiple Application Submission by an Agency 45
 - E. Internet Access to RFA Documents 45
 - F. Applicant Questions 46
 - G. Non-Mandatory Bidders’ Teleconference/Webinar 46
 - H. Application Submission Process..... 47
 - 1. Non-Mandatory Letter of Intent Form..... 47
 - 2. Application..... 47
 - a. Format..... 47
 - b. Signature..... 48
 - c. Assembly and Package..... 48
 - d. Mail or Hand Delivery..... 48
 - e. Application Due Date 49
 - f. Proof of Timely Receipt..... 49
 - g. Application Costs 49
 - h. Confidentiality..... 49
 - I. Application Selection Process..... 50
 - 1. Application Checklist Review (Stage 1) 50
 - 2. Application Technical Review (Stage 2)..... 50
 - 3. Funding Decision (Stage 3)..... 52
 - J. Application Withdrawal..... 53
 - K. Application Resubmission..... 54
 - L. Non-Responsive Applications 54
 - M. Notice of Award..... 54
 - N. Appeals Process 54
 - O. Grant Negotiations 55
 - P. OFP Rights 55

- V. PROGRAM APPLICATION SUBMISSION REQUIREMENTS AND INSTRUCTIONS 58
 - A. General Instructions..... 58
 - B. Application Checklist..... 58
 - C. Application Cover Page 58
 - D. Table of Contents..... 58
 - E. Application Intervention Summary 59
 - F. Needs Assessment Narrative 59
 - G. Logic Model Narrative 61
 - H. Interventions Narrative..... 62
 - I. Family PACT Linkages Narrative..... 63
 - J. Evaluation Plan Narrative 64
 - K. Project..... 64
 - L. TPP Regional Network Narrative 65
- VI. ADMINISTRATIVE APPLICATION SUBMISSION REQUIREMENTS AND INSTRUCTIONS..... 66
 - A. General Instructions..... 66
 - B. Administrative Capability Narrative 66
 - C. Budget and Budget Justification 68
 - 1. General Instructions..... 68
 - 2. Budget Detail and Justification..... 69
 - 3. Budget Line Items 69
 - 4. Prohibited Expenses 75
 - 5. Budget Related Submission Documents..... 75

RFA TIMELINE

This RFA Timeline is subject to change. The OFP reserves the right to adjust any date and/or time as necessary. Date and time adjustments will be posted on the OFP website at <http://www.cdph.ca.gov/programs/tp/tp/Pages/IERFA.aspx>. It is the applicant's responsibility to check the website frequently.

Event	Date	Time (If Applicable)
RFA Release (posted on the OFP website)	November 29, 2010	
Questions: Deadline to Submit Questions for Teleconference/Webinar <ul style="list-style-type: none"> • Question Form (Attachment 8) • Submit via e-mail or FAX E-mail: ofp.mailbox@cdph.ca.gov FAX: (916) 650-0455 	December 13, 2010	5:00 p.m.
Questions & Answers Published <ul style="list-style-type: none"> • Questions & Answers will be published on the TPP website 	December 20, 2010	
Non-Mandatory Bidders' Teleconference/WebEx <ul style="list-style-type: none"> • Non-Mandatory Registration Form (Attachment 9) due December 7, 2010 • Submit via e-mail or FAX E-mail: ofp.mailbox@cdph.ca.gov FAX: (916) 650-0455 	January 3, 2011	8:00 a.m. – 2:00 p.m.
Non-Mandatory Letter of Intent Due <ul style="list-style-type: none"> • Non-Mandatory Letter of Intent Form (Attachment 10) • Submit via e-mail or FAX E-mail: ofp.mailbox@cdph.ca.gov FAX: (916) 650-0455 	January 3, 2011	5:00 p.m.
Applications Due <ul style="list-style-type: none"> • Hand Delivery (Address, Driving Directions & Map) • U.S. Mail (Address) • Overnight Express (Address) 	February 3, 2011	Hand Delivered by 6:00 p.m. U.S. Mail & Overnight Postmarked by February 3, 2011
Notice of Intent to Award Funds	March 10, 2011	
Appeals Due Date <ul style="list-style-type: none"> • Submit via e-mail or FAX • See RFA for Appeals Process E-mail: ofp.mailbox@cdph.ca.gov FAX: (916) 650-0455 	March 18, 2011	5:00 p.m.
Decisions on Appeals (if necessary)	March 23, 2011	
Award Announcements Made to Public	March 24, 2011	
Grant Period Commences	July 1, 2011	

LIST OF APPENDICES

Appendix #	Appendix Name
Appendix 1	Welfare and Institutions Codes: I&E Program
Appendix 2	Health and Safety Codes: Sexual Health Education Accountability Act
Appendix 3	Education Codes: California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act
Appendix 4	Certification of Compliance with the Sexual Health Education Accountability Act
Appendix 5	Teen Births in California: A Resource for Planning and Policy
Appendix 6	Needs Assessment Resources List
Appendix 7	Logic Model Samples
Appendix 8	Risk and Protective Factors Resource
Appendix 9	School Agreement Form
Appendix 10	I&E Project Interventions Criteria
Appendix 11	Family PACT Integration Requirements for Intervention Activities
Appendix 12	Project Plan Samples
Appendix 13	Workplan Samples
Appendix 14	Core Competencies for Adolescent Sexual and Reproductive Health
Appendix 15	Duty Statement Samples
Appendix 16	Federal Financial Participation (FFP) User Guide
Appendix 17	Agency Information Form
Appendix 18	CCC 307 – Certification
Appendix 19	Darfur Contracting Act
Appendix 20	Payee Data Record (STD 204)
Appendix 21	Software and Hardware Requirements
Appendix 22	Private Non-Profit Corporation IRS Sample Letter
Appendix 23	Glossary/Definitions
Appendix 24	Application Technical Review Tool
Appendix 25	Tips for Completing the I&E RFA Application
Appendix 26	Budget Resource Document
Appendix 27	Consultant/Subcontractor Guidelines
Appendix 28	Application Intervention Summary Sample

LIST OF EXHIBITS

Exhibit #	Exhibit Name
Exhibit A1	Standard Grant Agreement (CDPH 1229)
Exhibit A	Scope of Work (FY 2011-2016)
Exhibit B	Budget Detail and Payment Provisions
Exhibit C	General Terms and Conditions (GTC 307). View or download this exhibit at this Internet site: http://www.ols.dgs.ca.gov/Standard+Language/default.htm
Exhibit D(F)	Special Terms and Conditions
Exhibit E	Additional Provisions
Exhibit F	Contractor's Release
Exhibit G	Travel Reimbursement Information
Exhibit H	Contract Equipment Purchased with CDPH Funds (CDPH 1203)
Exhibit I	Inventory/Disposition of CDPH-Funded Equipment (CDPH 1204)
Exhibit J	HIPAA Business Associate Addendum or UC HIPAA Business Associate Addendum

LIST OF ATTACHMENTS

Attachment #	Attachment Name
<u>Attachment 1</u>	Application Checklist
<u>Attachment 2</u>	Application Cover Page
<u>Attachment 3</u>	Application Intervention Summary
<u>Attachment 4</u>	Logic Model
<u>Attachment 5</u>	Letter of Intent by Public Schools
<u>Attachment 6</u>	Letter of Intent by Family Pact Provider
<u>Attachment 7</u>	Project Plan
<u>Attachment 8</u>	Non-Mandatory Bidders' Teleconference/Webinar Question Form
<u>Attachment 9</u>	Non-Mandatory Bidders' Teleconference/Webinar Registration Form
<u>Attachment 10</u>	Non-Mandatory Letter of Intent Form
<u>Attachment 11</u>	Self-Certification for I&E Collaboration with TPP Regional Network Form
<u>Attachment 12</u>	Duty Statement(s)
<u>Attachment 13</u>	Applicant Budget Template
<u>Attachment 14</u>	Subcontractor Budget Template
<u>Attachment 15</u>	Subcontractor Summary

I. INTRODUCTION

A. Purpose

The purpose of this Request for Applications (RFA) is to solicit applications to fund community-based and community driven programs that address the problems of teen and unintended pregnancy through prevention and health education activities, along with linkages to family planning services and reproductive health care. Funding is provided under the Information and Education (I&E) Program.

This is a **NEW** I&E RFA. This **NEW** I&E RFA is different than previously issued I&E RFAs as it contains changes in content, instructions, timelines, requirements, etc. Applicants must carefully read this entire **NEW** I&E RFA, including all content, instructions, timelines, requirements, etc. Applicants should not rely on a previous RFA, its content, instructions, timelines, requirements, etc., in applying for this **NEW** I&E RFA. Applicants should not use or submit materials developed in response to prior RFAs to respond to this **NEW** I&E RFA. Previously submitted materials may not be responsive to this **NEW** I&E RFA.

B. I&E Program

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

The I&E Program is authorized by California Welfare and Institutions Code Section 14504.3(a-e), ([Appendix 1](#)) and Title XIX of the Federal Social Security Act (Medicaid). California legislation may be found at <http://www.leginfo.ca.gov/calaw.html>.

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

The goal of the I&E Program is to:

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

The target populations for I&E Program include the following:

- Youth in schools, juvenile justice facilities, community-based settings, social services and youth agencies, and foster care programs
- Pregnant and parenting teens
- Parents of high-risk youths and other adults responsible for serving youths such as teachers, counselors, coaches, and social service workers.

C. Background Information

1. Problem Statement

a. Teen Births, Gender, and Age Disparities

According to the Centers for Disease Control and Prevention's National Center for Health Statistics, teen birth rates in the United States have declined dramatically over the past 15 years; a 34% decline from 1991 to 2005. Moreover, provisional data released in April 2010 reports a 2% decline in the nation's teen birth rate in 2008 after a two year increase in 2005-2007. The rate in 2008 was 41.5 births per 1,000 teen births (ages 15-19), down from 42.5 in 2007 and 41.9 births in 2006. The teenage birth rate had increased 5% during 2005-2007 with the most increase occurring in 2005-2006.¹ Experts attribute this teen pregnancy decline to more effective use of condoms and other contraception by sexually active teens.² Additionally, the U.S. continues to have the highest teen birth rates out of 50 industrialized countries.¹

California has been successful at reducing teen birth rates across all race/ethnic groups and at a faster pace than the nation as a whole. California's teen birth rate has declined by 50.4% since 1991.³ In 2008, the most recent year for which data is available 51,704 babies were born to female's ages 15-19 for a rate of 35.2 births for every 1,000 females. The rate represents a decline from the rate of 37.1 in 2007.⁴ Although teen birth rates for 2008 decreased, we cannot become complacent due to the rapidly growing teen population in California.

California teens ages 18-19 represent the majority (59.6 per 1,000) of teen births followed by teens ages 15-17 (19.1 per 1,000).⁵ Teen pregnancy impacts all racial/ethnic groups and genders. The following details the teen birth rate data for California 15-19 year olds in 2008:

- Hispanic 56.9 per 1,000
- African American 39.9 per 1,000
- American Indian/Aleut/Eskimo 27.1 per 1,000
- White 13.1 per 1,000
- Asian/Pacific Islander 9.6 per 1,000⁶

Repeat births to teen mothers represented approximately one in five births (approximately 20%) in the United States in 2004.⁷ Almost one in three women, whose first birth occurred

¹ Hamilton EA, Martin JA, & Ventura SJ. **Births: Preliminary Data for 2008**. National Vital Statistics Report; 58(16). Hyattsville, MD: National Center for Vital Statistics. April 2010. Excerpted from: http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_16.pdf

² Santelli JS, Lindberg LD, Finer LB, & et al. **Explaining Recent Declines in Adolescent Pregnancy in the United States: The Contribution of Abstinence and Improved Contraceptive Use**. American Journal of Public Health 2006; 97:150-6.

³ **California and U.S. Teen Birth Rates, 1991- 2008**. California Department of Public Health, Center for Family Health, Office of Family Planning, July 2009.

⁴ **California Teen Birth Rates, Number of Teens & Number of Teen Births, 1998- 2008**. California Department of Public Health, Center for Family Health, Office of Family Planning, July 2009.

⁵ **California Teen Birth Rates by Age, 1998- 2008**. California Department of Public Health, Center for Family Health, Office of Family Planning, July 2009.

⁶ **California Teen Birth Rates by Race/ Ethnicity & Year, 2006-2008**. State of California, Department of Public Health, Center for Family Health, Office of Family Planning. July 2009.

before age 17 have a subsequent birth within 24 months and seven in ten occur to those who are unmarried. Thirty-one percent of teen mothers at age 16 or younger have a second child within 24 months compared to 24% of teen mothers 17-19 years old.⁸ Indicators that teen mothers are likely to have a subsequent pregnancy include poverty, lack of knowledge or non-motivation regarding contraception, and their own mothers who dropped out of high school.

Gender, age difference, marital status all play a great part in the disparity represented among teens that become pregnant. Compared with older parents, parenting teens are less likely to finish high school or go on to college, particularly teen mothers. Parenting teens are generally unprepared for the financial responsibilities and the emotional and psychological challenges of early childbearing. Moreover, children born to teens generally have poorer academic and behavioral outcomes, initiate sex at an early age, and often have become teen parents themselves.

In 10% of teen births, the mother is 15-17 years old and the father is five or more years older.⁹ Compared with young men, young women face a disproportionate burden of the consequences of unplanned pregnancy, as well as a sexual double standard that females are looked down upon for being sexually active while males are not. However, young men are also affected by conflicting messages about sex and sexual responsibility from the media, peers, and family members. As a result of this, many young men feel pressure to engage in sexual behavior to demonstrate their masculinity. At the same time, young men, especially young men of color, are also criticized for being sexually irresponsible or hypersexual. The result is that young men receive more attention for their contribution to the problem of teen pregnancy with only a minor role as part of the solution.

Moreover, the great majority (86%) of teen births occurs outside of marriage; having a child as unmarried teen reduces the likelihood of ever marrying.¹⁰ As a result teen mothers often face the primary responsibility of parenthood alone. There are also geographic and income disparities in teen birth rates. Teen birth rates are particularly high in major population centers, including Los Angeles County, San Diego County, the San Francisco Bay Area, and much of the Central Valley. A three-year average of State teen birth rates details 17 California counties with significantly higher teen birth rates than the three-year average state teen birth rate of 36.7 per 1,000 in 2006 to 2008.¹¹ The following details the three-year average of these counties with significantly higher teen birth rates than the average state teen birth rate from highest to lowest:

- Kern (63.8 per 1,000)
- Kings (62.3 per 1,000)
- Madera (61.9 per 1,000)
- San Bernardino (46.2 per 1,000)
- San Joaquin (46.1 per 1,000)
- Tehama (43.7 per 1,000)

⁷ Schelar E, Franzetta K, Manlove J. **Repeat Teen Childbearing: Differences Across States and By Race and Ethnicity.** Washington DC: Child Trends Research Brief. http://www.childtrends.org/Files/Child_Trends-2007_11_27_RB_RepeatCB.pdf

⁸ Dailard, C. **Reviving Interest in Policies and Programs to Help Teens Prevent Repeat Births.** The Guttmacher Report on Public Policy. June 2000; Vol 3 (3).

⁹ Duberstein L, Sonenstein FL, Ku L, & et al. **Age Differences Between Minors Who Give Birth and Their Adult Partners.** Family Planning Perspectives 1997; 29:61-6.

¹⁰ Hamilton EA, Martin JA, & Ventura SJ. **Births: Preliminary Data for 2008.** National Vital Statistics Report; 58(16). Hyattsville, MD: National Center for Vital Statistics. April 2010. Excerpted from: http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_16.pdf

¹¹ **17 California Counties with 3-Year Average Teen Birth Rates Significantly Higher than the 3-Year Average State Teen Birth Rate, 2006-2008, Highest to Lowest.** State of California, Department of Public Health, Center for Family Health, Office of Family Planning. July 2009.

- Tulare (61.3 per 1,000)
- Fresno (56.2 per 1,000)
- Monterey (56.1 per 1,000)
- Imperial (55.8 per 1,000)
- Merced (53.9 per 1,000)
- Yuba (46.8 per 1,000)
- Glenn (43.6 per 1,000)
- Stanislaus (43.5 per 1,000)
- Santa Barbara (43.2 per 1,000)
- Lake (43.2 per 1,000)
- Riverside (41.2 per 1,000)

In addition to these high birth rate counties, there are a number of geographic areas with particular high teen birth rates (where increased efforts are needed). California faces many challenges as the teen population (aged 15-19 years) is expected to become the largest reproductive age group in the state. While there is no single approach correlated to decreasing teen birth rates, targeted approaches and efforts are needed to help prevent increasing birth rates among teens.¹² Factors related to reductions in teen birth rates include increased numbers of teens who are delaying sexual activity; increased use of traditional contraception; increased use of long lasting methods of contraception; and health education, social service supports, and media campaigns.¹³ By continuing the progress made to date in preventing early pregnancy and parenthood, more California teens will have the opportunity to get an education, participate in the workforce, and build strong families.

b. Sexually Transmitted Infections and HIV/AIDS

Adolescents are at increased risk for STIs. While adolescents represent approximately 25% of the sexually active population, they account for about one-half of all new STIs each year in the United States. Each year, there are approximately 19 million new STI infections, and almost half of them are among youth aged 15 to 24. Human papillomavirus (HPV) is the most common STI in the U.S. and accounts for approximately one-half of STIs diagnosed in youth ages 15 -24 years old.¹⁴

Chlamydia remains the most commonly reported disease in the United States. In California, the vast majority of Chlamydia cases occur in the 15 to 24 year old age group. According to California Local Health Jurisdiction Sexually Transmitted Disease Data Summaries, 2008 Provisional Data, young women are disproportionately affected. The reported Chlamydia case rate for females, ages 15-24, was approximately 3.3 times higher than for males, ages 15-24 (5261.7 vs. 1605.0 per 100,000 population). Much of this difference reflects the fact that females are far more likely to be screened than males. Among the overall reported Chlamydia cases in 2008, female youth ages 15-19 represented 33.3% (n=34,616) and female youth ages 20-24 represented 36.8% (n=38,351). During this same time, male youth ages 15-19 represented 19.7% (n=8,643) and male youth ages 20-24 represented 33.9% (n=14,909). Chlamydia is common among all races and ethnic groups; however, among 15-24 year olds Latinos (48.4%) are disproportionately affected, followed by African Americans (24.9%), and

¹² Takahashi ER, Florez CJ, Biggs MA, & et al. **Teen Births in California: A Resource for Planning and Policy**. Sacramento, CA: California Department of Public Health, Maternal Child and Adolescent Health Division and Office of Family Planning, and the University of California, San Francisco. November 2008.

¹³ Santelli JS, Lindberg LD, Finer LB, & et al. **Explaining Recent Declines in Adolescent Pregnancy in the United States: The Contribution of Abstinence and Improved Contraceptive Use**. American Journal of Public Health 2006; 97:150-6.

¹⁴ Weinstock H, Berman S, Cates W. **Sexually Transmitted Diseases among American Youth: Incidence and Prevalence Estimates, 2000**. Perspectives on Sexual and Reproductive Health 2004; 36(1): 6-10.

Whites (20.8%). It is also interesting that the combined category Other/Multi/Not Specified represented 34.9%.¹⁵

Furthermore, 54.8% of 2005 California Health Interview Survey (CHIS) adolescent respondents who had not had sexual intercourse or who had had sexual intercourse, but were never tested for Chlamydia reported that they had never heard of the disease. Among the racial/ethnicity groups Asians reported the lowest rates of Chlamydia knowledge (37.4%) and Multi-racial and African American respondents reported the highest knowledge rates (69.6% and 64.9%, respectively).¹⁶

Comparably California Provisional Data for Sexually Transmitted Diseases in 2008, reported female youth ages 15-19 represented 33.6% (n=3,837) of the overall Gonorrhea cases and female youth ages 20-24 represented 31.6% (n=3,606). During this same time, male youth ages 15-19 represented 14.2% (n=1,956) of the overall cases and male youth ages 20-24 represented 26.1% (n=3,600). Gonorrhea was most common among 15-24 year olds African Americans (43.9%), followed by Latinos (28%), and Whites (23.6%). Again it is also interesting that the combined category Other/Multi/Not Specified represented 33%.¹⁷

From 2001-2004 in the U.S., 62% of HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) diagnoses in young people aged 13-24 were in males and 32% were in females. Moreover at the end of 2007, 6,559 adolescents 13 to 19 years of age were living with HIV/AIDS in the 34 states with confidential name-based HIV infection reporting. Although the number of actual AIDS cases among teens is low, HIV infection during these years is significant. Given the average 10 to 12 year latency period between HIV infection and the onset of symptoms, many young adults and adults were infected during their teenage years. Youth of color and young men who have sex with men continue to be most at-risk for HIV. It is important to continue to promote programs that seek to lessen risky sexual behaviors by encouraging condom use, a delay in sexual initiation, partner reduction, and early HIV testing and treatment.¹⁸ Hence, it is vital that adolescents receive clinical service linkages and referrals not only for family planning and reproductive health services, but also for STI/HIV counseling, testing, and treatment.

c. Sexual Behavior

During 2003 and 2005, 75.9 % of CHIS adolescent (ages 12-17) respondents reported that they never had sexual intercourse. Higher rates were reported for having first sexual intercourse at age 15 years or older (13.5%), compared with first having sexual intercourse at an age younger than 15 (10.6 %). Among the different race/ethnicity groups, a higher rate of Asians (84.2%) reported never having sexual intercourse. Rates varied slightly for gender, with 78.1% of females and 73.9% of males reporting that they never had sexual intercourse. Having first sexual intercourse before the age of 15 was reported by 13% of males and 8.2% of females. During 2005, 12.4% of CHIS respondents reported having sexual intercourse

¹⁵ **California Local Health Jurisdiction STD Data Summaries, 2008 Provisional Data.** California Department of Public Health, STD Control Branch, July 2009.

¹⁶ Office of Women's Health. **California Adolescent Health 2009.** California Department of Health Care Services and California Department of Public Health. Excerpted from: <http://www.cdph.ca.gov/pubsforms/Pubs/OWH-AdolHealthReport09.pdf>

¹⁷ **California Local Health Jurisdiction STD Data Summaries, 2008 Provisional Data.** California Department of Public Health, STD Control Branch, July 2009.

¹⁸ **HIV/AIDS Surveillance in Adolescents and Young Adults through 2005.** Centers for Disease Control and Prevention, 2008. Excerpted from: <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/slides/Adolescents.pdf>.

within the previous 12 months. African Americans reported higher rates of sexual intercourse within the previous 12 months (22.4%), while Asians reported the lowest rates (3.9%).¹⁹

Condom use is the most reported method of contraception both by males and females, even though the percentage of males reporting using condoms is higher than that of females. In 2002 nearly 48% of 15-24 old males reported consistent use of condoms in the previous 4 weeks, compared with 31% of females. In 2005, 9.5% of CHIS adolescent respondents (ages 12-17) who had sexual intercourse reported that they had sexual intercourse that resulted in pregnancy. Rates varied by gender, with 13.2% of females and 6.9% of males reporting sexual intercourse that resulted in pregnancy. Most of the adolescents practiced safe sex; for their most recent intercourse, 78.1% of the 2003 and 2005 CHIS respondents reported using condoms. Concerning gender, 70.7% of females and 83.8% males reported using condoms. Among the race/ethnicity groups, the lowest rates of condom use were reported by White males (76.5%), White females (66.7%), and Hispanic females (68.9%).²⁰ For some teens, embarrassment, cost, and lack of knowledge continue to be obstacles to condom use. Among older teens, condom use decreases as their use of non-barrier methods increases. While oral contraceptives are highly effective at preventing pregnancy, they leave many teens at-risk for STIs.

According to The National Campaign to Prevent Teen and Unplanned Pregnancy, although girls have traditionally been the major focus of efforts to prevent teen pregnancy, the importance of focusing intervention efforts on teen boys and young men is increasingly clear to researchers, practitioners, parents, and those who work with youth. The National Campaign to Prevent Teen and Unplanned Pregnancy's project called *It's A Guy Thing*²¹ has reported a dramatic shift from 1991 to 2004 in the sexual behavior of 9th to 12th grade boys:

- Fewer teen boys are having sexual intercourse – 16% decrease from 57% to 48%.
- Condom use is up – 14% increase from 55% to 69%.
- Fewer teen boys are having multiple sex partners – 5 % decrease from 23% to 18%.
- The median age of first intercourse for males is approximately 16.4 years of age.
- Boys are more likely to have casual sex but that gap has narrowed in recent years.
- Boys are more troubled about being virgins than girls.
- Parents are far more likely to discuss sex with their daughters than with their sons.

Despite increased recognition of the critical role males can play in both teen pregnancy prevention and effective teen parenting, young men remain less involved than their female counterparts. Oftentimes prevention education is directed at young girls while boys pass their adolescent years without the benefit of comparable instruction, information, or advice. Boys and young men must be targeted specifically to help reduce teen pregnancy and early, unintended fatherhood, and to promote the development of positive relationships between young fathers and their children²² in the economic, social, and emotional support of his

¹⁹ Office of Women's Health. **California Adolescent Health 2009**. California Department of Health Care Services and California Department of Public Health. Excerpted from: <http://www.cdph.ca.gov/pubsforms/Pubs/OWH-AdolHealthReport09.pdf>

²⁰ **Ibid**

²¹ The National Campaign to Prevent Teen and Unplanned Pregnancy. **It's a Guy Thing: Boys, Young Men, and Teen Pregnancy Prevention**. February 2006. Excerpted from: http://www.thenationalcampaign.org/resources/pdf/SS/SS24_GuyThing.pdf

²² Healthy Teen Network. **Supporting Young Male Involvement in Pregnancy Prevention & Parenting**. Excerpted from: <http://healthyteennetwork.org/vertical/Sites/{B4D0CC76-CF78-4784-BA7C-5D0436F6040C}/uploads/{C83468B6-5A9A-4FF7-A3A6-C7F7A5A8FBF9}.PDF>.

children. HIV/STI prevention education should be developed with the active involvement of teen and their parents, be locally determined, and be consistent with community values. It should address the needs of youth who are not engaging in sexual intercourse as well as youth who are currently sexually active, while ensuring that all youth are provided with effective education to protect themselves and others from HIV infection and STIs now and lifelong.

d. Environmental Risk Factors and Barriers to Prevention

Adolescents are faced with overwhelming environmental factors, often beyond the control of youth, in preventing teen pregnancy. These factors include but are not limited to lack of health care; poverty; sexual violence; socio-economic status; substance use; out of school youth; cultural traditions encouraging passivity and submissiveness of women which can limit a woman's ability to negotiate condom use and protect herself from unwanted sex and/or unplanned pregnancy.

Additionally, segmented populations of youth are at greater risk of teen pregnancy and STIs. The at-risk populations include foster care youth, homeless youth, youth who are involved in gangs or placed in juvenile justice settings, etc. According to the Public Health Institute, there are approximately 72,000 youth aged 20 years and younger in state-supervised foster care in California, with about 13,000 of these youth aged 16-20 years currently transitioning out of foster care.²³ Youth in foster care and emancipated youth have higher rates of early pregnancy and childbearing compared to other youth²⁴ and are at increased risk for unintended pregnancy, HIV/AIDS, and other STIs due to high-risk sexual behaviors such as unprotected sex and sex with multiple partners. In addition, foster care youth tend to change schools frequently due to changes in foster placements and thus may experience lapses in school attendance, fall behind in academic subjects, and also miss sex education sometimes delivered in traditional schools. Therefore, foster and former foster youth are less likely to have had access to sex education classes, despite their increased risk for unintended pregnancy, HIV/AIDS, and other STIs.

In many urban communities throughout the United States, street gangs contribute to shaping the risk environment in which sexual partnerships are formed. Adolescents' gang involvement has been associated with increased violence, substance abuse and risky sexual behaviors, including higher risk partnership characteristics and lower levels of condom use. In one study conducted with adolescents who were recruited into gangs in San Francisco and followed prospectively for two years were investigated for the following: 1) whether gang membership by individual and their partners was associated with pregnancy incidence and 2) how partnership characteristics, contraceptives behaviors and pregnancy intentions mediated the relation between gang membership and pregnancy. The results presented showed that having a sexual partner who belonged to a gang was associated with an increase risk for pregnancy. This finding supports research linking gang involvement to risky sexual activity. Although violence prevention is a clear priority when working with gang-affiliated youth, these findings emphasize the need to address reproductive health as well.²⁵

²³ Constantine, WL, Jerman, P, & Constatine, NA. **Sex Education and Reproductive Health Needs of Foster and Transitioning Youth in Three California Counties**. Public Health Institute. March 2, 2009. Excerpted from <http://crahd.phi.org/FTYSHNA-FullReport-3-2-09.pdf>

²⁴ The National Campaign to Prevent Teen and Unplanned Pregnancy. **Science Says: Foster Care Youth**. Number 27 August 2006. Excerpted from http://www.thenationalcampaign.org/resources/pdf/SS/SS27_FosterCare.pdf

²⁵ Minnis, AM, Moore, JG, Doherty, IA, et. al. **Gang Exposure and Pregnancy Incidence among Female Adolescents in San Francisco: Evidence for the Need to Integrate Reproductive Health with Violence Prevention Efforts**. American Journal of Epidemiology 2008 167(9):1102-1109.

e. **Socioeconomic Cost of Teen Childbearing**

There are substantial economic costs associated with teen births. According to University of California San Francisco, in 2007, each teen pregnancy in California from conception to age two cost \$10,351 in public sector expenditures, yielding a total net cost of \$819.76 million.²⁶ Along with these economic consequences, research has demonstrated adverse social and health consequences of teen childbearing. Some of the consequences include:

- Teen mothers are less likely to graduate from high school.
- Teen mothers are less likely to go to college.
- Teen mothers are more likely to be single, increasing the likelihood that they and their children will live in poverty.
- Children of teen mothers are more likely to have behavior problems.
- Children of teen mothers are more likely to have a higher rate of incarceration for boys.
- Low birth weight is more common among teen infants than among those born to women in their 20's.²⁷

2. **California's Family Planning Access Care and Treatment (Family PACT) Program**

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

Family PACT providers work in concert with OFP/TPP-funded Community Challenge Grants (CCG)²⁸ and I&E Projects,²⁹ for the purposes of:

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

I&E Grantees serve as a bridge between comprehensive prevention education programs and clinical services through working partnerships with Family PACT providers. I&E Grantees provide teens reproductive health education and referral services. Referrals include family planning services, clinical care, HIV/AIDS testing and STI testing and treatment. Referrals may include, but are not limited to: providing a list of local Family PACT providers, Family PACT website

²⁶ Biggs MA, Foster DG, Hulett D, & Brindis C. **Cost-Benefit Analysis of the California Family PACT Program for Calendar Year 2007**. Bixby Center for Global Reproductive Health, University of California, San Francisco: San Francisco, CA. April 2010. Excerpted from: http://bixbycenter.ucsf.edu/publications/files/FamilyPACTCost-BenefitAnalysis2007_2010Apr.pdf

²⁷ Douglas Kirby, PH.D. **Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases**. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy, 2007.

²⁸ **Directory of Community Challenge Grant (CCG) Program Project Directors and Project Coordinators**. Compiled from Agency Information Forms submitted to OFP. January 26, 2009. Excerpted from <http://www.cdph.ca.gov/programs/tpp/Documents/MO-TPP-CCGDirCoordbyCounty012709.pdf>.

²⁹ **Directory of Information and Education (I and E) Program Project Directors and Project Coordinators**. Compiled from Agency Information Forms submitted to OFP. January 26, 2009.

information, referral cards, tours and open houses at Family PACT clinics. I&E Grantees are also required to collaborate with Family PACT providers in the development of teen-friendly clinical services in their community education and clinical linkage Family PACT efforts. For more information about Family PACT and to find a provider in your area, please visit the Family PACT website: <http://www.familypact.org>.

3. Legislation

a. Comprehensive Sexual Health Education (CSHE)

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

According to a report released by the American Civil Liberties Union (ACLU) of Northern California in 2003, ninety-six (96%) of California surveyed schools provide comprehensive sex education, predominantly in seventh (78%) and ninth (72%) grades, despite having no requirement to do so.³⁰ Comprehensive Sexual Health Education (CSHE), according to the California Education Code Section 51933, is defined as “*Education regarding human development and sexuality, including education on pregnancy, family planning, and sexually transmitted disease.*”

While the majority of public schools offer CSHE, they are often challenged by understanding the instructional details to fully comply with the legislative requirements. I&E Grantees who choose to provide CSHE shall not only assist public schools with complying with Education Code Sections 51930-51939, but as of January 1, 2008, all state-funded programs that provide community-based sex education have been mandated by law to provide sex education that is comprehensive, medically accurate, and appropriate for the target population (Health and Safety Code Sections 151000-151003). In addition, state-funded programs providing sex education in public schools must state how their instruction complies fully with Education Code Sections 51930-51939. Below is an overview of California Legislation that describes these requirements in more detail.

b. California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act; Education Code: Sections 51930-51939³¹

The California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act Sections 51930-51939 specifies that school districts are not required to provide CSHE, **but if they choose to do so, school districts and I&E Grantees shall comply with all of the requirements listed below:**

(Comprehensive Sexual Health Education Section 51933)-Comprehensive sexual health education instruction shall be age-appropriate and bias-free, and all factual information shall be medically accurate and objective. Instruction shall be appropriate for students of all genders, sexual orientations, and ethnic and cultural backgrounds, and it shall be accessible for English language learner students and students with disabilities. Instruction shall encourage communication between students and their families and shall teach

³⁰ Burlingame, Phyllida. **Sex Education in California Public Schools: Are Students Learning What They Need to Know?** American Civil Liberties Union (ACLU) of Northern California, August 2003.

³¹ **California Education Code.** Sections 51930-51939. Excerpted from <http://www.leginfo.ca.gov/calaw.html>.

respect for marriage and committed relationships. In addition, in grades seven to twelve, instruction shall include all of the following: information about the value of abstinence; information about sexually transmitted diseases (STDs), including all Federal Drug Administration (FDA)-approved methods of reducing the risk of contracting STDs; information about all FDA-approved methods of contraception, including emergency contraception; information about California's newborn abandonment law (Safe Surrender Law and skills for making responsible decisions about sexuality).

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

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

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

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

c. Sexual Health Education Accountability Act; Health & Safety Code Sections 151000-151003³² ([Appendix 2](#))

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

The law affects all state-funded community-based programs, including those administered by the OFP, that are intended to prevent adolescent or unintended pregnancies and/or STIs, including HIV/AIDS, and are supported by state funds or state-administered funds. State-funded programs providing sexual health education in public schools must state how their instruction complies fully with applicable Education Codes: California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act ([Appendix 3](#)).

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

³² **California Health and Safety Code.** Sections 151000-151003. Excerpted from <http://www.leginfo.ca.gov/calaw.html> .

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

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

Abstinence-only interventions include the following types of programs:

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

The OFP will require funded grantees to comply with the mandate of Health and Safety Code Section 151002(d) and submit a signed declaration ([Appendix 4](#)) to attest its program compliance as a condition of funding. By signing this declaration, grantees further acknowledge that the I&E Program is subject to monitoring for compliance with the provisions of Health and Safety Code Sections 151000–151003 and may be subject to contract termination or other appropriate action if it violates any condition of funding, including those enumerated in Health and Safety Code Sections 151000–151003.

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

On March 12, 2008, the California State Board of Education adopted the *Health Education Standards for California Public Schools* in response to California Education Code Section 51210.8 requirements.

These standards provide a framework for school programs offering health education instruction. There are specific criteria for “Growth, Development, and Sexual Health”

(Standard 2) for each grade level.³³ The State Board of Education and CDE do not require districts to follow the standards. However, some districts have adopted the standards. Please contact the schools you will be working with to see if they have adopted the standards as they may affect your curriculum selection.

³³ **Health Education Content Standards for California Public Schools.** California Education Code. Section 51210.8. Excerpted from Excerpted from <http://www.cde.ca.gov/ci/he/he/index.asp>.

II. I&E PROGRAM REQUIREMENTS

A. I&E Project Sustainability

Preventing teen pregnancy requires the involvement of the entire community: parents, schools, health departments, youth organizations, and even businesses that provide services to youth, such as local malls or sports organizations. Sustainable prevention programming requires that the community embrace and support pregnancy prevention efforts. The OFP encourages I&E Grantees to be visible in their community, invite individuals who work with youth, or whose business cater to youth, to project meetings and involve them in project planning discussions to insure wide community involvement. These relationships can also be helpful if unforeseen state funding reductions adversely affect your I&E Project and fund-raising, donations of cash or in-kind support are needed.

1. Required Reports and Plans

a. 5-Year I&E Project Action Plan

I&E Grantees will be responsible for the development and submission of a 5-year I&E Project Action Plan to include the components outlined below. The OFP will provide additional directives on meeting submission requirements and deadlines and reporting, after commencement of the grant term (July 1, 2011).

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

b. 3-Year Project Sustainability Plan

A Project Sustainability Plan is to be developed to demonstrate the capacity of the I&E Project to maintain services at a level that will provide ongoing teen pregnancy prevention efforts in your community in the event of elimination of major financial, managerial and technical assistance from an external source, including the I&E Project grant. The Project Sustainability Plan will be developed in year two (FY 2012-2013) of the grant. The OFP will provide additional directives on meeting submission requirements deadlines and reporting, after commencement of the grant term (July 1, 2011).

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

- The applicant's commitment to support the I&E Project goals in the event of resource reductions.
- Plans to maintain the required I&E Project interventions including prioritization of interventions and other activities.

- Development of periodic reports that evaluates and updates your agency's Needs Assessment and the associated outcome measures to illustrate success identifying, solving, and improving the teen birth rate in your community and to promote your community's commitment to healthy youth and reducing risky behaviors.
- Support of diverse educational opportunities focused on gaining insights and identifying innovative strategies to promote youth sexual health, to reduce health inequities, and to address the needs of underserved communities.

B. Needs Assessment

A Needs Assessment is a systematic process to acquire an accurate, thorough picture of the strengths and weaknesses of a community's services and support of target populations. The resulting data assist with establishing community priority goals, developing plans, allocating funds and resources. The Needs Assessment should provide both a broad description of the overall at-risk population(s) that attribute to teen pregnancies within your community and a detailed description of the target population(s) you propose to reach.

Applicants shall complete a Needs Assessment prior to submitting an I&E application and report their findings in the application. The OFP does not require nor expect funded I&E Grantees to conduct a full Needs Assessment each year but a three-year Needs Assessment cycle is recommended, with a schedule for collecting updated information to support priority-setting, planning, and resource allocation activities throughout the contract term.

Results from the Needs Assessment will assist applicants in selecting their target population(s) and assist in the development and completion of their Logic Model ([Attachment 4](#)) and Project Plan ([Attachment 7](#)). These models allow the applicant to demonstrate an understanding of how their plan proposes to effect changes to knowledge, attitudes, and behaviors that reduce teen pregnancy rates.

It is the OFP's objective that applicants shall serve the most at-risk or vulnerable populations, including adolescents in or aging out of foster care; adolescents in juvenile justice systems; runaway youth; out of school youth; homeless youth; adolescents with HIV/AIDS; pregnant and parenting adolescents; adolescent males and young men; culturally underrepresented adolescent populations, including Hispanic, African American, or Native American youth residing in high teen birth rate areas. Applicants should also consider the needs of lesbian, gay, bisexual, transgender, and questioning youth, and how their programs will be inclusive of and non-stigmatizing toward such participants.

The applicant's Needs Assessment research should detail the at-risk or vulnerable populations. Applicants should then further narrow their focus to prioritize the proposed target populations with the greatest need to reach females who are at-risk for becoming pregnant and males who are at-risk for becoming fathers. The proposed target population(s) shall be identified by reportable demographics in a Medical Service Study Area (MSSA) with a high teen birth rate "hot spot." *Teen Births in California: A Resource for Planning and Policy* publication ([Appendix 5](#)) identifies MSSAs in California with higher or lower teen birth rates based on births in 2004 and 2005. The overall State average for this same period was 38.4 per 1,000 females aged 15-19 years. **Funding preference shall be given to applicants who implement Interventions in one MSSA where the overall teen birth rate ("Grouped Annual Teen Birth Rate per 1000 Female Teens") is 30 per 1,000 births or higher as referenced in [Appendix 5](#).** Applicants may access the following link: How to Use the Healthcare Atlas to locate MSSAs by addresses, cities, zip codes, etc.

MSSAs are comprised of communities of contiguous census tracts that do not cross county boundaries and are state and federally recognized. MSSAs were found to be more useful than zip codes (which split and change boundaries frequently) or census tracts (which do not have enough teen births to generate stable teen birth rates). MSSAs are designed for the purpose of designating health professional shortage areas and medically underserved/underserved populations. [Appendix 5](#) identifies urban MSSA populations that range from 75,000 to 125,000 persons and rural and frontier MSSAs that have population densities less than 250 or 11 persons per square mile, respectively. MSSAs with higher teen birth rates are indicated by increasingly dark red color bands in the appendix publication.

Due to the cost of completing a Needs Assessment, the OFP encourages applicants to evaluate existing resources such as public health publications or another local agencies' current Needs Assessments as part of their data collection. Applicants are encouraged to partner with other agencies that work with youth and who may be conducting or utilizing similar analysis activities. For a resource guide that may assist applicants in locating data for their Needs Assessment, please see the Needs Assessment Resources List, [Appendix 6](#). The following steps are useful when developing a Needs Assessment:

1. Establish the planning team (i.e., who will be involved and how will you gain community input and support).
2. Establish goals and objectives (i.e., I&E Project goals and objectives have been pre-identified for the purpose of this RFA).
3. Identify and characterize your audience (i.e., may include the sample size, neighborhood characteristics, primary language, cultural beliefs, economic status, etc.).
4. Select your data collection methods (i.e., focus groups, community surveys, key informant interviews, published material reviews, etc.).
5. Collect information and conduct literature searches to support or oppose working with target population.
6. Analyze the gathered data and create a report of the findings.

The OFP acknowledges that Needs Assessment information may be collected through various types of data and information. However, applicants should note the following when preparing their grant application:

- If an applicant uses secondary data in the Needs Assessment, the applicant shall use the most recent data available. Secondary data is data that is gathered from existing publication sources (i.e., County data, CDC data, and *Teen Births in California: A Resource for Planning and Policy* publication, etc.).
- Inclusion of data tables is acceptable within the Needs Assessment section. However, do not attach supplemental data tables, reports, published articles, etc.
- All information and data provided within the Needs Assessment shall be documented and cited by using the "Footnote" feature (where possible include a web link to the documentation). Applicants shall not cite sources via "Endnote" or attach a separate bibliography.

An applicant's project interventions shall clearly be supported by a demonstrated need for teen pregnancy prevention services to the target population within a high teen birth rate MSSA. The applicant's Needs Assessment, at a minimum, shall identify and describe the following information about the MSSA the proposed I&E Project will serve:

- Teen/youth population(s) in the proposed MSSA who have the greatest risk for unintended pregnancy and becoming fathers.
- Teen/youth populations in the proposed MSSA who have the greatest need for pregnancy prevention services.
- Specific demographics of the target population within the proposed MSSA (e.g., developmental age of participants, at-risk category, race/ethnicity, sexual orientation, etc.).
- Trends over time that have affected the target population teen birth rates within the applicant's proposed MSSA. This may include demographic shifts, high school drop-out rates, numbers of enrolled foster care youth, funding/support for teen pregnancy prevention programs, availability of clinical services, support, etc.
- Existing pregnancy prevention services and resources available in the proposed MSSA for the target population you plan to serve.
- Gaps in services and resources in the proposed MSSA for the target population.
- Unique health concerns and needs of the target population in the proposed MSSA.
- Applicants shall clearly demonstrate that community input from youth, parents, other family members, school representatives, local service providers, and Family PACT providers, etc., occurred in the Needs Assessment process.

If an applicant is awarded funding, the documents supporting the Needs Assessment must be reviewed periodically to assess direction of project goals. The Needs Assessment findings and the documents supporting the Needs Assessment shall remain on file for audit purposes. Currently OFP-funded Projects cannot use OFP funds to conduct a Needs Assessment for the purposes of the I&E RFA application.

C. Logic Model

Logic models (see sample [Appendix 7](#)) reflect the information and data collected from the Needs Assessment. The logic model is based on the work of Douglas Kirby, PhD.³⁴ It is a tool for designing and implementing an effective, comprehensive I&E Project for the purposes of changing identified knowledge, attitudes, behaviors, etc., of the intended target population(s). The logic model assists applicants with developing a logical sequence or linking of the I&E Program goals with the most appropriate interventions and activities, along with identifying what should be measured when evaluating the impact of each intervention. Overall, the logic model ensures that an intervention is comprehensive, strategic and effective.

According to Kirby,³⁵ creating a logic model involves completing five basic steps:

³⁴ Kirby, Douglas. **BDI Logic Models: A Useful Tool for Designing, Strengthening and Evaluating Programs to Reduce Adolescent Sexual Risk-Taking, Pregnancy, HIV and Other STDs.** ETR Associates, August 2004. Excerpted from: <http://www.etr.org/recapp/documents/BDILOGICMODEL20030924.pdf>

³⁵ Kirby D, Rolleri LA, & Wilson MM. **Characteristics Assessment Tool: A Guide for Program Developers and Educators.** ETR Associates and Healthy Teen Network, 2006.

Step 5 ACTIVITIES	Step 4 INTERVENTIONS	Step 3 DETERMINANTS	Step 2 BEHAVIORS	Step 1 I&E PROGRAM GOALS
Identify activities that have sufficient strength to improve each selected determinant or outcome.	Identify possible interventions and then select the particular intervention.	Identify potentially important determinants (risk and protective factors) of the target population. Select those that have the greatest potential for positive change.	Identify potentially important behaviors that affect the selected I&E Program goal(s).	Identify the I&E Program goal(s) to be achieved at the end of the program.

Applicants shall complete a separate Logic Model ([Attachment 4](#)) for each I&E Project Intervention by following the guidelines described below:

- **Step 1 I&E Program Goal**

The I&E Program goal is a broad statement or long-term objective of the program. For the purpose of this RFA the goal has been identified, applicants are required to address the I&E Program goal for each proposed I&E Project Intervention.

The I&E Program goal is to decrease teenage pregnancy through educational programs that equip teens at high risk for pregnancy with the knowledge, understanding, and behavioral skills necessary to make responsible decisions regarding at-risk behavior.

- **Step 2 Behaviors**

This step identifies teen behaviors that avoid pregnancy. Applicants shall include clinical service linkages and shall identify behaviors that impact the I&E Program goal in their Logic Model.

Applicants shall select a minimum of (1) one to (3) three behaviors from the following list and enter them in the “behaviors” column.

<p><u>I&E Program Goal:</u> To decrease teenage pregnancy through educational programs that equip teens at high risk for pregnancy with the knowledge, understanding, and behavioral skills necessary to make responsible decisions regarding at-risk behavior.</p> <p><u>BEHAVIORS:</u></p> <ol style="list-style-type: none"> Increase use of clinical services Delay initiation of sex Decrease sexual risk-taking Decrease number of sexually active youth Decrease frequency of sex among sexually active youth Decrease number of sexual partners among sexually active youth Increase contraceptive use among sexually active youth Increase knowledge of consistent contraceptive use Increase use and correct use of condoms Increase in effective communication among sexual partners regarding the use of condoms and contraceptives Increase positive involvement in parenting Increase parent-child communication about sex
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- **Step 3 Determinants**

Determinants identify beliefs, values and attitudes of the target population that encourage or discourage pregnancy prevention behaviors. These beliefs, values and attitudes have been identified and justified in the Needs Assessment. The Risk and Protective Factors Resource, [Appendix 8](#), identifies factors found to be the most amenable to change directly by pregnancy and STI prevention programs. Applicants shall list the determinants that need to be supported or changed to positively affect the desired behavior.

- Risk factors are the beliefs, values, and attitudes that encourage a behavior that could result in a pregnancy or STI, or discourage behavior that could avoid these outcomes. Risk factors are predictors of adolescent health and behavior problems that could result in a teen pregnancy and/or STI. Examples of a risk factor that may encourage a pregnancy and/or STI include family history of teen pregnancy, lack of commitment to school, or ineffective parenting.
- Protective factors are the beliefs, values, and attitudes that help teens avoid pregnancy and STI, or encourage behavior that can prevent them. Protective factors reduce the risk of problem behaviors associated with teen pregnancy and/or STIs. Examples of a protective factor that may discourage a pregnancy and/or STI include: clear rules of conduct that are consistently enforced within the family, success in school performance, and parental monitoring of teen's activities and their peers.

- **Step 4 Interventions**

Interventions are the approaches that impact the risk and protective factors of a target population. The selected intervention and intervention activities shall relate to the behaviors and determinants identified in the Logic Model through the Needs Assessment. In selecting the most appropriate intervention, applicants need to evaluate their Needs Assessment data and Logic Model data, and may ask themselves the following questions:

- Which intervention approaches are likely to have the greatest impact upon each of the selected determinants?
- Are these interventions sufficiently powerful that they will markedly change each selected determinant?
- What is the evidence for the intervention's effectiveness among our target population?³⁶

- **Step 5 Activities**

I&E applicants will not be required to incorporate their proposed intervention's activities into their Logic Model ([Attachment 4](#)) submission. Activities shall be reported within the applicant's Project Plan.

D. I&E Project Interventions Criteria

It is the OFP's objective for Programs to implement scientific evidence-based programs that have been supported by previous research demonstrating significant positive behavioral outcomes for pregnancy prevention as well as STI and HIV/AIDS prevention for the targeted populations whenever possible.

³⁶ Kirby, Doug. **BDI Logic Model RECAP: A Beginners Guide and Course in Developing BDI Logic Models**. Excerpted from <http://www.surveymonkey.com/s.asp?U=22501224587>.

To effectively evaluate intervention outcomes, Grantees shall clearly identify the specific demographics of their target population for each I&E Project Intervention. The required reportable demographics shall include, at a minimum, the estimated number of target population to be served, age group, gender, race/ethnicity, sexual orientation, and at-risk population category. Additionally, all Interventions shall include information about Family PACT services. Applicants shall clearly focus on increasing the utilization of family planning services by enforcing the importance of what services are available, how they can be used, and in what ways that they can benefit the target population and their families.

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

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

1. Youth Development Approach

Successful Projects shall incorporate the use of youth development principles into their interventions. Youth development can be described as a comprehensive approach to working with young people in which youth are actively engaged in their own development and are positively involved in their own communities.³⁷ It encompasses the following philosophies and approaches:

- All youth have much to offer their families and community. Positive youth development philosophy emphasizes that communities can best support young people's growth and helps them avoid negative outcomes by providing all youth with meaningful opportunities for enrichment at every stage of life. Youth thrive when they build skills, exercise leadership, form relationships with caring adults, and help their communities.
- Services employing a youth development approach engage youth as collaborative partners, rather than seeing them as having problems to be "fixed" or as "program participants."
- Creating positive opportunities and connections for youth helps them develop resiliency skills to avoid harmful behaviors and develop self-efficacy and community commitment. Youth development emphasizes a holistic focus that considers individual, familial, and community factors as crucial in promoting well-being. With support and resources, youth gain knowledge, skills, and confidence to make thoughtful decisions in all areas of their lives and contribute to their family and community.
- Youth participation is essential for successful youth sexual health promotion. Young people contribute to projects as: peer educators, school and/or community advisory members, peer leaders/advocates, collaborative members, curriculum selection, or media/messaging development.

2. Evidence-Based Interventions

A number of studies provide persuasive evidence that a limited number of programs can delay sexual activity, improve contraceptive use among sexually active teens, and/or prevent teen pregnancy.³⁸ Evidence-based programs/curriculums have been evaluated using a defined set of

³⁷ **Caring Adults in Action: Helping America's Youth.** Excerpted from www.helpingamericasyouth.gov/youthdevelopment.cfm.

³⁸ National Campaign to Prevent Teen and Unplanned Pregnancy. **What Works 2010: Curriculum-Based Programs That Prevent Teenage Pregnancy.** Excerpted from <http://www.thenationalcampaign.org/resources/pdf/pubs/WhatWorks.pdf>

rigorous standards to assess the quality of the research design, research implementation methodology, and the efficacy of the program. The strongest evidence stems from methodologically rigorous behavioral or social studies that have both intervention and control/comparison groups and positive results for behavioral or health outcomes.

Characteristics of behavioral and social intervention studies are classified as methodologically rigorous if they used a:

- Random assignment to intervention and control groups (experimental designs) and reported at least post-intervention data.
- Non-biased assignment (e.g., systematic assignment) to intervention and comparison groups (quasi-experimental designs) with equivalence of groups or used statistical adjustment for any nonequivalence, and reported pre- and post- intervention data.
- Theoretical framework based on sound behavioral science theory demonstrated to be effective in reducing health-related risky behaviors (e.g., Stages of Change Model or Transtheoretical Model, Social Learning Theory or Social Cognitive Theory, Theory of Reasoned Action, etc.).

Behavioral interventions aim to change risk behaviors or decrease incidence rates of unintended pregnancies, STIs, and HIV/AIDS. These tend to emphasize individual and small group approaches (e.g., counseling, small group discussion, skills demonstration, etc.).

Social interventions aim to change risk behaviors or decrease incidence rates of unintended pregnancies, STIs, and HIV/AIDS and also include explicit and direct attempts to change peer or community norms related to unintended pregnancies, STIs, and HIV/AIDS risk. These interventions, while they may use individual or small group approaches, emphasize environmental factors, peer influence, and community-level approaches (e.g., engaging key opinion leaders, mobilizing the community to support risk reduction behaviors, youth accessing recreational programs and facilities as a means of reducing boredom and sexual opportunities, etc.).³⁹

The National Campaign to Prevent Teen and Unplanned Pregnancy acknowledges that teen pregnancy has many causes and the programs to combat these causes are diverse.³⁸ However, evidence-based interventions that have been rigorously evaluated have been shown to have significant evidence of efficacy. Promising evidence-based interventions which have not been sufficiently evaluated have been shown to have sufficient positive evidence of efficacy. Example outcomes measures of the best evidence-based interventions and promising evidence-based interventions include eliminating or reducing sex risk behaviors, reducing the rate of new STIs and HIV/AIDS infections, or increasing STI and HIV/AIDS protective behaviors, etc.

The OFP acknowledges that evidence-based programs/curriculums are often peer reviewed by various criteria standards; therefore, the OFP will acknowledge any published program/curriculum that has been deemed to be evidence-based as defined herein in this RFA. The OFP is defining evidence-based programs/curriculums as those that have shown evidence of having a positive impact on the outcomes that they are designed to change through a set of stringent scientific literature reviews and criteria.

The OFP is defining non-evidence based programs/curriculums as those that have not been independently reviewed against a set of stringent criteria for the quality of their research design,

³⁹ CDC HIV Compendium. Centers for Disease Control and Prevention. August 2009. Excerpted from <http://www.cdc.gov/hiv/topics/research/prs/index.htm>

research implementation methods, as well as their strength of effectiveness, regardless of whether it has been published in a peer reviewed professional, scientific journal.

3. Interventions at Public Schools

Programs shall comply with the following OFP policies and submit the required attachments for any intervention conducted at a public school. Applicants who will implement any sexual health and/or prevention education intervention during formal instructional time at a public school (as opposed to lunch-time and after-school), shall submit a Letter of Intent by Public Schools ([Attachment 5](#)). This letter serves to confirm each school's (or district's) intent to allow the Project staff to conduct intervention activities during the contract cycle.

If you are awarded a grant, you are required to complete a School Agreement Form ([Appendix 9](#)). The document formalizes a commitment by the school(s) to allow a Grantee to provide Prevention Education activities and/or other Intervention activities, estimate the number of participants, for specified ages/grade levels, at selected schools, and the agreed upon intervention, activities, and curriculum to be used (when appropriate).

4. I&E Project Interventions Implementation Overview

Applicants are required to implement a minimum of (3) three interventions and a maximum of (5) five interventions based on the applicants' funding preference and funding level. It is critical for applicants to choose Interventions consistent with the Needs Assessment and Logic Model that have been determined to be effective and appropriate for the target population. Applicants shall implement (1) one I&E Core Intervention and a minimum of (2) two I&E Supplementary Interventions.

The Supplementary Interventions listed below are meant to generate ideas and are not to be viewed as the only Supplementary Interventions that will be considered for scoring. However, if an applicant proposes to implement I&E Supplementary Interventions detailed in [Appendix 10](#), the OFP has developed minimum implementation requirements that applications must meet to be considered for scoring. For a detailed description of the following interventions, criteria elements, and minimum implementation requirements, please see [Appendix 10](#).

a. I&E Core Intervention

- Life Skill Education

b. I&E Supplementary Interventions

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

5. I&E Project Intervention Requirements

a. Selection of Interventions

Applicants shall select interventions that are known to influence behavior and result in desired outcomes and/or select curricula that have been proven effective via evidence-based evaluation, as available. This requirement will help ensure positive outcomes for youth.

b. Rationale of Selected Interventions

1. Applicants shall provide a rationale that supports their selected intervention that clearly demonstrates how the intervention will influence behavior and result in the desired outcome, and includes the minimum implementation requirements (i.e., session length, time frame for implementation, adequate number of individuals to be targeted, etc.) in their application.
2. Intervention strategies shall meet the needs of your target population as indicated in your Needs Assessment and must be documented in your Logic Model ([Attachment 4](#)).
3. Applicants shall select interventions that incorporate use youth development principles, creativity, and be cost-effective in reducing teen pregnancy among their proposed target population(s). Cost-effectiveness is expressed as the extent to which an activity is thought to be as valuable or worthy as it is expensive. Cost-effective can be a measure of the maximum health benefits of implementing the intervention's services/activities to the target population over a justifiable cost.

c. Target Population(s) and Setting(s)/location(s)

1. Applicants are required to meet the minimum number of youth/adolescents to be served annually by geographic setting based on the applicant's proposed funding preference, funding level, and the teen birth rate as referenced herein this RFA and in [Appendix 10](#). While these minimum number of youth requirements are detailed in [Appendix 10](#), applicants are encouraged to target as many youth as feasible within their community beyond the minimum that are required to be served with their proposed grant award.
2. Applicants shall identify and describe the target population(s) and setting(s)/location(s) that the applicant proposes to serve through each intervention. The target populations(s) should detail how the applicant will recruit and retain participants for each intervention. Additionally, the applicant's target population description shall include the estimated target population sample size by count and percent by the reportable demographic categories defined within the Evaluation Section of the RFA. The setting(s)/location(s) information should include the site(s) of service where the I&E Project Intervention activities will be conducted.

d. Intervention Development

1. Applicants shall propose, develop, and implement I&E Project Intervention activities that qualify for Federal Financial Participation (FFP) reimbursement to maximize funding for I&E Projects. FFP reimbursement for approved State programs includes providing specific activities that meet the following two objectives:
 - Assisting Medi-Cal eligible individuals to enroll in the Medi-Cal/Family PACT Program.
 - Assisting individuals on Medi-Cal to access Medi-Cal or Family PACT providers and services.

The OFP has developed a FFP User Guide (**Appendix 16**) to assist funded applicants in understanding the FFP requirements. This guide will assist funded agencies in complying with federal funding rules and receive the maximum allowable federal and state funding.

2. Applicants shall incorporate quantitative and qualitative methods to detail the practical importance or value for the desired outcome(s) for each intervention. Quantitative methods include the implementation of developing process measures, short-term outcome measures, and identifying and detailing the reportable demographics as defined in the Evaluation Section herein this RFA.

Qualitative methods provide information on how an individual or target population(s) beliefs, norms, behaviors, and their social context are related to unintended pregnancy and STI/HIV infection. Qualitative methods are also effective in identifying intangible factors, such as social norms, socioeconomic status, gender roles, ethnicity, religion, etc. Applicants shall identify a minimum of (2) two qualitative outcomes per intervention that they propose to explore.

3. Applicants shall implement (1) I&E Core Intervention (i.e., Life Skill Education) and a minimum of two (2) I&E Supplementary Interventions. For a detailed description of the interventions criteria and minimum implementation requirements, please see [Appendix 10](#) for the I&E Project Interventions Criteria.
4. All I&E Project Interventions, with the exception of Community Awareness and Mobilization, and Social Networking, shall include the estimated target population sample size by the reportable demographic categories defined in within the Evaluation Section of the RFA.
5. All I&E Project Interventions shall include Family PACT Clinical Service Linkages. Applicants shall clearly focus on increasing the utilization of family planning services by enforcing the importance of what services are available, how they can be used, and in what ways that they can benefit the target population and their families.
6. If an applicant proposes to implement sexual health instruction and/or curricula in a school setting for any intervention, the applicant shall comply with the Sexual Health Education Accountability Act; Health & Safety Code Sections 151000-15100340 ([Appendix 2](#)) and California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act; Education Code: Sections 51930-5193941 ([Appendix 3](#)).
7. Applicants shall submit a lesson plan with talking points (or curricula outline with talking points if applicable) for each intervention detailing the topics and/or activities to be conducted and the implementation timeframe.
8. Applicants shall use the “footnote” feature citation to support and document data sources.

e. OFP Material Development Review

Upon successful completion of the grant funding process, funded applicants shall submit the selected detailed lesson plan(s) and materials for each intervention, as directed by the OFP, immediately after the Notice of Intent to Award is posted. The OFP will review these materials to

⁴⁰ California Health and Safety Code. Sections 151000-151003. Excerpted from <http://www.leginfo.ca.gov/calaw.html>.

⁴¹ California Education Code. Sections 51930-51939. Excerpted from <http://www.leginfo.ca.gov/calaw.html>.

ensure that these materials meet the OFP's criteria and expectations for I&E Project Interventions as well as other OFP requirements. Please see the CDPH Document Review and Approval Guidelines for additional information and requirements about developing materials. This form can be found on the OFP/TPP website at:

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

E. Family PACT Clinical Service Linkages

Projects shall establish formal partnerships with Family PACT providers to expand access and availability of clinical services to their targeted population(s) and to ensure that teens and young adults have access to sexual health services. All Interventions shall include clinical service linkage activities. A complete list of Family PACT Integration Requirements for Intervention Activities is provided in [Appendix 11](#). Family PACT clinic staff shall be consulted and asked to provide recommendations for the development of the Project Plan.

Applicants will demonstrate their collaboration with, and establishment of, a relationship with one or more Family PACT providers to:

- Promote awareness of and assistance with accessing comprehensive family planning reproductive health services for the purposes of preventing unintended pregnancy and STIs among pre-sexually active and sexually active teens.
- Provide information about the availability of reproductive and sexual health services, including methods to prevent and treat STIs.
- Increase the number of teens that access clinical services at Family PACT clinics. Services must address barriers to access to Family PACT clinics (for example, lack of public transportation, cultural diversity impacts, youth not feeling welcomed by the clinic, etc.).
- Develop a plan of action to maximize collaborative efforts and best practices.
- Meet I&E Program requirements including:
 - Coordinating a referral mechanism for teens to access Family PACT services at clinics with a teen-friendly environment.
 - Assisting with promotional activities to create awareness about their local Family PACT clinic(s).
 - Providing monthly or quarterly teen tours of Family PACT clinics. If monthly visits are not feasible then Grantees are to implement activities that will allow participants to become familiar with Family PACT providers and their services through interventions such as one-on-one street outreach and informational presentation(s).

Family PACT partnerships are documented through the submission of a Letter of Intent by Family PACT provider ([Attachment 6](#)). Applicants are encouraged to partner with Family PACT providers based on geographical locations as well as providers who can deliver linguistically and culturally appropriate care for the target populations.

F. Evaluation

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

Reportable Demographics of Target Population

To effectively evaluate intervention outcomes, I&E Grantees shall clearly identify the specific demographics of their target population for each I&E Project Intervention. The required reportable demographics shall include at a minimum:

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

Behavioral Outcomes

Grantees will be required to monitor and evaluate the I&E Project Interventions (e.g., surveys completed by participants at program entry and exit). Outcomes shall include actual sexual and contraceptive behavior as well as risk and protective factors. At a minimum, Grantees shall include a behavioral outcome that is clearly linked to increasing family planning clinical services and outreach through Family PACT Clinical Service Linkages. Other potential behavioral outcome measurements, as identified in your Logic Model ([Attachment 4](#)), may include:

- Increase in Condom Use
- Increase in Consistency of Condom Use
- Increase in Contraceptive Use
- Reduction in the Number of Sexual Partners
- Age of Sexual Debut
- Success Regarding Linking Participants to Clinical Reproductive Health Services
- Reduction in Sexual Risk-Taking Behaviors (e.g., alcohol, drugs, peer pressure)
- A Delay of Initiation of Sexual Intercourse

* Programs directed at minors less than 12 years of age may be abstinence-only. However, for the purposes of I&E funding, the OFP **will not** support abstinence-only interventions. For additional information, please refer to the Sexual Health Education Accountability Act; Health & Safety Code Sections 151000-151003 ([Appendix 2](#)).

- Increase Emergency Contraceptive Use
- Reducing Childbirth
- Future Plans and/or Life Goals

Program Evaluation

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

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

I&E Projects will be required to submit two semi-annual progress reports and monthly performance reports to access process measures. Additionally, the OFP may request information on program taxonomy for additional evaluation activities. These reports will document the implementation of teen pregnancy intervention activities.

- 2. Short-Term Outcome Measures**—Short-term outcome measures are observable and measurable outcomes on the level of knowledge, attitude, skill, or aspiration change in program participants toward reaching your stated objective. These measures indicate whether or not the intervention objective's has made an impact on the intended target population. I&E Projects will be required to include, for each proposed intervention, short-term outcome measures to determine if there is an immediate impact on the targeted population.
- 3. Qualitative Outcomes**—Qualitative Outcomes involve the collection of non-quantitative data (i.e., observational information/results that can be counted) and the facilitation of inductive reasoning (i.e., outcomes based on specific observations that support broader generalizations and theories). Qualitative Outcomes are observational information that can be used to describe how your project functions and what it means to the people involved. Some examples of qualitative outcomes include open-ended survey responses, feedback forms, photographs (with captions), case studies, testimonial quotes, etc.

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

- 4. Statewide Evaluation**—I&E Projects will be required to participate in impact or outcome based evaluation protocols to determine the effectiveness of I&E Projects and interventions among projects.

- 5. Continuous Program Improvement (CPI) Evaluation**—CPI is an evaluation process that is implemented by the I&E Project with technical support provided by the OFP or its designee. I&E Projects will be required to participate, implement, monitor and evaluate their project, to improve their project interventions. This will involve a process outlined for each CPI tool to organize the information collected, report outcomes, measure and identify potential changes discovered through the CPI Summary, implement changes, as necessary, and to re-evaluate the impact of the change. Progress on the completion of CPI activities is provided to the OFP in required progress reports and the Final and Approved CPI Summary is a required component of the second yearly progress report.

The OFP will provide ongoing technical assistance and consultation on program evaluation to each I&E Grantee. The evaluation efforts of all the I&E Projects are legislatively mandated and are important to program effectiveness and the overall goals of the I&E Program. The OFP will provide further clarification of applicants' required evaluation activities after grants are awarded.

G. Project Plan

The Project Plan ([Attachment 7](#)) shall provide a thorough, clear overall picture that identifies the goals, target population, interventions, process measures, behavioral change measures, and timelines and tracking methods, based on data from the Needs Assessment findings and logic model. Applicants shall address the following criteria in their Project Plan for each Intervention.

- **Goal and Target Population**—The target population description should include where the proposed activities/services will be delivered (for example, after school at X, Y, & Z High Schools).
- **Intervention and Major Activities**—Identify activities to be conducted to implement the intervention. The activities shall include, at a minimum, the length, frequency, number of sessions, training, classes, educational materials, meetings, encounters.
- **Process Measures**—Identify the proposed process measures.
- **Short-Term Outcome Measures**—Identify the proposed short-term outcome measures.
- **Qualitative Outcomes**—Identify a minimum of (2) two qualitative outcomes per intervention that the applicant proposes to explore.
- **Timeline/Responsibility**—State the duration of services of the timeframe to achieve the intervention activities (for example, year, weeks, days, sessions, etc.). Identify who (applicant and/or subcontractor) will be responsible for key activities (for example: talking with school administrators, implementing services, data collection and analysis.)
- **Tracking Tools/Methods**—Identify the tracking tools and methods that will be used to document the evaluation activities.

[Appendix 12](#) is a completed Project Plan sample for I&E Project Interventions. Upon award notification, applicants will use their Project Plan to develop their Workplan.

H. Workplan

Workplans document the activities necessary to implement the interventions described in the Project Plan. During the grant cycle, the OFP requires that I&E Grantees also create Workplans for the following Program requirements: Family PACT Clinical Service Linkages, Regional Networks, and Administrative Activities. These activities do not require incorporation in the Project Plan to be submitted with the application.

Workplans are submitted after grants are awarded, and annually thereafter. If awarded a grant, your Program Consultant and Contract Manager will review and if necessary, negotiate Workplan activities and/or associated budget line items. Please see [Appendix 13](#) for a completed I&E Workplan sample for each I&E Project requirement.

I. TPP Regional Networks

Priority populations frequently require multi-faceted approaches to effectively reduce unintended pregnancies. Collaboration with agencies and organizations who are already working with individuals to whom you will be serving can enhance I&E Projects by providing a wealth of knowledge and a diversity of expertise. OPF has created a TPP Regional Network requirement to meet this need made up of representatives from CCG grants, Adolescent Family Life Programs, local agencies such as school district or local public health representatives, parents, teens and other organizations involved with youth. Regional Networks shall meet at least quarterly to discuss youth issues in the region, receive training, develop media campaigns, etc. TPP Regional Networks have become adept at refining programs to meet the needs of youth and sharing experiences to help other agencies enhance their services. I&E Grantees will be assigned to, and participate in, a TPP Regional Network. Applicants shall attest their willingness to participate in a TPP Regional Network using the Self-Certification for I&E Collaboration with TPP Regional Network Form ([Attachment 11](#)).

TPP Regional Networks will be configured into geographic areas across the state. The OPF will announce the TPP Regional Networks' configuration upon final grant award notification. Each Regional Network will have a CCG-funded Lead Agency to provide leadership and administrative support. Grantees participating in the TPP Regional Network shall:

- Send the Project Director or Project Coordinator to attend each Network meeting. Representation shall strive to be consistent.
- Actively participate in developing and maintaining the Network.
- Report activities pertaining to the Network twice per year in progress reports and in the Monthly Performance Report.
- Complete agreed upon tasks, assigned by the Network, in a timely manner.

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

- Supporting a region-wide activity during Teen Pregnancy Prevention Month.
- Developing educational, outreach and other materials.
- Guiding activities in such a way that people recognize the network as one organization.
- Making presentations to Boards of Supervisors or Legislators and/or other community leaders.
- Designing and/or participating in large scale public events.
- Mapping service locations to ensure that services are provided throughout the region.
- Creating a website for the networks' use in sharing information with the regional community.

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

- Discuss common issues that affect teen pregnancy rates and service delivery within the region.

- Centralize training for various topics, including cultural awareness, capacity building, emerging populations, science-based interventions, etc.
- Share information on accomplishments and best practices.
- Receive regular state updates from the OFP Program Consultants and Evaluation Liaisons.
- Problem-solve challenges and barriers in implementing interventions.
- Obtain support and motivation from fellow members.
- Increase the visibility of project successes and outcomes within the region.
- Coordinate community awareness and mobilization activities.

III. I&E ADMINISTRATIVE REQUIREMENTS

Applicants shall have both administrative and programmatic expertise to manage State grant funds, and the technical expertise to successfully implement the proposed I&E Project activities. Because some applicants may be unfamiliar with State administrative and grant procedures, requirements, and expectations, we have outlined typical administrative and program tasks to help applicants assess their ability to enter into a contract with the OFP. This is a sampling of tasks and requirements. The Grant Agreement will contain these and other requirements.

A. Reporting Requirements

1. Grantees are required to submit Progress Reports two times per year. This allows the OFP to assess the Grantee's progress toward meeting all requirements within the Workplan and Scope of Work ([Exhibit A](#)). Progress Reports shall be received on or before the due date determined by the OFP. Reports submitted after the due date will be considered late. The OFP will not consider submission extensions to submit Progress Reports. Instructions and forms are located on the TPP website at <http://www.cdph.ca.gov/programs/tpp/Pages/ProgramForms.aspx#prf>.
2. Grantees are required to submit Monthly Performance Reports (MPR). The purpose of these monthly reports are to assist Grantees in meeting contract requirements; increase TPP Program Consultant(s) opportunities to provide technical assistance; enhance TPP Program Staff's understanding of barriers and challenges to program implementation; collect data to support TPP program success; and identify best practices of high performing programs.

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

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

Grantees will be required to complete the MPR on a monthly basis and submit it electronically to their Program Consultant by the 10th day of each month for the preceding month. Reports submitted after the due date will be considered late. The OFP will not consider submission extensions to submit MPRs. Instructions and forms will be located on the TPP website at <http://www.cdph.ca.gov/programs/tpp/Pages/ProgramForms.aspx#prf>.

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

4. Report Calendar

Reports	Due Dates
Mid-Year Progress Report Period (July 1 - December 31)	February 1st
Year-End Progress Report Period (January 1 - June 30)	*August 1st
Monthly Performance Reports	10 th day of each month
Single Organization-wide Financial and Compliance Audit	15 th day of the fifth month following the completion of each fiscal year

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

5. Grantees are required to submit reports, as outlined in this RFA, and any other OFP-designed reports deemed necessary. Instructions on specific reporting requirements, and submission details and deadlines, will be provided to Grantees in a timely matter. Grantees will be required to respond to any specialized reports and/or revisions to report instructions, as designated by the OFP.
6. Failure to submit timely and accurate OFP-designated reports is cause for invoice payments to be reduced, delayed, or disallowed.
7. The OFP will provide additional directives on report submission requirements deadlines and reporting, upon commencement of the grant term, July 1, 2011.

B. Meetings, Trainings, and Site Visits

1. I&E Grantees are required to attend and participate in all meetings and trainings scheduled and sponsored by the OFP. These include the participation of OFP-designated Grantee staff, and when appropriate, subcontractors or community representatives. OFP sponsored state and regional training opportunities may include, but are not limited to, the following: an annual TPP meeting, orientation meeting(s), topic/issue specific training, and other OFP approved activities that support Project staff development and agency capacity.
2. I&E Grantees shall participate in regular program discussions, determined by the OFP and the Grantee’s designated OFP Program Consultant, via telephone and/or webinar. Topics for discussion may include, but are not limited to, program updates, needs, and strategies to improve and/or maintain effective program services, compliance issues, and/or corrective action plan.
3. The OFP will perform, at its discretion, formal and/or informal site visits. Grantees will receive advance notice not less than 48 hours prior to the site visit.
4. I&E Grantee representation, designated by either the Project Director or Project Coordinator, is required to attend and participate in all scheduled TPP Regional Network meetings. Each I&E Grantee will be required to report as to their level of participation on activities, coordination/sponsoring of meetings, events, deliverables, etc. in their quarterly progress report.

C. Staffing

1. Grantees shall hire program staff with the appropriate training, experience, and knowledge required to deliver the services as stated in the final Grant Agreement's Scope of Work ([Exhibit A](#)) and Workplan.
2. Grantees shall utilize the *Core Competencies for Adolescent Sexual and Reproductive Health* guide ([Appendix 14](#)), developed by the California Adolescent Sexual Health Workgroup (ASHWG), in the selection of appropriate staff.⁴² This guide outlines an essential set of knowledge and skills that all adolescent providers, regardless of discipline or specialty area, need to know about adolescent sexuality, pregnancy/contraception, HIV/AIDS, and STIs so that interactions with teens are effective and consistent, and appropriate referrals to resources and services can be made.
3. At a minimum, there shall be a designated Project Coordinator with overall responsibility for coordinating and documenting project activities and a Health Educator(s) to conduct and implement the intervention activities. Applicants shall submit a duty statement for all proposed staff positions on the budget. The duty statements shall include the minimum qualifications of knowledge, experience, and education for each position. See [Appendix 15](#) for Duty Statement Samples. Resumes will be requested for all staff positions during contract negotiations. The following provide a description of the types of responsibilities for staff working for a Grantee.
 - a. The **Project Director** has the responsibility for ensuring the success and viability of activities. The OFP mandates that the title Project Director is the designated title to perform the following duties such as: supervising the Project Coordinator, Health Educator, and other staff; approving Project Interventions and plans; budget development and fiscal management; staff hiring; and reviewing evaluation documents, progress reports, and program applications. In addition, Project Directors may conduct the Project Coordinator duties in the event there is a temporary absence of a Project Coordinator. If an applicant chooses to staff a Project Director, the OFP requires that the Project Director allocate no less than 5% Full-Time Equivalent (FTE) toward project activities.
 - b. The **Project Coordinator** is generally under the supervision of the Project Director or other manager. The OFP mandates that the title Project Coordinator is the designated title to perform duties such as: intervention programming; developing documents required by the grant; overseeing local and statewide Continuous Program Improvement (CPI) data collection and evaluation; supervising and training staff and volunteers; monitoring budget; overseeing project activities and budget of subcontractors; participating in regional collaborative efforts; attending TPP-sponsored grant meetings and trainings, and liaison with OFP staff.

The OFP mandates that the Project Coordinator shall maintain the essential core competencies to meet the knowledge and skill set for a Project Coordinator set forth by the California Adolescent Sexual Health Work Group (ASHWG) in [Appendix 14](#). The OFP requires that the Project Coordinator allocate no less than 25% FTE toward project activities.

- c. The **Health Educator(s)** are generally under the supervision of the Project Coordinator or Project Director. The core responsibility includes conducting, implementing, and monitoring the Intervention activities (i.e., curriculum instruction, educational/informational presentations,

⁴² **Core Competencies for Adolescent Sexual and Reproductive Health.** Subcommittee of the Adolescent Sexual Health Workgroup (ASHWG) Excerpted from www.californiateenhealth.org/download/ASHWGcorecompetencies2008.pdf.

trainings, etc.). Responsibilities of the Health Educator(s) may also include assisting with CPI and local evaluation activities, referring targeted youth to Family PACT reproductive services, collection of data for biannual progress report, and participating in trainings to enhance skills/knowledge on the issue of teen pregnancy prevention.

Other staff positions that commonly perform these functions may include Community Health Workers, Promotoras, or Training Facilitators. However, the OFP mandates that the title Health Educator(s) is the designated title to perform the above listed duties. The Health Educator(s) shall maintain the essential core competencies to meet the knowledge and skill set for a Health Educator set forth by the California Adolescent Sexual Health Work Group (ASHWG) in [Appendix 14](#). The duty statement and the staff capability narrative shall reflect how the applicant proposes to satisfy the necessary core competencies for the Health Educator(s) duties.

The OFP requires that the Health Educator(s) duties allocate no less than a cumulative 50% FTE for one or more positions toward project activities. For example, a Grantee may have (3) three Health Educators whose FTE total 50% for all three positions.

5. I&E Grantees shall hire fiscal/administrative staff with the appropriate training and expertise to maintain the fiscal integrity of the grant funds. Staff shall be knowledgeable of, and practice, standard accounting and payroll practices (including state and federal tax withholding requirements), maintenance of fiscal/administrative records/documents, appropriate tracking and review/approval of expenditures, and other administrative policies and procedures which will maintain the fiscal integrity of the funds awarded to the contractor.
6. I&E Grantees shall have sufficient personnel to submit timely, accurate, and complete reports, required by OFP, in the format and timeframe provided by the OFP.

F. Title XIX Federal Financial Participation

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

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

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

To obtain FFP reimbursement, I&E Grantees must:

- Meet the two FFP objectives noted above (only FFP-allowable activities will be reimbursed);
- Document all activities performed by Grantee's staff via quarterly Time Studies;
- Provide certified, non-federal funds (State General Funds and/or local county/city government funds) to qualify for Title XIX reimbursement, and

- Have a target or target a population of adolescents that is Medi-Cal eligible (per Title XIX criteria) and/or are Medi-Cal beneficiaries.

Times Studies are the official OFP method used to document staff time spent on all activities to determine the percent of time that is FFP reimbursable. Funded applicants must use the OFP Time Study documents provided. The OFP has developed a FFP User Guide ([Appendix 16](#)) to assist funded applicants understand the FFP requirements. This guide will assist funded agencies in complying with federal funding rules and receive the maximum allowable federal and state funding.

D. Standard Payroll Practices

I&E Grantees shall maintain adequate employee time recording documents (i.e., timesheet, time cards, personnel activity reports and payroll schedule) based on Generally Accepted Accounting Principles (GAAP) or practices and OMB Circular No. A-122.⁴³ Grantees must maintain documentation which provides linking documents that aggregate and summarize, by each employee, the hours worked by activity on the grant, and that such documentation will be maintained on a daily, weekly, and monthly basis, so that it clearly supports actual personnel service costs billed to the Grant Agreements.

E. Fiscal Documents

I&E Grantees shall prepare required financial information and fiscal documents in accordance with GAAP.⁴⁴ GAAP are guidelines that include standards, conventions, and rules accountants commonly follow in recording and summarizing business transactions, and in the preparation and presentation of financial statements.

G. Payment Provisions

Payments can be requested if the following criteria are met:

- The Grant Agreement has been approved and fully executed.
- The Budget Act for the fiscal year has been signed and includes an appropriation for the I&E Program.

1. Invoicing Requirements

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

2. Initial Allotment and Quarterly Invoices

There are two types of reimbursements that can be requested by the I&E Grantee. These reimbursements are the Initial Allotment and Quarterly Invoices.

⁴³ OMB Circular No. A-122. **Cost Principles for Non-Profit Organizations.** The White House Office of Management and Budget (OMB). Excerpted from: http://www.whitehouse.gov/omb/circulars_a122_2004/.

⁴⁴ **Generally Accepted Accounting Principles.** American Institute of Certified Public Accountants (AICPA) Council, Federal Accounting Standards Advisory Board (FASAB). Excerpted from: <http://www.fasab.gov/accepted.html>.

Initial Allotment

An Initial Allotment of up to twenty-five (25) percent of the yearly grant amount can be requested at the beginning of each fiscal year. The Initial Allotment shall only be initiated after submission of all contractually required documents and upon receipt of the invoice for the Initial Allotment Request after the I&E Grant Agreement is fully executed. The request must be submitted in a format determined by the OFP and is subject to the following conditions:

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

Quarterly Invoices

Invoices for actual expenditures will be submitted each quarter of the fiscal year following activities performed for each quarter.

Expenditure Documentation Review

Grantees will be required to submit documentation to the OFP to substantiate each invoice with the exception of the Initial Allotment Request.

Documentation shall include but is not limited to:

- Salary schedule
- Fringe benefit costs
- Time studies and supporting documentation
- General expenses and receipts, printing, duplicating, communication costs, program and office supplies, etc.)
- Office space rental invoice/rent documents)
- Employee travel logs (logs, gas and hotel receipts, per diem reimbursements, airfare, etc.)
- Employee training (receipts for registration fees, training materials, etc.)
- Equipment (purchase/maintenance receipts)
- Subcontractor invoices (invoices and receipts for billing)
- Food (sign-in log for supporting participant activity and food receipts)
- Incentive and education materials/Outreach (receipts)
- Program event (agenda, announcement, receipts, miscellaneous supplies, etc.)
- Stipends (cancelled checks)
- Transportation for participants (receipts for bus passes, rental bus, taxi, etc.)

- Indirect costs (Executive Director expenses, Fiscal Staff expenses, janitorial expenses, liability insurance, etc.)

3. Payment Periods

The periods covered by the Initial Allotment and the Quarterly Invoices are identified in the table below.

Payment Schedule		
Payment Type	Period	Due Date
Annual Initial Allotment Payment Request	July 1 – June 30, 20XX	August 1, 20XX
First Quarterly Invoice	July 1 – September 30, 20XX	November 1, 20XX
Second Quarterly Invoice	October 1 – December 31, 20XX	February 1, 20XX
Third Quarterly Invoice	January 1 – March 31, 20XX	May 1, 20XX
Fourth Quarterly Invoice	April 1 – June 30, 20XX	September 30, 20XX

4. Repayment of Initial Allotment

Initial Allotments will be deducted from the 1st, 2nd, and 3rd quarterly invoice payments for each fiscal year of the grant as described in the table below.

Withhold Schedule		
Quarterly Invoices	Period	% of Initial Payment Deducted from Invoice
First Quarter	July 1 – September 30, 20XX	1/3
Second Quarter	October 1 – December 31, 20XX	1/3
Third Quarter	January 1 – March 31, 20XX	1/3
Fourth Quarter	April 1 – June 30, 20XX	0 or any remaining percentage of Initial Allotment Balance

Grantees will submit invoices for actual expenditures each quarter. The Initial Allotment repayment will be deducted from the quarterly invoice submitted to the OFP. I&E Grantees will receive the balance of the invoice as payment for that quarter (Total of quarterly invoice - % of Initial Payment the OFP deducted from the invoice = amount Grantee receives for quarterly invoice).

H. Interpretation of Contract/Captions/Word Usage

Unless the context of this contract clearly requires otherwise, words used in the singular include the plural and the plural includes the singular number; the masculine, feminine and other neuter genders shall each be deemed to include the others; "shall", "will", or "agrees" are mandatory, and "may" is permissive; "or" is not exclusive; and "includes" and "including" are not limiting.

I. Contractual Terms and Conditions

The funded applicants shall enter into a contractual agreement (Grant Agreement) that will contain portions of the Applicant's application (i.e., Budget, Project Plan, and WorkPlan) standard contractual provisions, and the exhibits identified below. Other exhibits, not identified herein, may also appear in the resulting Grant Agreement.

The exhibits identified in this section contain contractual terms that require strict adherence to various laws and contracting policies. An applicant's unwillingness or inability to agree to the proposed terms and conditions shown below or contained in any exhibit identified in this RFA may cause the OFP to deem an applicant non-responsive and ineligible for an award. Note, California State Universities and/or colleges will be offered alternate agreement terms that represent CDPH's traditional contractual language, which differs slightly from the agreement terms contained or referenced herein. CDPH reserves the right to substitute the latest version of any form or exhibit listed below in the final I&E Grant Agreement if a newer version is available.

The exhibits identified below illustrate many of the terms and conditions that may appear in the final I&E Grant Agreement between CDPH and the funded applicant. Other terms and conditions, not specified in the exhibits identified below, may also appear in a final Grant Agreement. Some terms and conditions are conditional and may only appear in the Grant Agreement if certain conditions exist (i.e., agreement total exceeds a certain amount, federal funding is present, etc.).

In general, CDPH will not accept alterations to the General Terms and Conditions, Special Terms and Conditions, the contents of other cited exhibits, or alternate language proposed or submitted by a prospective Contractor. As indicated above, the OFP will substitute CDPH's standard California State University or University of California agreement model in place of the terms and exhibits identified below.

The Exhibits List is as follows:

- [Exhibit A1](#) Standard Agreement (CDPH 1229)
- [Exhibit A](#) Scope of Work (FY 2011-2016)
- [Exhibit B](#) Budget Detail and Payment Provisions
- [Exhibit C](#) General Terms and Conditions (GT307)
 - View or download this exhibit at the Internet site <http://www.ols.dgs.ca.gov/Standard+Language/default.htm> .
 - An alternate version of this exhibit (i.e., GIA 101) will be cited in agreements entered into with University of California campuses or California State University campuses.
- [Exhibit D\(F\)](#) Special Terms and Conditions
- [Exhibit E](#) Additional Provisions
- [Exhibit F](#) Contractor's Release
 - This exhibit is not applicable to agreements entered into with University of California campuses or California State University campuses.

- [Exhibit G](#) Travel Reimbursement Information This exhibit may not be applicable to Agreements entered into with University of California campuses or California State University campuses.
- [Exhibit H](#) Contract Equipment Purchased with CDPH Funds (CDPH 1203)
- [Exhibit I](#) Inventory/Disposition of CDPH-Funded Equipment (CDPH 1204)
- [Exhibit J](#) HIPAA (Health Insurance Portability and Accountability Act) Business Associate Addendum or UC HIPAA Business Associate Addendum

Prior to and during contract negotiations, awarded applicants may be required to submit additional information to meet the OFP requirements and expectations to meet the “fully adequate” criteria in the Application Technical Review Tool and any other mandated requirement set herein this RFA. If awarded, Grantees will be required to submit the following contract documentation, with an authorized signature, prior to contract negotiations including, but not limited to:

- Agency Information Form ([Appendix 17](#))
- I&E Workplan
- Revised Budget and Budget Justification Templates, if necessary ([Attachment 13](#) and [Attachment 14](#))
- I&E Project Interventions’ Curriculums and/or Lesson Plans

If awarded, I&E Grantees will be required to submit the following contract documentation, with an authorized signature, prior to contract execution including, but not limited to:

- Certification of Compliance with the Sexual Health Education Accountability Act ([Appendix 4](#))
- CCC 307 – Certification ([Appendix 18](#))
- Darfur Contracting Act ([Appendix 19](#))
- Payee Data Record ([Appendix 20](#))

J. Contract Compliance

1. I&E Grantees agree projects will be guided by continuous input from the target population(s) served.
2. I&E Grantees project staff shall value the cultural and linguistic characteristic of the target population(s) served.
3. I&E Grantees agree to conduct project activities and provide educational materials (e.g., print, audio-visual, electronic) that shall be appropriate in terms of culture, language, literacy level, age, and gender for the intended target population.
4. I&E Grantees agree to provide services in a manner that respects the beliefs, privacy, and dignity of the individual. Individuals have the right to accept or reject services and their participation must be voluntary. I&E Grantees agree to keep signed consents on file, as appropriate, to document agreed upon participation in grant-related activities/ interventions.
5. I&E Grantees shall maintain accurate program implementation records which document the number of people served, materials developed, activities conducted, etc., including the utilization

of State-issued reporting forms to document program implementation when appropriate. These records may include, but are not limited to, logs, sign-in sheets, meeting minutes, survey and evaluation data, community match records and/or receipts, etc. It is recommended that I&E Grantees set up documentation files by intervention and other major activities and/or requirements. Planning documents, meeting minutes, sign-in sheets, etc., are retained as activities are completed. These records shall be kept and made available for three (3) years from the date of the final grant award payment.

6. The OFP requires the use of the internet, electronic mail, internet-based surveys, scanning equipment, Adobe, Word, Excel and PowerPoint programs, teleconferences, and web-based conferences. Educational resources may be internet-based. Interventions may include the use of Social Networking sites, CD or DVD presentations, or other technology. Additional technology may be required throughout the grant period. For a complete list of software/hardware requirements, please see [Appendix 21](#).
7. All materials developed for use for activities related to community awareness and mobilization (e.g., brochures, radio or television public service announcements, newspaper articles, etc.) shall be reviewed and approved by the OFP prior to their use and distribution.
8. I&E Grantees are not required to hire an outside evaluator to perform and meet evaluation requirements as outlined in this RFA.
9. After the Grant Agreement is executed, I&E Grantees shall comply with all policies, procedures, and program letters related to administrative and programmatic compliance and I&E Grantee performance, as outlined by the OFP.
10. I&E Grantees must be in compliance with the Grant Agreement and in Good Standing with OFP prior to OFP approval of requests for Initial Allotments.
11. I&E Grantees are responsible for meeting all activities and deliverables, as stated in the final Grant Agreement's Scope of Work ([Exhibit A](#)) and Workplan. See sample I&E Workplan ([Appendix 13](#)).
12. I&E Grantees shall obtain prior approval by the OFP to participate in data collection or research studies using OFP information for purposes other than those of fulfilling the requirements of this grant.
13. I&E Grantee shall be prepared to begin the proposed project on July 1, 2011. If the Budget Act for fiscal year (FY) 2011-2012 is delayed, I&E Grantees will begin their projects as soon as the Budget Act is signed. The OFP and I&E Grantees shall finalize negotiations and the Workplan and Budget prior to contract execution.
14. I&E Grantees shall expend funds in accordance with the executed Grant Agreement line item budget. If any changes to the executed Grant Agreement Budget are needed during the grant term, a budget revision (shift of funds less than \$25,000) or Grant Agreement (shift of funds more than \$25,000 or (10) ten percent of your annual budget) is needed, then the Grantee shall request and receive approval for any revisions or Grant Agreement prior to incurring expenses associated with the request. The OFP will determine whether or not to approve the requested budget revision or Grant Agreement.
15. I&E Grantees shall be able to cover at least 45 to 60 days worth of payroll, indirect expenses and operating expenses, as well as expenses incurred by a subcontractor or consultant prior to

reimbursement by the State. I&E Grantees will incur expenses, submit quarterly invoices, and then be reimbursed within 45 to 60 days after the OFP receives the invoice(s). The State has up to 45 days to pay invoices. I&E Grantees are to submit invoices to the OFP in a timely manner to ensure cash flow maintenance.

16. I&E Grantees shall maintain standard payroll practices including state and federal tax withholding requirements. I&E Grantees must have appropriate procedures designating who in the agency may sign payroll time cards, requisitions, and invoices.
17. I&E Grantees shall maintain accounting records that reflect actual expenditures including, but not limited to, accounting books, ledgers, documents, payroll records, including signed timesheets. Standard accounting practices that properly reflect all direct and indirect expenses related to the grant shall be followed. These records shall be kept and made available to the State for three (3) years after the date of the final grant award payment.
18. The 15th day of the fifth month following the completion of each fiscal year, I&E Grantees shall obtain a single organization-wide financial and compliance audit. The audit shall be conducted according to Generally Accepted Auditing Standards. The cost of the audit may be included in the budget for this Grant Agreement up to \$3,000 each fiscal year.
19. I&E Grantees and all subcontractors shall be aware that the State shall be the owner of all rights, title, and interest in, but not limited to, the copyright to any and all Works created, produced, or developed under a grant funded by this RFA, whether published or unpublished. [Exhibit D\(F\)](#) Grant Language -- Special Terms and Conditions, contains the specific language that will be incorporated into this Grant Agreement. The I&E Grantee and subcontractors shall comply with the Intellectual Property Rights language. Review [Exhibit D\(F\)](#) carefully. Changes to this language will not be negotiated.
20. As a condition of funding, I&E Grantees automatically grant the State a royalty free, unrestricted, and irrevocable license throughout the world to reproduce, prepare derivative works, distribute, use, duplicate or dispose of all products. This includes material and data that are collected, created and fixed in any medium of expression, produced, developed or delivered and paid for under the Grant Agreement for governmental purposes, and to have or permit others to do so. I&E Grantees shall require all agreements or subcontracts with other parties who will perform all or part of the Workplan under the Grant Agreement, include clauses granting the State an unrestricted license identical to that set forth under the Grant Agreement. The provisions set forth herein shall survive the termination or expiration of this agreement or any project schedule.
21. Grantees shall adhere to State non-represented travel, per diem and mileage rates see [Exhibit G](#) Travel Reimbursement Information.⁴⁵ Additionally, out-of-state travel is not reimbursable without prior written approval.
22. I&E Grantees shall comply with the HIPAA Business Associate Addendum or the University of California (UC) HIPAA Business Associate Addendum ([Exhibit J](#)).
23. The OFP may withhold payment of invoices for lack of documented and/or timely progress, as well as any non-compliance with grant requirements.

⁴⁵ State of California Department of Personnel Administration. **Travel Reimbursements**. Excerpted from <http://www.dpa.ca.gov/personnel-policies/travel/hr-staff.htm>

24. I&E Grantees and all subcontractors shall be aware that it is unlawful for any person engaged in business with the State to sell or use any article or product as a “loss leader” as defined in Section 17030 of the Business and Professions Code. A “loss leader” is any article or product sold at less than cost (a) where the purpose is to induct, promote or encourage the purchase of other merchandise; or (b) where the effect is a tendency or capacity to mislead or deceive purchasers or prospective purchasers; or (c) where the effect is to divert trade from or otherwise injure competitors.
25. I&E Grantees’ staff whose positions are funded with Title XIX funds (including subcontractors) are required to complete a one-week time study each quarter of the fiscal year.

K. Subcontractor Agreements

1. Prior written authorization will be required before the Contractor enters into or is reimbursed for any subcontract for services costing \$5,000 or more. Except as indicated in Paragraph 5.a(3) of [Exhibit D\(F\)](#) Grant Language - Special Terms and Conditions, when securing subcontracts for services exceeding \$5,000, the Contractor shall obtain at least three bids or justify a sole source award. For additional information regarding subcontractors see [Exhibit D\(F\)](#).
2. I&E Grantees are responsible for subcontractor monitoring, including visits to all subcontractors at least annually, or more frequently if designated by the OFP. I&E Grantees shall establish an effective communication system with each subcontractor to receive all necessary information that the Grantee requires in completing and submitting reports to the OFP.

L. Disallowed Activities

Use of the OFP funds for any of the following activities is grounds for I&E Grant/Contract termination:

1. Case Management

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

2. Clinical Services

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

3. Curriculum Development

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

4. Existing Programs

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

5. Fund Raising

Grant funds shall not be used for fund raising activities.

6. Grant Writing

Costs associated with responding to this or any other RFA are not reimbursable with grant funds.

7. Health Insurance

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

8. Mental Health Counseling

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

9. Religious Doctrine/Beliefs

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

10. Lobbying

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

11. Abstinence

As described in Section I.3.c. of this RFA, the OFP will not support abstinence-only, abstinence-only-until-marriage, and fear-based interventions, activities, and/or curriculum implementation.

IV. GENERAL APPLICATION INFORMATION

A. Funding Level and Contract Period

The OFP announces the availability of approximately \$2 million per year in grant funds for the I&E Project, as authorized by legislation through the California Welfare and Institutions Code Sections 14504.1 ([Appendix 1](#)). This legislation may also be found at <http://www.leginfo.ca.gov/calaw.html>. The funding amount for the I&E Program will be final only after the Budget Act for each fiscal year is signed. All state appropriations are subject to modification or elimination. If the appropriation amount is modified in any fiscal year, the grant awards will be reduced or eliminated to reflect subsequent changes.

Funding for the I&E Program covered by this RFA will be made available for a maximum of five fiscal years (FYs) for the period beginning July 1, 2011 and ending June 30, 2016:

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

I&E Grant Awards may be funded at a minimum of \$50,000 and a maximum of \$100,000. Priority for funding under this program shall be given to currently funded I&E Projects in good standing that have increased youth knowledge and ability to deal responsibly with their own sexuality and the social pressures affecting them and that have enhanced the ability of parents and other parenting adults to fulfill their roles as the primary sex educators of their children.

Funding preference and funding level will be determined by identifying those applicants serving clients in a MSSA with high teen birth rates. In the event that there are more applicants who qualify for funding after Stage 2 than there is available funding, funding awards will be reduced by the same percentage for all awardees in order to reconcile total funds awarded to total funds available for award.

Applicants are required to implement a minimum of (3) three I&E Project Interventions and a maximum of (5) five I&E Project Interventions based on the applicants' teen birth rate, funding preference, and funding level.

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

*Funding Level depends upon available funding

**The California State Rate for 2004-2005 is 38.4 per 1,000 females

Additionally, applicants are required to meet the minimum number of youth/adolescents to be served annually by geographic setting based on the applicant's proposed I&E Project Interventions in [Appendix 10](#). While these requirements detail the required annual minimum number of youth to be served, applicants are encouraged to target as many youth as feasible within their community beyond the minimum that are required to be served with their proposed grant award.

B. Title XIX Federal Financial Participation Reimbursement

A portion of I&E Program funding comes from the Federal Title XIX Medi-Cal reimbursement program, referred to as Federal Financial Participation (FFP). Title XIX reimburses CDPH for the costs of providing specific activities that assist individuals potentially eligible for Medi-Cal and/or Family PACT to enroll in Medi-Cal or Family PACT program, and that assist individuals enrolled in Medi-Cal or Family PACT to access Medi-Cal or Family PACT providers and clinical services.

I&E Grantee staff whose positions are funded with Title XIX funds (including subcontractors) are required to complete a one-week Time Study each quarter of the fiscal year. Time Studies determine the percentage of work activities that qualify for Federal Title XIX reimbursement.

I&E Project Interventions and activities are structured to help I&E Grantees enhance FFP reimbursement. Interventions such as Targeted Prevention, Information Presentations, Peer Provided Services and Community Awareness and Mobilization have the potential for significant reimbursement. Some administrative functions, such as training staff to meet FFP objectives; staff oversight and monitoring compliance with FFP objectives, and general administrative costs and expenditures may be eligible for FFP reimbursement.

For additional information about the FFP time study process, requirements, and eligible activities, please see the FFP Users Guide located on the OFP/TPP website at:

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

C. Eligibility

Eligible applicants include:

- County and/or city governments.
- Local health jurisdictions.
- Public entities (i.e. schools, school districts, and County Offices of Education).
- Private non-profit corporations organized for non-sectarian purposes.

Applicants who represent a school district may submit proof of tax-free transactions by the Internal Revenue Service. Applicants claiming private non-profit status shall submit as part of their application either: (a) a copy of your certification of non-profit status from the State of California, Office of the Secretary of State or (b) a letter from the federal Department of the Treasury, Internal Revenue Service, classifying the applicant agency as a private non-profit corporation). See [Appendix 22](#) for Private Non-Corporation IRS Sample Letter. Organizations that have applied for non-profit status but are not yet certified may submit an application. However, CDPH cannot enter into a Grant Agreement with an agency before non-profit status is obtained and verified.

The California Constitution, Article XVI, Section 5, prohibits the State from granting or otherwise using state funds to aid any religious sect, church, or sectarian purpose. Nevertheless, all non-profit corporations, including those associated with religious organizations but organized for solely

non-sectarian purposes, may apply. The State will terminate funding if it finds that program activities, educational materials (e.g., curriculums, handouts, and audio-visuals) or any other aspects of a program involve or include sectarian beliefs or religious doctrine.

The following entities and organizations may not apply for funding:

- Organizations that have been deemed ineligible for California contracts or grants by the Department of Fair Employment and Housing due to a failure to comply with California's nondiscrimination laws and reporting requirements.
- Organizations that have been debarred or decertified from contracting by the federal government.
- Organizations not in compliance with Government Code Section 8355.
- Organizations that support or promote sectarian beliefs related to the doctrine of any religious group.
- Agencies and organizations based outside of California.

D. Conditions for Multiple Application Submission by an Agency

1. Currently funded OFP I&E Grantees in good standing and new applicants may submit multiple applications as long as the applicant is able to demonstrate all of the following:
 - No duplication in services or target populations.
 - Grantee does not serve the same population in the same geographic region.
 - Grant applications shall serve distinctly different areas of a county or region. For example, an applicant may submit one application to serve populations in an East Los Angeles area and a second application to serve populations in the Lancaster/Palmdale area.
2. Applicants may apply as a Grantee and also as a subcontractor on one or more applications.

E. Internet Access to RFA Documents

This is a **NEW** I&E RFA. This **NEW** I&E RFA is different than previously issued I&E RFAs as it contains changes in content, instructions, timelines, requirements, etc. Applicants must carefully read this entire **NEW** I&E RFA, including all content, instructions, timelines, requirements, etc. Applicants should not rely on a previous RFA, its content, instructions, timelines, requirements, etc., in applying for this **NEW** I&E RFA. Applicants should not use or submit materials developed in response to prior RFAs to respond to this **NEW** I&E RFA. Previously submitted materials may not be responsive to this **NEW** I&E RFA.

It is the applicant's responsibility to visit the OFP website on a regular basis for current postings. All documents related to this RFA can be downloaded from the OFP website <http://www.cdph.ca.gov/programs/tpp/Pages/IERFA.aspx>.

This includes, but is not limited to:

- RFA document
- Attachments
- Appendices, including data resource suggestions
- Exhibits, including sample contract forms

- FAQ Document
- Addenda, if necessary
- Grant Award Announcement
- Important notifications concerning the RFA and process

Please send an email to ofp.mailbox@cdph.ca.gov to report any problems with the OFP website or documents published there.

F. Applicant Questions

Upon release of the RFA, the OFP will accept questions related to the RFA. Questions shall be submitted using the Question Form (**Attachment 8**) to the OFP by e-mail to the OFP Mailbox (ofp.mailbox@cdph.ca.gov) or by FAX at (916) 650-0455, by date and time listed in the RFA Timeline. The subject line of the e-mail or FAX must state “**I&E RFA Question.**” All questions shall include the name of both the individual and the official agency name submitting the question, as well as the content topic and page number reference of the question.

Applicant questions will be published on the OFP website as outlined in the RFA Timeline. The OFP will answer each question as it understands it. No attempt will be made to clarify questions. The OFP reserves the right to answer only questions considered relevant to this RFA. A frequently asked question and answer (FAQ) document will be published on the website at <http://www.cdph.ca.gov/programs/tpp/Pages/IERFA.aspx>.

The RFA document is considered binding and legal. Therefore, all information provided within the RFA document takes legal precedence over questions responded to and/or clarified during the Q&A Teleconference.

If necessary, the OFP will provide addenda to this RFA to resolve errors or needed clarifications. RFA addenda will be posted on the OFP website. It is the applicant's responsibility to visit the OFP website on a regular basis to view this information.

G. Non-Mandatory Bidders' Teleconference/Webinar

The OFP shall provide outreach and training to potential applicants to increase the number of agencies and groups that may be able to successfully compete for grants. This requirement will be met via a one day non-mandatory bidders' webinar discussing the I&E RFA process, programmatic and administrative requirements, and strategies for preparing grant applications. Applicants should thoroughly review and be familiar with this RFA prior to the webinar. While this Teleconference/webinar is not a mandatory activity for potential applicants, the OFP strongly encourages potential applicants to participate to learn about the RFA requirements, processes and strategies for completing a grant application. Teleconference/webinar attendees will have the opportunity to ask questions via the webinar and the OFP Mailbox. The OFP will respond to questions in the time allowed and as appropriate. Some questions may not be answered during the teleconference/webinar but will be published on the OFP website. Details regarding this webinar and the Non-Mandatory Registration Form (**Attachment 9**) will be posted on the OFP website: <http://www.cdph.ca.gov/programs/tpp/Pages/IERFA.aspx> .

H. Application Submission Process

1. Non-Mandatory Letter of Intent Form

The Non-Mandatory Letter of Intent Form ([Attachment 10](#)) is not required to submit an application; however, the OFP encourages applicants to submit this document to manage the number of prospective applications by the due date and time listed in the RFA Timeline. Applicants can either email or fax the Non-Mandatory Letter of Intent to the OFP. The fax number is (916) 650-0455. The email address is ofp.mailbox@cdph.ca.gov.

2. Application

Application elements shall be assembled in the order listed below. Applications that are missing attachments or sections or have attachments or sections out of order will be considered incomplete and may be rejected from consideration. For your reference, the OFP developed a Glossary/Definition ([Appendix 23](#)) for frequently used terms applicable to the OFP and used throughout the RFA.

a. Format

Applications for funding shall be completed according to the instructions provided in this part of the RFA. Substantive review of the application will be based only upon the information contained in the application.

1. All required forms are located on the website under the heading "Attachments" and shall be submitted as part of the application. Download all forms from the OFP website: <http://www.cdph.ca.gov/programs/tpp/Pages/IERFA.aspx>. Make certain that the person signing the forms is authorized to legally bind the agency.
2. The OFP may reject an application that contains unsigned forms or omits any required attachments.
3. Sections requiring a narrative response shall be completed according to the instructions in that section. Each section shall be clearly identified and titled. Failure to follow these instructions may result in rejection of the application.
4. Read all instructions carefully. Include all required information in the RFA, including the required attachments. Do not assume that the reviewers have prior knowledge of the applicant agency or any of the collaborating agencies identified by the applicant agency.
5. This is a **NEW** I&E RFA. This **NEW** I&E RFA is different than previously issued I&E RFAs as it contains changes in content, instructions, timelines, requirements, etc. Applicants must carefully read this entire **NEW** I&E RFA, including all content, instructions, timelines, requirements, etc. Applicants should not rely on a previous RFA, its content, instructions, timelines, requirements, etc., in applying for this **NEW** I&E RFA. Applicants should not use or submit materials developed in response to prior RFAs to respond to this **NEW** I&E RFA. Previously submitted materials may not be responsive to this **NEW** I&E RFA.
6. Pages shall be single-sided on white paper.
7. The application shall be single-spaced with one-inch margins on all sides of the paper. The font size shall be no less than 11 points for the narrative sections.

- 8. Number each page of the application at the bottom right side of the page.
- 9. Staple or clip all pages of the application together in the upper left-hand corner. Do not use a three-ringed binder or other type of binding.
- 10. Do not submit extraneous materials. Materials not requested will be ignored and/or discarded.

b. Signature

All Program Application Submission Requirements and Administrative Application Submission Requirements that require a signature shall be signed in blue ink. The person who is authorized to represent the signing Agency shall sign. Signature stamps are not acceptable.

Place the originally-signed documents in the application set marked "ORIGINAL." The RFA attachments and other documentation placed in the extra application sets may reflect photocopied signatures.

c. Assembly and Package

One I&E Grant application (marked "Original" on top) and four duplicate copies are required to be submitted.

Mail application copies in a single envelope or package, if possible. If you submit more than one envelope or package, carefully label each one as instructed below and mark on the outside of each envelope "1 of __, 2 of __, etc."

d. Mail or Hand Delivery

Applicants may submit their application to OFP via hand delivery, U.S. Mail, or Express Mail Carriers. U.S. Mail and Express Mail must be postmarked by the certifying carrier company by the date and time listed in the RFA Timeline. Label and submit your application using one of the following methods.

U.S. Mail	Hand Delivery or Overnight Express
<p>ATTN: I&E RFA 11-10018 Office of Family Planning 1615 Capitol Avenue, Suite 73.430 P.O. Box 997420, MS 8400 Sacramento, CA 95899-7420</p>	<p>ATTN: I&E RFA 11-10018 Office of Family Planning 1615 Capitol Avenue MS 8400, Suite 73.430 Sacramento, CA 95814-5015 (Driving Directions & Map)</p>

NOTE: If you mail your application, the OFP strongly encourages applicants to consider using certified or registered mail and request a return receipt upon delivery.

If you choose hand delivery, applications must be received by 6:00 pm, as the building is locked promptly at 6:00 pm. Applicants should also allow sufficient time to locate metered parking and to check-in at the security desk. When you arrive at the building, instruct the

security personnel to contact the OFP at (916) 650-0414. An assigned OFP staff will meet you in the lobby to receive the application.

Additionally, for hand delivered applications delivered by the RFA due date and time, applicants should be aware that the building is locked promptly at 6:00 p.m. daily. CDPH security personnel will not allow potential applicants to enter the building after this time. Applicants should not contact the OFP to request special permission to submit an application after the RFA due date and time nor leave applications at the front desk. The OFP will not accept hand delivered applications submitted after the RFA due date and time.

e. Application Due Date

Application packages must be **received or postmarked** by the date and time listed in the RFA Timeline. Hand delivered applications to OFP must be received by 6:00 pm on the RFA due date. U.S. Mail and Express Mail must be postmarked by the certifying carrier company by the date and time listed in the RFA Timeline.

Applications emailed or faxed **WILL NOT BE ACCEPTED**. Applicants should use hand delivery, express, certified, or registered mail. Applications received after the date and time listed in the RFA Timeline **WILL NOT BE CONSIDERED**.

f. Proof of Timely Receipt

The OFP staff will log and attach a date/time stamped slip or receipt to each hand delivered application package/envelope received or postmarked. If an application envelope or package is hand delivered, the OFP staff will give a receipt to the hand carrier upon request.

For an application to be on time, OFP staff must physically receive each application at the stated delivery address no later than 6:00 pm on the application submission due date or postmarked by application submission due date.

g. Application Costs

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

h. Confidentiality

All materials submitted in response to this RFA will become the property of CDPH and, as such, are subject to the Public Records Act (Government Code Section 6250, et seq.). CDPH will disregard any language purporting to render all or portions of any application confidential.

The contents of all applications, draft RFAs, correspondence, agenda, memoranda, working papers, or any other medium that discloses any aspect of an applicant's application shall be held in the strictest confidence until the grant awards are made. CDPH/OFP shall hold the content of all working papers and discussions relating to an application confidential indefinitely, unless the public's interest is best served by disclosure because of its pertinence to a decision, agreement, or the evaluation of an application. An applicant's disclosure of this subject is a basis for rejecting an application and ruling the applicant ineligible to participate further in the application process.

I. Application Selection Process

A multiple stage evaluation process will be used to review and score applications. The OFP may reject an applicant's application found to be non-responsive at any stage of the evaluation and selection process. Applications that are received by the OFP after the date and time listed in the RFA Timeline will not be reviewed for funding.

1. Application Checklist Review (Stage 1)

All the attachments and sections listed on the Application Checklist ([Attachment 1](#)) shall be included in the application package in the order they appear on the Application Checklist. Check off each item to indicate its inclusion. If multiple copies of an attachment are necessary, enter the number of copies submitted in the field provided.

- a. After the application submission deadline, OFP staff will review each application for timeliness, completeness and initial responsiveness to the RFA requirements. This is a pass/fail evaluation.
 - b. In this review stage, the OFP will compare the content of each application to the Application Checklist to determine if the applicant's submissions are complete.
 - c. If an applicant's claim on the Application Checklist cannot be proven or substantiated, the application may be deemed non-responsive and rejected from further consideration.
- a. Applications failing Stage 1 will be notified after this review process.

2. Application Technical Review (Stage 2)

- a. Each application that complies with the mandatory requirements will be evaluated and scored by review teams comprised of representatives from the OFP and other State programs.
- b. Reviewers will judge each application based on merit against the scoring criteria. The applications are judged by the adherence to the instructions and response to the RFA requirements.
- c. Reviewers will consider the extent to which an application provides:
 - 1) A fully developed, comprehensive application that provides depth, breadth, and significant facts/details, and has few weaknesses, defects or deficiencies.
 - 2) A demonstration that the applicant understands the OFP's requirements, the services sought, and the Grantee's responsibilities.
 - 3) Significant contributions to the achievement of I&E Program goals.
 - 4) A comprehensive and clear Needs Assessment completed by the applicant that demonstrates the need of the applicant's proposed teen pregnancy prevention program services.
 - 5) A proposed project that is likely to be effective in the implementation of selected interventions that are appropriate, comprehensive, creative and reflective of the applicant's Logic Model.

- 6) A demonstration of high levels of involvement in the development and support for the applicant’s proposed Project Plan.
 - 7) An evaluation plan that demonstrates the applicant’s abilities to identify appropriate and effective process and outcome measurements.
 - 8) A detailed Budget and Budget Justification that reasonably reflect the proposed project and is cost effective.
- d. The OFP will rate an applicant’s application by assigning points to each rating criteria as a fair and objective means to assure agencies are likely to be successful. Stage 2, the Application Technical Review Tool in [Appendix 24](#) contains the considerations that raters will take into account when assigning individual points to a technical application. Questions in each category will receive a score between 0 and 4 points.

Points	Interpretation	Basis for Point Assignment
0	Missing/ Non-responsive	Missing content or explanation and cannot be assessed.
1	Poor/ Inadequate	Criteria elements are minimally addressed in scope and lack significant description to assess.
2	Barely Adequate	Criteria elements are narrowly addressed in scope and are vague and limited in description.
3	Fully Adequate	Criteria elements are addressed completely and comprehensively in scope and have minimal flaws.
4	Excellent or Outstanding	Criteria elements are thoroughly addressed completely and comprehensively in scope and have no flaws.

- e. Each application will be rated in nine (9) category areas as specified in the table below. The OFP has assigned a weight for each category to assess the competence of an application. The weight assigned to each category, and the means of calculating the weighted scores, are shown in the following table.

Scoring Category	Assigned Weight by Category	Minimum Weighted Score by Category	Maximum Weighted Score by Category
1. Needs Assessment	3 X NA	135	216
2. Logic Model	3 X LM	7.5	12
3. I&E Project Interventions	4 X AI	100	160
4. Family PACT Clinical Services Linkages	1 X CL	10	16
5. Evaluation Plan	2 X EP	25	40
6. Project Plan	3 X PP	60	96
7. TPP Regional Network	1 X RN	2.5	4
8. Administrative Capability	2 X AC	85	136
9. Budget and Budget Justification	1 X B	5	8
WEIGHTED APPLICATION TOTAL SCORE		430	688

- f. The minimum weighted application total score will determine the minimum passing score for funding applications. Only applications scoring a minimum weighted score of 430 points or higher will be considered for funding.
- g. Applications failing Stage 2 will be notified after the Stage 3 Review Process by the award announcement date and time identified in the RFA Timeline.

3. Funding Decision (Stage 3)

- a. The OFP will fund applicants based on the following:
- **Prior I&E Grantee**
 Priority for funding under this program shall be given to currently funded I&E Projects in good standing that have increased youth knowledge and ability to deal responsibly with their own sexuality and the social pressures affecting them and that have enhanced the

ability of parents and other parenting adults to fulfill their roles as the primary sex educators of their children.

- **High Teen Birth Rate**

The extent to which the applicant proposes to implement interventions in a high teen birth rate MSSA identified by the CDPH Maternal Child and Adolescent Health publication *Teen Births in California: A Resource for Planning and Policy* ([Appendix 5](#)).

- **Geographic Distribution**

The extent to which an award contributes to an equitable and balanced geographic distribution of funds.

- b. Funding preference and funding level will be determined by identifying those applicants serving clients in a MSSA with high teen birth rates. In the event that there are more applicants who qualify for funding after Stage 2 than there is available funding, funding awards will be reduced by the same percentage for all awardees in order to reconcile total funds awarded to total funds available for award.

Annual Teen Birth Rates (number of live births per 1,000 females aged 15-19 years)	Funding Level*
30.0 to 49.9**	\$50,000
50.0 to 69.9	\$75,000
70 and greater	\$100,000

*Funding Level depends upon available funding

**The California State Rate for 2004-2005 is 38.4 per 1,000 females

- c. Applicants will be notified by the award announcement date and time identified in the RFA Timeline.

J. Application Withdrawal

To withdraw an application at anytime prior to, during, or after the application is submitted, the applicant shall submit a written withdrawal request signed by an authorized representative of the applicant’s agency no later than the application submission deadline. Address the envelope to the appropriate address listed below. You may also fax your written withdrawal request to:

U.S. Mail	FAX
ATTN: Withdraw I&E RFA 11-10018 Office of Family Planning 1615 Capitol Avenue, Suite 73.430 P.O. Box 997420, MS 8400 Sacramento, CA 95899-7420	Subject: Withdraw I&E RFA 11-10018 To: Office of Family Planning FAX: (916) 650-0455

NOTE: Applicants who fax their withdrawal requests may call (916) 650-0414 to confirm receipt of a faxed withdrawal request.

K. Application Resubmission

Applicants who withdraw their application may submit a new application prior to the application deadline.

L. Non-Responsive Applications

1. In addition to any condition previously indicated in this RFA, the following occurrences may cause the OFP to deem a proposal non-responsive:
 - a. An applicant submits an application that is conditional, materially incomplete or contains material defects, alterations or irregularities of any kind.
 - b. An applicant supplies false, inaccurate or misleading information or falsely certifies compliance on any RFA attachment.
 - c. If the OFP discovers, at any stage of the evaluation process or upon award of a grant, that the applicant is unwilling or unable to comply with the Grant Agreement terms, conditions and exhibits cited in this RFA or the resulting Grant Agreement.
 - d. If other irregularities occur in an application response that are not specifically addressed herein.
2. The OFP will deem late applications non-responsive.

M. Notice of Award

1. Upon successful completion of the grant funding process, the OFP will post a Notice of Intent to Award Funds at: <http://www.cdph.ca.gov/programs/tpp/Pages/IERFA.aspx>.
2. Applicants will receive, upon written request to the OFP, their review rating sheet.
3. After any appeals are resolved, the OFP will formally notify the successful appellants in writing.

N. Appeals Process

There is no appeal process for late or incomplete applications (e.g., applications failing to pass Stage 1 are not eligible for the Appeal Process). Only non-funded applicants who submitted a timely application that complies with the RFA instructions may file an appeal. Appeals are limited to the grounds that the OFP failed to correctly apply the standards for reviewing applications in accordance with this RFA. Disagreements with the contents of the review committee evaluation are not grounds for appeal. Applicants may not appeal solely on the basis of funding amount. Only timely and complete appeals that comply with the appeals process stated herein will be considered.

The written appeal shall fully identify the issue(s) in dispute, the practice that the appellant believes the OFP has improperly applied in making its award decision, the legal authority or other basis for the appellant's position, and the remedy sought. Written letters appealing the OFP's final award selections shall be received by the OFP no later than date and time listed in the RFA Timeline.

Submit a written appeal signed by an authorized representative of the applicant. Label and submit the appeal using one of the following methods:

U.S. Mail	Hand Delivery or Overnight Express
<p>ATTN: Appeal I&E RFA 11-10018 California Department of Public Health Laurie Weaver, Chief Office of Family Planning 1615 Capitol Avenue, Suite 73.430 P.O. Box 997420, MS-8400 Sacramento, CA 95899-7420</p>	<p>ATTN: Appeal I&E RFA 11-10018 California Department of Public Health Laurie Weaver, Chief Office of Family Planning 1615 Capitol Avenue MS 8400, Suite 73.430 Sacramento, CA 95814-5015 (Driving Directions & Map)</p>

NOTE: Applicants hand delivering an appeal must have the building lobby security officer call the OFP at (916) 650-0414 between the hours of 8:00 a.m. and 5:00 p.m., and ask to have an OFP representative receive the document. The OFP will provide a proof of receipt at the time of delivery.

The Chief of the OFP or her designee shall review each timely and complete appeal and will resolve the appeal by considering the contents of the written appeal letter. At its sole discretion, the OFP reserves the right to collect additional facts or information to aid in the resolution of any appeal.

The decision of the hearing officer shall be final and there will be no further administrative appeal. Appellants will be notified of the decisions regarding their appeal in writing within fifteen working days of the written appeal letter.

O. Grant Negotiations

Following the award notification, grant negotiations will occur with the potential Grantees in a timely manner. The OFP reserves the right to withdraw any award if negotiations cannot be concluded between the OFP and the awarded agency. During grant negotiations, Grantee will negotiate a detailed Workplan, Budget, and Budget Justifications, which will become part of the formal grant. Upon receipt and acceptance of these documents by the OFP, the grant will be fully executed and work will commence on or about July 1, 2011 or commencement of grant term.

Additionally, prior to and during contract negotiations, awarded applicants may be required to submit additional information to meet the OFP requirements and expectations to meet the “fully adequate” criteria in the Application Technical Review Tool and any other mandated requirement set herein this RFA.

P. OFP Rights

In addition to the rights discussed elsewhere in this RFA, the OFP reserves the following rights:

1. RFA Clarification / Correction / Alteration

The OFP reserves the right to do any of the following:

- a. Modify any date or deadline appearing in this RFA or the RFA Timeline.
- b. Issue clarification notices, addenda, alternate RFA instructions, forms, etc.

- c. Waive any RFA requirement or instruction for all applicants if the OFP determines that a requirement or instruction was unnecessary, erroneous or unreasonable.
- d. If this RFA is clarified, corrected, or modified, the OFP intends to post all clarification notices and/or RFA addenda at the following Internet web address:
<http://www.cdph.ca.gov/programs/tpp/Pages/IERFA.aspx>.

2. Verification

The OFP is authorized to verify any and all information contained in an application, including, but not limited to, the verification of prior experience and the possession or other qualification requirements; and check any reference identified by an applicant or other resources known by the State to confirm the applicant's business integrity and history of providing effective, efficient, and timely services.

3. Requests for Additional Documentation

The OFP may request an applicant to submit additional documentation during or after the application review and evaluation process. The OFP, at its sole discretion, reserves the right to collect the following additional documentation and/or information:

- a. Signed copies of any form submitted without a signature.
- b. Information/material needed to clarify or confirm certifications or claims made by an applicant.
- c. Information/material needed to correct or remedy an immaterial defect in a proposal.

4. Insufficient Responsive Applications / Altered Awards

If in the OFP's opinion, the State's interests will be better served, the OFP reserves the right at its sole discretion to take any of the actions described below. These actions may be initiated at the onset of various events including, but not limited to, a determination that an insufficient number of applications are received, additional funding is identified, anticipated funding decreases, etc.

- a. Extend the application acceptance period beyond the date indicated in the RFA to invite additional interested organizations to submit applications for funding.
- b. Offer agreement modifications or amendments to the funded organizations for increased or decreased services and/or increased/decreased funding.

5. Right to Remedy Errors

The OFP reserves the right to remedy errors caused by the OFP office equipment malfunctions or negligence by agency staff.

6. Agreement Amendments After Award

- a. The OFP reserves the right to amend any agreement resulting from this RFA. Amendments may include term extensions, Workplan modifications, CSHE curriculum selection(s) and/or modifications/alterations, budget or funding alterations, etc.

- b. The OFP reserves the right to withdraw any award if negotiations cannot be concluded between the OFP and the awarded agency.

7. Immaterial Defect

The OFP may also waive any immaterial defect in any application and/or allow the applicant to remedy a defect. The OFP reserves the right to use its best judgment to determine what constitutes an immaterial deviation or defect. The OFP's waiver of an immaterial defect in an application shall in no way modify this RFA or excuse an applicant from full compliance with all application requirements.

8. Issuance/Rejection of this RFA

The issuance of this RFA does not constitute a commitment by the OFP to award any grants, any specific number of grants, or all grant money. The OFP reserves the right to reject all applications and to cancel this RFA if it is in the best interest of the OFP to do so.

V. PROGRAM APPLICATION SUBMISSION REQUIREMENTS AND INSTRUCTIONS

A. General Instructions

1. This is a **NEW** I&E RFA. This **NEW** I&E RFA is different than previously issued I&E RFAs as it contains changes in content, instructions, timelines, requirements, etc. Applicants must carefully read this entire **NEW** I&E RFA, including all content, instructions, timelines, requirements, etc. Applicants should not rely on a previous RFA, its content, instructions, timelines, requirements, etc., in applying for this **NEW** I&E RFA. Applicants should not use or submit materials developed in response to prior RFAs to respond to this **NEW** I&E RFA. Previously submitted materials may not be responsive to this **NEW** I&E RFA.
2. To assist applicants in preparing their applications, the OFP has developed the resource Tips for Completing the I&E RFA Application ([Appendix 25](#)). The purpose of this document is to provide potential applicants with helpful strategies in preparing their application. Applicants will not be assessed by their ability to conform to this Appendix, but by the rating criterion set forth in the RFA application.
3. For each submission requirement:
 - Begin a new page for each Program Requirement identified below.
 - Provide a narrative that concisely describes the requested information.
 - Do not exceed the allowed number of pages. The OFP will make no exception to review excess pages nor any content submitted beyond the page limit requirement within a Program Requirement section.
 - Arrange the narratives in the order identified below.
 - Number pages sequentially.

B. Application Checklist ([Attachment 1](#))

Complete and submit the Application Checklist to ensure that all application attachments and required components are included and place it on top of your application.

The items included on the checklist are required to be submitted as part of the application and shall be presented in the ordered given on the form. If any items are omitted from the application, the application will be considered non-responsive and will not be reviewed.

C. Application Cover Page (use [Attachment 2](#))

Complete and submit the Application Cover Page.

D. Table of Contents

Applications shall have a Table of Contents with page numbers referenced. Properly identify each section and the contents therein. Number each page of the application consecutively; including the applications Attachments, Program Application Submission Related Requirements, and Administrative Agency Documentation Related Requirements. Legible hand-written page numbering is acceptable.

E. Application Intervention Summary

Applicants are to summarize pertinent information from their application into the Application Intervention Summary ([Attachment 3](#)). Please see [Appendix 28](#) for a completed Application Intervention Summary.

F. Needs Assessment Narrative (6 page maximum)

1. Needs Assessment Process

a. Methodology

- Describe the methodology used to conduct the needs assessment. At a minimum, the applicant shall include all of the following methodology information:
 - Kinds of existing data that were reviewed.
 - Type of new data collected (for example, surveys, focus groups, secondary data sources, etc.).
 - How the new data was analyzed.
 - Individuals or agencies involved in conducting their needs assessments.

2. Community Historical Prospective

- a. Discuss teen birth rates **and** absentee fatherhood trends over the past ten years up to the present, and reasons for an increase and/or decline (for example, demographic shifts, funding/support for programs, availability of clinical services, numbers of enrolled foster care youth, high school drop-out rates, etc.). Use the “footnote” feature to document data sources, if applicable. If trend information or data is unavailable for any of the above topics or population groups, clearly state no information available for either the topic and/or population group.
- b. Provide a historical perspective of what has happened over the past ten years up to the present, within the applicant’s community, in relation to community support or lack of community support for efforts in preventing teen pregnancy **and** absentee fatherhood. At a minimum, applicants shall include information on all of the following perspectives:
 - Availability of Clinical Services
 - Employment
 - Economy
 - Community Development
 - Recent Immigrants vs. Long-Term Immigrants
 - Community Organization and Collaboration
 - Teen Pregnancy Prevention Funding

If community historical perspective information or data is unavailable for any of the above topics or population groups, clearly state no information available for either the topic and/or population group.

3. Community Assessment

- a. Describe the involvement of community members and stakeholders, etc., in the provision, sharing, and support of Needs Assessment data collection or process.
- b. Describe the applicant's community's current priority for teen pregnancy prevention efforts, compared to other needed services and programs. If teen pregnancy prevention is not a priority for the applicant's community, describe how you will propose to increase the priority of teen pregnancy prevention through TPP Regional Network activities.
- c. Describe the community's input or support or lack of support to providing teen pregnancy prevention services to pre-sexually active adolescents, sexually active adolescents, young adults at-risk of unintended pregnancy **and** adolescent fathers.

4. Demographic Influences

- a. Identify and provide data on the population(s) within your community who are most at-risk or vulnerable for unplanned and teen pregnancies. Use the "footnote" feature to document data sources.
- b. Describe the community's attitudes, beliefs and values, causes, consequences, and solutions to teen and unintended pregnancy **and** absentee fatherhood.
- c. Identify one teen birth rate Medical Service Study Area (MSSA) that has a demonstrated need for teen pregnancy prevention services that you intend to serve through I&E Project Interventions. Reviewers will use the *Teen Births in California: A Resource for Planning and Policy* publication ([Appendix 5](#)) to assess teen birth rate MSSA(s) that are, a minimum of, 30 per 1,000 births or higher.

If you are serving a geographic area that cannot be sufficiently identified because it is represented as a small sample size or other factor for which data could not be obtained in [Appendix 5](#), identify teen birth rates from another credible source(s). If obtainable, the applicant should use data that correlates with the MSSAs as referenced in [Appendix 5](#) and use the "footnote" feature to document data source(s).

- d. Describe the target population(s) within the MSSA the applicant proposes to serve and provide a rationale for your choice. Describe the target population(s) using the reportable demographic categories defined in the RFA.
- e. Describe the characteristics of the target population(s) within the MSSA the applicant wish to serve. At a minimum, the applicant shall include information on all of the following characteristics: neighborhood characteristics, school(s) attended, primary language, economic status, cultural beliefs and values. Use the "footnote" feature to document data source(s), if applicable.
- f. Identify and describe conditions that may put the target population(s) within the MSSA at-risk for teenage pregnancy, teenage single parenting, **and** absentee fatherhood. At a minimum, applicants shall include information on all of the following conditions: higher unemployment rates, residing in a high crime area, high school dropout rates, increased alcohol and drug use, family income levels, number of single-parent households, sexual abuse data, and educational attainment of parents.

If data is unavailable for any of the above listed topic conditions or population groups, clearly state no information available for either the topic and/or population group. Use the “footnote” feature to document data source(s), if applicable.

- g. Provide data on teen behaviors (for example, condom and contraceptive use, access to clinical services, number of sexual partners, etc.) of the proposed target population(s) within the to be served. Use the “footnote” feature to document data sources, if applicable.
- h. Describe important effects on sexual behavior and condom use or other contraceptive use among the proposed target population(s) within the MSSA. At a minimum, applicants shall include information on all of the following effects: factors, pressures, barriers, perceptions of risk, values, attitudes, norms, skills, access to condoms and other contraceptives. Use the “footnote” feature to document data sources, if applicable.

5. Existing Services and Resources

- a. Describe the availability of pregnancy prevention and health services for teens and teen parents in the community. At a minimum, applicants shall include information for all of the following pregnancy prevention and health services: Family PACT providers, school-based or school-linked health centers, currently existing CCG and I&E Projects, youth development programs, mentoring programs, tutoring programs, faith based initiatives and programs for parents of adolescents.

If availability of pregnancy prevention and health services data is unavailable for any of the above listed topics or population groups, clearly state no information available for either the topic and/or population group.

- b. Describe existing community assets, resources, and opportunities that will support the proposed I&E Project Intervention activities.

6. Gaps/Unmet Services and Barriers to Providing Services

- a. Describe and address the gaps/unmet pregnancy prevention services **and** absentee fatherhood needs for your proposed I&E Project Intervention activities. If gaps/barriers to services information or data is unavailable for any of the above topics or population groups, clearly state no information available for either the topic and/or population group.
- b. Describe potential barriers to program implementation to implementing your proposed I&E Project Intervention activities (for example, rural locations, migrant populations, homelessness, lack of community support, etc.).

G. Logic Model Narrative (2 page maximum)

1. Identify and describe how **each** behavior(s) and **each** determinant(s) for **each** of the I&E Project Interventions will relate to the intervention’s activities and be effective in changing behaviors among the target population(s).
 - Select (1) one to (3) three behaviors for each I&E Project Intervention. Applicants may select any number of determinants.
2. Complete and submit a Logic Model ([Attachment 4](#)) for each I&E Project Intervention. Applicants shall identify a minimum of (1) one to (3) three behaviors for each I&E Project Intervention.

H. Interventions Narrative (3 page maximum per intervention)

Applicants are allowed 3 pages maximum per proposed I&E Project Intervention beginning on a separate page. Each I&E Project Intervention must detail all of the criteria elements in this section.

1. Intervention Rationale

- a. Identify and describe the applicant's rationale for selecting the I&E Project Interventions (for example, information presentations, youth leadership, mentoring, teen theater, etc.). Include how the intervention will influence behavior and result in the desired outcome from the identified behaviors and determinants listed in your Logic Model. Applicants should use the "footnote" feature to document data sources, where applicable.
- b. Provide information or detail that supports the use of your instruction approach, including effectiveness, minimum implementation requirements, etc.
 - If the applicant is proposing to use I&E Project Interventions outlined in [Appendix 10](#), the applicant shall describe how they will meet the minimum implementation requirements as detailed in [Appendix 10](#).
 - If the applicant is proposing to implement sexual health instruction and/or curricula in a school setting, provide details of how applicant shall comply with the Sexual Health Accountability Act; Health and Safety Code Sections 151000-151003 ([Appendix 2](#)) and California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act; Education Code Section 51930-51933 ([Appendix 3](#)).
 - Use the "footnote" feature to document data sources, if applicable.

2. Target Population(s) and Setting(s)/location(s)

- a. Identify and describe the target population(s) **and** setting/location that the applicant proposes to serve through **each** I&E Project Intervention. With the exception Community Awareness and Mobilization and Social Networking, applicants shall include the estimated target population sample size by the reportable demographics categories defined within the RFA. The setting(s)/location(s) information should include the site(s) of service where the I&E Project Intervention activities will be conducted.
- b. Explain how the applicant will recruit participants for each of the I&E Project Interventions. If applicable, applicants shall detail how they will retain participants into the I&E Project Interventions (i.e., multiple session or series, peer educators, and/or interventions that require an activity outcome, for example, teen theatre play).

3. Intervention Development

- a. Applicants shall describe how they will meet the minimum implementation requirements for the I&E Core Intervention—Life Skill Education, as outlined in [Appendix 10](#). Additionally, applicants proposing to use an I&E Supplementary Intervention outlined in [Appendix 10](#), the applicant shall describe how they will meet the minimum implementation requirements as outlined in [Appendix 10](#).

For all other Supplementary Interventions not defined or listed in [Appendix 10](#), applicants must detail the parameters of the intervention and clearly detail why and how these

parameters where chosen based on health education principles and/or literature. Use the “footnote” feature to document data sources, if applicable.

- b. All I&E Project Interventions shall include Family PACT Clinical Service Linkages activities. At a minimum, the applicants Family PACT Clinical Service Linkages activities shall clearly focus on increasing the utilization of family planning services by enforcing the importance of what services are available, how the activities will be implemented, and in what ways that the activities can benefit the target population(s) and their families.
 - c. Provide a lesson plan with talking points (or curricula outline with talking points, if applicable) for each I&E Project Intervention. At a minimum, applicants shall detail the learning goals; the topics to be implemented; description of the learning activities to be conducted; the implementation timeframe; and materials and resources needed.
 - Applicants should use the “footnote” feature to document data sources, if applicable.
 - If the applicant is proposing to implement sexual health instruction and/or curricula in a school setting, provide details of how applicant shall comply with the Sexual Health Accountability Act; Health and Safety Code Sections 151000-151003 ([Appendix 2](#)) and California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act; Education Code Section 51930-51933 ([Appendix 3](#)).
 - ***The lesson plan outline shall begin on a separate page and will not be counted toward the maximum page allotment for the intervention or section.***
 - c. **Intervention Benefits**—Describe the benefits that each of the applicants’ proposed I&E Project Intervention activities will have on the target population(s)?
 - d. **Intervention Barriers and Challenges**—Identify and describe barriers and challenges the applicant may face in serving each of the target population(s) for the I&E Project Interventions activities. Include potential barriers to recruitment and retention efforts. Explain how you will overcome these barriers and challenges, including retention and recruitment barriers and challenges.
4. **Creative and Cost-effective**—Detail how the I&E Project Interventions are creative and cost-effective in reducing teen pregnancy among their proposed target population(s).
 5. **Public School Implementation**—If applicable, complete and submit a thorough Letter of Intent by Public Schools ([Attachment 5](#)) for the I&E Project Intervention activities.
- I. **Family PACT Linkages Narrative (2 page maximum)**
 1. **Relationship with Family PACT Provider**
 - a. Describe the applicant project’s relationship with Family PACT Provider(s), who will provide services to their target population(s). If Family PACT provider does not exist in an applicant’s geographic area or is unavailable and/or unwilling to participate, describe how the youth will receive clinical reproductive services (for example, Medi-Cal clinics, non-profit clinics, Family PACT services in neighboring communities, when possible).
 - b. Identify and describe access issues (for example, lack of public transportation, cultural diversity impacts, youth not feeling welcomed by the clinic, etc.) associated with the

Family PACT clinics located in the applicant's community. Describe how you will address these issues.

- c. Detail the applicant's plan of action to work in partnership with providers and clinical staff about clinical service linkages to gain maximum collaborative efforts and/or best practices. The plan of action shall include how the applicant will promote awareness and provide referrals to family planning and reproductive health services at Family PACT clinics.
- d. Complete and submit a Letter of Intent by Family Pact Provider ([Attachment 6](#)).

2. Clinical Linkages

- a. Describe how the applicant's I&E Project Interventions will increase the number of youth who access family planning and related preventive services.

J. Evaluation Plan Narrative (2 page maximum per intervention)

The Evaluation Plan is a narrative description of how the applicant will determine if interventions are meeting the goals and objectives of the Program.

1. Describe the applicant's agency experience in evaluating health programs and their experience/capacity in collecting and reporting data.
2. Describe the proposed staff or outside evaluator's experience in performing the required evaluation activities (for example, process measures, behavioral change measures, and continuous program improvement).
3. Provide a rationale for selecting **each** short term outcome measure for **each** I&E Project Intervention.
4. Identify a minimum of (2) two qualitative factors per I&E Project Intervention that the applicant proposes to explore. Detail why the qualitative factors were selected and what the applicant anticipate the target population(s) will achieve or gain (e.g., desired behavior, attitude, and/or social outcomes, intervention effects, individual or group value or importance, etc.) through their selection(s). Include additional information of what the applicant will do to seek the best chances of success for their selection(s).
5. Describe the applicant's plan to determine if **all** of the I&E Project Interventions are meeting the goals and objectives of their Project Plan through monitoring activities and evaluation of behavioral outcomes.

K. Project Plan Attachment

1. Complete and submit a Project Plan ([Attachment 7](#)) for **each** Intervention.

Applicants shall submit a Project Plan that provides a thorough, clear overall description of the goals, target population, interventions, process measures, short-term outcome measures, timelines and tracking methods, based on data from the Needs Assessment findings, and logic model.

- a. **Goal and Target Population**—Restate the goal and the target population. Indicate where the proposed activities/services will be delivered (for example, after school at X, Y, & Z High Schools).
- b. **Intervention and Major Activities**—Identify the intervention and major activities to be conducted to implement the intervention. Indicate the length, frequency, number of sessions, training, classes, educational materials, meetings, encounters, etc.
- c. **Process Measures**—Identify the proposed process measures.
- d. **Short-Term Outcome Measures**—Identify the proposed short-term outcome measures.
- e. **Qualitative Outcomes**—Restate a minimum of (2) two qualitative outcomes per intervention that the applicant proposes to explore.
- f. **Timeframe/Responsibility**—Identify the timeframe for each intervention to be achieved. State the duration of services (for example, year, weeks, days, sessions, etc.). Identify who (applicant and/or subcontractor) will be responsible for key activities (for example, talking with school administrators, implementation of services, and data collections and analysis).
- g. **Tracking Tools/Methods**—Identify the tracking tools/methods that will be used to document the evaluation activities for each intervention. Identify who will be responsible for tracking and collecting evaluation data for each intervention.

L. TPP Regional Network Narrative (1 page maximum)

1. Describe how the applicant will contribute to regional collaborative efforts and helping to increase the visibility of TPP efforts within their region.
2. Complete and submit a Self-Certification for I&E Collaboration with TPP Regional Network Form ([Attachment 11](#)) to attest the applicant's willingness to participate in a TPP Regional Network.

VI. ADMINISTRATIVE APPLICATION SUBMISSION REQUIREMENTS AND INSTRUCTIONS

A. General Instructions

1. This is a **NEW** I&E RFA. This **NEW** I&E RFA is different than previously issued I&E RFAs as it contains changes in content, instructions, timelines, requirements, etc. Applicants must carefully read this entire **NEW** I&E RFA, including all content, instructions, timelines, requirements, etc. Applicants should not rely on a previous RFA, its content, instructions, timelines, requirements, etc., in applying for this **NEW** I&E RFA. Applicants should not use or submit materials developed in response to prior RFAs to respond to this **NEW** I&E RFA. Previously submitted materials may not be responsive to this **NEW** I&E RFA.
2. To assist applicants in preparing their applications, the OFP has developed the resource Tips for Completing the I&E RFA Application ([Appendix 25](#)). The purpose of this document is to provide potential applicants with helpful strategies in preparing their RFA packet. Applicants will not be assessed by their ability to conform to this Appendix, but by the rating criterion set forth in the RFA application.
3. For each submission requirement:
 - Provide a narrative that concisely describes the requested information.
 - Begin a new page for each Program Requirement identified below.
 - Do not exceed the allowed number of pages. The OFP will make no exception to review excess pages nor any content submitted beyond the page limit requirement within a Program Requirement section.
 - Arrange the narratives in the order identified below.
 - Number pages sequentially.

B. Administrative Capability Narrative (5 page maximum)

1. Applicant's History

- a. Describe the length of time the applicant has been in existence and its mission, vision, and goal(s) related to this RFA.
- b. Describe the applicant's experiences and accomplishments/outcomes working with pre-sexually active adolescents, sexually active adolescents, young adults at-risk of unintended pregnancy and absentee fathers.

2. Organizational Capacity and Resources

- a. Describe the applicant's ability and resources to ensure timely start-up and implementation of the agency's proposed I&E Project, including readiness to implement proposed interventions, evaluation, hiring staff, etc.
- b. Describe how the applicant's proposed project will be incorporated into the applicant's organizational structure.
- c. Attach an organizational chart indicating the placement of the proposed project within the applicant's organization.

- d. For Non-Profit applicants only, provide proof of non-profit corporate and tax-exempt status by attaching supporting documentation for Tax Exempt Status. For agencies in the process of incorporating, please submit proof of application for state non-profit corporate status or state/federal tax-exempt status. See [Appendix 22](#) for Private Non-Profit Corporation IRS Sample Letter for examples of acceptable documentation. For those applicants who represent a school district, provide proof of tax-free transactions by the Internal Revenue Service.

3. Experience in Serving Proposed Target Population(s)

- a. Describe the applicant's experience with the provision of services to the target population(s).
- b. Describe the applicant's experience with provision of culturally and linguistically appropriate services to the proposed target population(s).
- c. Describe the applicant's success in resolving challenges and barriers in providing services to the proposed target population(s).

4. Staff Capability

- a. Describe the applicant's project staff(s) knowledge, skills, and experience in providing outreach to youth, interacting with and presenting sexual health education topics to youth.
- b. Describe the applicant's experience with recruiting and retaining project staff with the knowledge, skills, and abilities to serve applicant's proposed target population(s).
- c. Describe how the applicant will supervise, monitor, and train project staff on youth development principles, facilitation skills, pregnancy, STI, HIV/AIDS education and prevention, skills to address risk and protective factors, and other adolescent health and youth development principles on a regular basis.
- d. Describe the experience of project staff with monitoring government agreements and funds, overseeing and managing administrative and contractual/grant agreements, payroll, bookkeeping, invoicing, and tracking, including administrative and fiscal controls.
- e. Detail the necessary project staff on the budget and the percentage of Full Time Equivalent (FTE) that will be needed to implement the I&E Project. At a minimum, the applicant shall include a Project Coordinator and allocate no less than 25% FTE for program activities **and** a Health Educator(s) and allocate no less than a cumulative 50% FTE for program activities. If a Project Director is identified on the budget, the applicant shall no less than 5% FTE for program activities. Identify other project staff who are included on the budget performing program activities.
- f. Describe how the applicant will ensure that the staff in each job-specific role working directly with adolescents shall maintain the essential core competencies set forth by the *California Adolescent Sexual Health Work Group (ASHWG)* in [Appendix 14](#). At a minimum, the applicant shall describe how the applicant will train and monitor supervised staff to maintain the essential core competencies to meet the knowledge and skills for all job specific roles working directly with adolescents, including the Project Coordinator and the Health Educator(s).

- 1) The first worksheet of each template (Budget Instructions) contains instructions for entering information into the budget template.
 - 2) The second worksheet (Budget Detail and Justification) is to be used when preparing the budget and the budget justification information. Applicants will only enter information on this second worksheet.
 - 3) The third worksheet is the Original Budget Summary Page. The Original Budget Summary Page is protected/locked; therefore, no information can be entered on this worksheet. Once all information is entered into the second worksheet (Budget Detail and Justification) it will automatically transfer to the Original Budget Summary worksheet.
- c. Applicants shall submit a Subcontractor Budget Template ([Attachment 14](#)) for each subcontracted agency as necessary.
 - d. See [Appendix 26](#) Budget Resource Document for information on guidelines for budgeting proposed expenses.
 - e. The OFP may provide Grantees with new or updated budget files during the grant period.

2. Budget Detail and Justification

- a. On the Budget Detail and Justification worksheet, provide specific cost breakdowns for the budget line items identified in each section.
- b. Please report costs using whole dollars only. Round fractional dollar amounts or cents to the nearest whole dollar amount.
- c. Identify, by listing the objective number, how funding allocated for each line item directly supports the goals, objectives and activities specified in the Workplan.

3. Budget Line Items

The five Budget line items are: Personnel, Operating Expenses (includes equipment), Subcontractors/Consultants, Other Costs, and Indirect Costs. Each line item is explained in detail below.

a. Personnel Costs (First Line Item)

Include the following narrative information under Description of Expense to explain the reasonableness and/or necessity of the proposed budgeted costs appearing on the Budget Attachments.

Include wage and/or salary justifications, including, but not limited to:

- 1) How salary rates or ranges were determined.

Note: The salaries paid to I&E Grantee personnel, that is, applicant's staff, shall not exceed rates paid to State Civil Service personnel performing comparable work. CDPH reserves the rights to limit salary reimbursement to levels that are comparable to those of Civil Service employees (see link to Civil Service classifications and pay scales). Refer to www.dpa.ca.gov .

- 2) 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.**

Note: The merit and cost of living adjustment paid to Grantee personnel shall not exceed rates paid to State Civil Service personnel performing comparable work. CDPH reserves the right to limit reimbursement of merit and cost of living adjustments to levels that are comparable to those of Civil Service employees.

- 3) If applicable, identify any positions that do not earn fringe benefits and/or that receive different benefit levels.
- 4) List each funded position title or classification.
- 5) Indicate the FTE or annual percentage of time for each position (i.e., full time [40 hours a week] = 1.0, 1/2 time = .50, 3/4 time = .75, 1/4 time = .25).
- 6) Identify the annual salary rate or range for each position/classification. Remember to include anticipated merit and cost of living adjustments.
- 7) Do not combine multiple personnel on the same line. Each position shall be on a separate line.
- 8) Only personnel that are employed by the agency and receiving fringe benefits will be budgeted under personnel.

b. Fringe Benefits

Fringe benefit explanation. This requirement only applies if fringe benefit expenses are budgeted. Identify and/or explain the expenses that make up fringe benefit costs. 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.

Display fringe benefit costs **EITHER** as a percentage rate of total personnel costs **OR** combined with the salary as actual costs. **Combining the two fringe benefit options below IS NOT allowed.**

- 1) If you choose to use an average rate for total personnel costs, that rate can be added to the bottom of the personnel detail sheet of the Budget Detail and Justification Template. That will calculate fringe benefits on total Annual Salaries and be added to salaries that are exported to the Budget Summary Template.

OR

- 2) If you choose to add the fringe benefits to an Annual Salary, the fringe benefit rate for that staff shall be included in the Budget Justification Narrative under Description of Expense.

c. Operating Expenses (Second Line Item)

- 1) **General Expenses:** This category includes all general costs of the operation of the Program. Examples of such expenses are office supplies, telephone, postage, duplication and other consumable operating supplies. Furniture and office equipment with an acquisition cost of \$50.00 or less per unit (including tax, installation and freight) are general expense items.
- 2) **Travel:** State rules for travel reimbursement are:
 - a) The California Department of Personnel Administration (DPA) adopted the policy of utilizing the same mileage reimbursement rate as the Federal rate starting July 2006. For current rates, refer to the DPA website.⁴⁶
 - b) Travel costs consist of mileage, airfare, per diem, lodging, parking, toll bridge fees, taxicab fares and car rental. The amount of the mileage reimbursement includes all costs of operating the vehicle.
 - c) The agency shall utilize the lowest available cost method of travel. See [Exhibit G](#) for additional information on reimbursable costs.
 - d) Indicate the total cost for travel expenses for program staff. The money budgeted for travel shall be for expenses related to the administration of the program. The travel line item in the budget shall include only the costs specifically related to the staff activities, such as travel to attend conferences and trainings.
 - e) Applicants must include a sufficient travel expense allocation for program staff to attend trainings, regional meetings, etc. Designated staff is required to attend four regional meetings per year.
 - f) The cost for client/participant related transportation is not included here, but under the Other Costs section.
 - g) Training: The training costs associated with the OFP sponsored and non-OFP sponsored training. This line item includes registration fees and materials for conferences and tuition for training.
- 3) **Space Rent/Lease:** The cost of renting or leasing office space shall 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. Please use the following formula to calculate rent/lease costs. Total staff FTE's x 200 sq ft. x up to \$2.00 per sq. ft. x 12 months.
 - a) 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.)
 - b) Printing: Identify the costs of printing, duplication, and reproduction of materials used under the OFP.

⁴⁶ State of California Department of Personnel Administration. **Travel Reimbursements**. Excerpted from <http://www.dpa.ca.gov/personnel-policies/travel/hr-staff.htm>

- c) **Equipment:** Rented or leased equipment shall be budgeted as an operating expense under general expenses. Lease-purchase agreements or options are prohibited and not a valid grant related expense.

Equipment Purchases: CDPH classifies purchased equipment as Major Equipment and Minor Equipment.

- **Major Equipment** is defined as a tangible or intangible item with a base unit cost of \$5,000 or more and a life expectancy of one (1) year or more that is purchased or reimbursed with agreement funds. Major equipment is budgeted under Operating Expenditures category as an individual line item.
- **Minor Equipment** is defined as a tangible item with a base unit cost of less than \$5,000, has a life expectancy of one (1) year or more and is purchased or reimbursed with state funds. Examples of equipment under \$5,000 include computers, printers, etc. Minor equipment is budgeted under Operating Expenditures category in a Minor equipment detail line item.

State rules and definitions for reimbursement of equipment cost.

- i. All equipment purchased in whole or in part with state grant funds is the property of the State.
 - ii. Grant funds may not be used to reimburse the applicant for equipment purchased prior to the Grant Agreement.
 - iii. Lease-purchase agreements or options are prohibited and not a valid grant related expense.
 - iv. Equipment cannot be purchased without prior OFP approval.
 - v. Applicants may use their own purchasing system to obtain major equipment up to an annual limit of \$50,000. Unlimited purchase delegations exist for California State colleges, public universities, and other governmental entities.
 - vi. All computers purchased with the OFP funds shall meet or exceed the following standards established by the CDPH. We strongly encourage Grantees to upgrade existing systems to meet or exceed these standards.
 - vii. The California Government Code Section 14613.7 requires Grantees to report immediately to the California Highway Patrol (CHP) that a crime has occurred on state-owned or state-leased property or involves the loss/theft of state property even if when reported local law enforcement agency and/or the CHP did not respond and take a report.
 - viii. Grantee shall notify the OFP Contract Manager immediately regarding any crime that involves state property.
 - ix. Grantee is responsible for the replacement of all lost or stolen property purchased with state funds of no less than equal value.
- 4) **Audit Costs:** The cost of the mandatory financial audit by an independent auditor at the end of each fiscal year shall be included in the budget. Not more than \$3,000 can be allocated for this line item.

5) Software: Software shall be necessary and used toward fulfilling the terms of the contract. Examples of software include: Software license fees, software upgrades, etc.

- a) Grantee shall possess current technology to allow for easy flow of communication between the Grantee and the OFP such as sending e-mails with large attachments. Grantee must have the ability to access, print and download website information such as files from the OFP website.
- b) All software purchased with the OFP funds shall meet or exceed the state standards established by CDPH. See [Appendix 21](#) for Software and Hardware Requirements.

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.

Computers shall be dedicated to the staff person(s) responsible for progress reports, data entry, and other program requirements.

d. Subcontractors (Third Line Item)

- 1) **Subcontract Expenses.** Subcontractor/independent consultant use and fees/rates and costs. **This requirement only applies if subcontractor (including independent consultant) costs are budgeted.** Subcontract and consultant agreements are included in this line item. See [Appendix 27](#) for Consultant/Subcontractor Guidelines.
- 2) The applicant's Budget Justification Narrative shall identify, how funding allocated for this line item will directly supports the goals, objectives and activities specified in the Workplan (i.e., I&E Project Interventions and I&E Program Requirements). The **total cost only** is entered on this line.
- 3) Applicants are to prepare their proposed subcontractor budgets ([Attachment 14](#)) based upon the following instructions: create one Subcontractor budget for each Subcontractor. Grantees may need to revise the subcontractor budgets annually to reflect current estimated expenditures.

The applicant's Budget Justification Narrative and Subcontractor Summary shall discuss the necessity of using each subcontractor and/or independent consultant and explain why the agency is unable to provide the services being acquired. Explain what contributions their services and expertise will add to this Program.

Provide a justification for the fees/wages budgeted for known/pre-identified subcontractors (including independent consultants). Include information, such as, but not limited to, the subcontractor's or consultant's current pay rate, past wage/salary/fee history, standard industry rates paid for comparable/similar services. Identify the amount of time in hours or FTE that the funding supports for each subcontract. If applicable, explain other factors you used to determine the proposed pay levels such as notoriety in a specific field, possession of expert credentials, etc. that explain the reasonableness of the proposed costs/fees or wage rates. Identify the primary responsibilities for the subcontractor.

Project the cost for each activity/function to be out sourced.

The Grantee shall maintain records reflecting actual expenditures for each state fiscal year covered by the term of this agreement.

If applicable, enter \$0 if no subcontract expenses will be incurred.

e. Other Costs (Fourth Line Item)

Other costs explanation. **These are costs that are associated with project participants.**

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

- 1) Indicate here 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 educational material development or other items unique to outreach and program development.
- 2) 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.
- 3) If applicable, enter \$0.

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

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

f. Indirect Costs (Fifth Line Item)

Indirect costs include costs that accrue in the normal course of business that can only be partially attributable to performance of a grant (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.).

- 1) These are costs that a business would accrue even if they were not performing services for the State under a grant.
- 2) Specify indirect costs as a percentage of the total personnel salary and wage costs, including fringe benefits, not to exceed 10%.
- 3) Express your indirect costs as a percentage rate.

If applicable, enter \$0.

Include, at your option, any other information that will assist the OFP to understand how you determined your costs and why you believe your costs are reasonable, justified and/or competitive. Unless discussed elsewhere within this section, explain any unusually high or disproportionate cost elements appearing in any budget line item. For example if this grant is to fund a disproportionately high portion of your agency's indirect (overhead) costs, please provide a justification for the proposed allocation method.

4. Prohibited Expenses

- a. **Bonuses/Commissions.** Bonuses and commissions paid from grant funds are prohibited.
- b. **Purchase of Real Property.** Grant funds cannot be used to purchase real property.
- c. **Interest.** The cost of interest payments is not an allowable expenditure.
- d. **Lobbying.** Reimbursement is not allowed for lobbying activities.
- e. **Lease-Purchase Options.** It is prohibited to use grant funds to enter into a lease-purchase contract for the purchase of equipment or any other personal property, or for the purchase of real property.
- f. **Disallowed Activities.** For additional information, see RFA Section III.L.

5. Budget Related Submission Documents

a. Budget Justification Narrative (2 page maximum)

1. Describe how funding allocated for **each** line item directly supports the goals, objectives and activities specified, for **each** I&E Project Intervention and I&E Program Requirements (i.e., Family PACT Clinical Service Linkages, TPP Regional Network, and Administrative Duties).

If a subcontractor(s) is used, describe how funding allocated for **each** line item directly supports the goals, objectives and activities specified, for **each** I&E Project Intervention and I&E Program Requirements for **each** subcontractor(s).

Applicants shall use the following correlating numbers and description to describe funding allocation for the Program Requirements that will be specified in the Workplan:

- 1 – Core Intervention—Life Skill Education
 - 2 – Supplementary Intervention #1
 - 3 – Supplementary Intervention #2
 - 4 – Supplementary Intervention #3, if applicable
 - 5 – Supplementary Intervention #4, if applicable
 - 6 – Family PACT Clinical Service Linkages
 - 7 – TPP Regional Network
 - 8 – Administrative Activities
2. Describe the applicant's subcontracting process (e.g., procurement, competitive bid, etc.) and their monitoring, management and oversight process, regardless of whether you will subcontract or not. If a subcontractor(s) is used, describe **each** proposed subcontractor(s) experience and qualifications for the work the subcontractor will conduct on the applicants Project Plan.

- b.** Applicant Budget Template, Year 1 ([Attachment 13](#))
- c.** Subcontractor Budget Template, Year 1, if applicable ([Attachment 14](#))
- d.** Subcontractor Summary, if applicable ([Attachment 15](#))