



September 16, 2011

Dear Potential Applicant:

You are invited to submit an application to the Pennsylvania Department of Health in accordance with the enclosed Request for Applications (RFA) #67-12.

All questions regarding this RFA must be directed in writing to Abigail Coleman, Adolescent Health Program Administrator, Bureau of Family Health/Division of Child and Adult Health Services, Pennsylvania Department of Health, 7th Floor East, Health and Welfare Building, 625 Forster Street, Harrisburg, Pennsylvania 17120-0701, or by e-mail at abcoleman@pa.gov, no later than September 29, 2011. All questions must include the specific section of the RFA about which the potential applicant is questioning. Answers to all questions will be posted at www.emarketplace.state.pa.us. Click on 'Solicitations' and search for the above RFA number.

Please submit one (1) original and eight (8) copies of your application, (Part 2 of this RFA) in a sealed package to the address below. Your application must arrive in the designated room at the following address no later than 2:30 p.m. on Wednesday, October 19, 2011.

RFA # 67-12
Director, Division of Contracts
Bureau of Administrative and Financial Services
Pennsylvania Department of Health
Room 824, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120-0701

LATE APPLICATIONS WILL NOT BE ACCEPTED REGARDLESS OF THE REASON.

Please write "APPLICATION ENCLOSED RFA #67-12" in large block letters on the envelope or overnight/priority mail label.

We expect that the evaluation of applications and the selection of grantees will be completed within eight weeks of the submission due date.

Sincerely,

Terri A. Matio
Director
Bureau of Administrative and Financial Services

Enclosure

Request for Application

Personal Responsibility Education Program

RFA Number
67-12

Date of Issuance
September 16, 2011

Issuing Office: Pennsylvania Department of Health
Bureau of Administrative and Financial Services
Division of Contracts
Room 824, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120-0701

RFA Project Officer: Abigail Coleman
Pennsylvania Department of Health
Bureau of Family Health
Division of Child and Adult Health Services
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Personal Responsibility Education Program

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Any grant resulting from this RFA will include certain standard terms and conditions, which will either be attached as paper appendices or incorporated by reference through internet links. These terms and conditions are listed below and are either attached to this RFA or available at the identified internet address for the information of prospective applicants.

- Payment Provisions (Rev. 6/09)
- Standard General Terms and Conditions (Rev. 11/10)
- http://www.portal.state.pa.us/portal/server.pt/document/993190/standard_general_terms_and_conditions_%2811-10%29_doc
- Audit Requirements (Rev. 8/09)
http://www.portal.state.pa.us/portal/server.pt/document/773953/audit_requirements_%288-09%29_doc
- Commonwealth Travel and Subsistence Rates (Rev. 7-07)

http://www.portal.state.pa.us/portal/server.pt/document/598438/common_wealth_travel_and_subsistence_rates__287-07_29_doc

- Minimum Personal Computer Hardware, Software, and Peripherals Requirements (Rev. 3/09)

http://www.portal.state.pa.us/portal/server.pt/document/598443/personal_computer_hardware_software_and_peripherals_requirements__283-09_29_doc

- Federal Lobbying Certification and Disclosure (Rev. 12/05)

http://www.portal.state.pa.us/portal/server.pt/document/598440/federal_lobbying_certification_and_disclosure__2812-05_29_doc

- Pro-Children Act of 1994 (Rev. 12/05)

http://www.portal.state.pa.us/portal/server.pt/document/598444/pro-children_act_of_1994__2812-05_29_doc

- Right To Know Law – Grant Provisions (Rev. 2/1/10)

http://www.portal.state.pa.us/portal/server.pt/document/773955/right_to_know_law_-_grant_provisions_%28rev__2-1-10%29_doc

PART ONE

Personal Responsibility Education Program (PREP) RFA#: 67-12

General Information

A. Information for Applicants

The President signed into law the Patient Protection and Affordable Care Act on March 23, 2010. The Act amended Title V of the Social Security Act to include a new formula grant program entitled the Personal Responsibility Education Program (PREP). PREP funding is mandatory formula funding for States and Territories from the Administration for Children and Families. PREP funds are to be used for programs that educate adolescents on abstinence, contraception, and adulthood preparation subjects. Adulthood preparation subjects include: healthy relationships, adolescent development, healthy life skills, financial literacy, parent-child communication, and educational and career success. The purpose of the funding is to support personal responsibility education programs that replicate evidence-based effective program models or substantially incorporate elements of effective programs that have been proven on the basis of scientific research to change behavior, which means delaying sexual activity, increasing condom or contraceptive use for sexually active youth, or reducing pregnancy among youth. The Pennsylvania Department of Health (Department), is the State Agency responsible for the administration of the PREP Grant.

The Department, specifically the Bureau of Family Health (BFH) is also responsible for the administration of the Title V Maternal and Child Health Services Block Grant (MCHSBG). Within the MCHSBG, there are national and state performance measures that focus on adolescent health. As a result of the five year needs and capacity assessment, which was completed in July 2010, a new state priority was established to decrease teen pregnancy through comprehensive sex education. The rate of pregnancy per 1,000 females ages 17 and under is the corresponding performance measure.

In Pennsylvania, there is an upward trend of teen pregnancy, teen births, and increasing rates of sexually transmitted infections (STIs). The data reflect the need to increase the amount of programming that is available in Pennsylvania to address the growing birth rates, pregnancy rates, and STI rates among youth. Table 1. shows the teen pregnancy and birth rates from 2005 to 2008 in girls aged 15-19.

Table 1. Pregnancy and Birth Rates for Girls aged 15-19 in Pennsylvania in 2008

	Pregnancy Rate	Birth Rate
2005	40.7	28.2
2006	42.7	29.5
2007	43.7	30.1
2008	44.3	29.9

Data Source: PA Department of Health, Bureau of Health State, EpiQMS
<http://app2.health.state.pa.us/epiqms/Asp/ChooseDataset.asp>

In addition to the increases in teen pregnancy and birth rates in Pennsylvania, there have been increases in the rates of STIs among youth 15-17 and 18-19 years of age. In 2005, the Chlamydia

rate for teens 15-17 years of age was 1,309.7 per 100,000. This rate increased to 1,443.4 per 100,000 in 2008. For the same time period, 2005 and 2008, the Chlamydia rates among teens 18-19 years of age were 1,927.1 per 100,000 and 2,259.1 per 100,000. The Gonorrhea rates were 271.9 per 100,000 in 2005 and 272.1 per 100,000 in 2008 among 15-17 year olds. The Gonorrhea rates for 18-19 year olds were 463.8 per 100,000 in 2005 and 473.1 per 100,000 in 2008. These combined data demonstrate the need for programming on the prevention of pregnancies and STIs, including HIV/AIDs in Pennsylvania.

According to a review of youth and high risk behaviors (Beginning too soon: Adolescent Sexual Behavior, Pregnancy, and Parenthood, 1995), teens who are involved in other risky behaviors, such as substance abuse, also tend to engage in risky sexual behaviors. According to the Substance Abuse and Mental Health Services Administration's Results from the 2002 National Survey on Drug Use and Health: National Findings, approximately 3.5 million people aged 12 or older received some kind of treatment for a problem related to the use of alcohol or illicit drugs in the 12 months prior to being interviewed in 2002. According to the 2009 Youth Risk Behavior Surveillance System (YRBSS) data, 70.5% of students in Pennsylvania reported having at least one alcoholic drink at least once in the past. For the same year, 38.4% of students reported they had at least one drink of alcohol on at least one day during the 30 days before the survey. Additionally, 35.0% of students in Pennsylvania responded affirmatively that they had, "ever used marijuana one or more times during their life." For the same year, 19.3% of students used marijuana one or more times during the 30 days before the survey.

According to 2009 YRBSS data, 48.3% of students in Pennsylvania responded affirmatively that they, "ever had sexual intercourse." For the same year, 36.9% of students reported that they had sexual intercourse with at least one person during the three months before the survey. The YRBSS data from 2009 also showed that 14.6% of youth in Pennsylvania reported they drank alcohol or used drugs before last sexual intercourse (among students who were currently sexually active).

Through this RFA process, the Department is soliciting applications for the provision of personal responsibility education programs. The objective of PREP is to educate adolescents on both abstinence and contraception to prevent pregnancy and STIs, including HIV/AIDS, and three adulthood preparation subjects including: healthy relationships, adolescent development, and healthy life skills. Bonus points will be awarded if the applicant includes information about additional adulthood preparation subjects, which include: financial literacy, parent-child communication, and educational and career success.

Applications will be accepted from the following eligible organizations and institution categories including: 1. licensed psychiatric residential treatment facilities (PRTFs), 2. licensed residential substance abuse treatment programs, 3. residential programs serving delinquent youth, which includes: a. residential programs serving delinquent youth licensed by the Department of Public Welfare's Office of Children, Youth and Families (OCYF) b. OCYF Youth Development Centers (YDCs) and c. OCYF Youth Forestry Camps, 4. licensed partial hospitalization or outpatient drug and alcohol facilities, 5. licensed partial hospitalization or outpatient mental health facilities. Applicants must clearly state the category of eligible applicants under which they are applying. Applicants that submitted an application under RFA #10-07-06, may not

submit an application under the same eligibility category for this RFA. Applicants may apply for funds under multiple categories, if eligible, however a separate application must be submitted for each category the applicant wishes to be considered. The applicant must be licensed, as appropriate and provide a copy of licensure with the application. Additional information about how to apply, relevant and specific restrictions, and stated preferences regarding applicants are noted and outlined in Section B.

The Department is interested in funding personal responsibility education programs that replicate evidence-based effective program models. The programs approved for replication are the *Rikers Health Advocacy Program* or *Street Smart*. The program should be replicated with fidelity and adaptations should be minimal, however minor adaptations, such as updating statistics, minor details in the case studies, or adapting the program to be age appropriate are acceptable changes. In some cases more significant adaptations may be needed. Any component that is added onto an evidence-based program must be well-integrated into the evidence based program model and should not alter the core components of the evidence-based program model. All adaptations must be reviewed and approved by the Department prior to implementation. All grantee generated materials must be reviewed and approved by the Department for medical accuracy and age-appropriateness prior to use. Grantees will be required to address abstinence and contraception, other than condoms, by incorporating selected modules from *Sex Ed 101*. Applicants are encouraged to be innovative and creative in their approach.

The anticipated grant agreement term is January 1, 2012 to September 30, 2014, with two, one year renewal options subject to the availability of funding. At the Department's discretion and by letter notice, the Department may renew the Grant Agreement up to two times for one additional year. Any renewal terms are subject to the other provisions of the Grant Agreement, and the availability of funds, unless terminated earlier by either party according to the termination provision of the Grant Agreement.

This RFA provides interested institutions, organizations and persons with information to prepare and submit applications to the Department. Questions about this RFA can be directed to Abigail Coleman, Public Health Program Administrator, Bureau of Family Health, Pennsylvania Department of Health, 7th Floor East, Health and Welfare Building, 625 Forster Street, Harrisburg, Pennsylvania 17120-0701 or by e-mail address at abcoleman@pa.gov, no later than September 29, 2011. Answers to all questions will be posted at www.emarketplace.state.pa.us. Each applicant shall be responsible to monitor the website for new or revised RFA information. The Department shall not be bound by any information that is not either contained within the RFA or formally issued as an addendum by the Department.

In order to do business with the Commonwealth of Pennsylvania providers are required to enroll in SAP system. Applicants may enroll at www.vendorregistration.state.pa.us/ or by calling toll free at 1-877-435-7363 or locally at 717-346-2676.

B. Application Procedures

1. General

- a) Applications must be received by the Department by the time and date stated in the cover letter.
- b) If it becomes necessary to revise any part of the application guidelines, an amendment will be posted on DGS website.
- c) The decision of the Department with regard to selection of applicants is final. The Department reserves the right to reject any and all applications received as a result of this request and to negotiate separately with competing applicants.
- d) Grantees whose applications are selected are not permitted to issue news releases pertaining to this project prior to official written notification of award by the Department review committee. Any subsequent publication or media release issued by the grantee throughout the life of the grant using funding from this grant must acknowledge the Department as the granting agency, and be approved in writing by the Department.
- e) The following definitions shall be used for the purposes of this RFA:
 1. Adaptation – The modification of an evidence-based program model that has been developed for a single, demographic, ethnic, linguistic, and/or cultural group for use with other groups.
 2. Age-Appropriate – Topics, messages, and teaching methods that are suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group.
 3. Core Components – Program characteristics that must be kept intact when an intervention is being replicated or adapted, in order for it to produce program outcomes similar to those demonstrated in the original evaluation research.
 4. Evidence-based program models – Program models for which systematic empirical research or evaluation has provided evidence of effectiveness. The evidence-based programs the Department has identified as having met the standards to be considered effective and eligible for funding for replication are: *Rikers Health Advocacy Program* or *Street Smart*.
 5. Fidelity – The degree to which an intervention is delivered and designed. Faithfulness with which a curriculum or program is implemented; that is, how well the program is implemented without compromising its core content which is essential for the program effectiveness.
 6. Implementation – The process of introducing and using interventions in real-world service settings, including how interventions or programs are adopted, sustained and taken to scale.
 7. Medically Accurate and Complete – Verified or supported by the weight of the research conducted in compliance with accepted scientific methods and published in peer-reviewed journals, where applicable; or comprising information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete.
 8. Youth – An individual who has attained age 10 but has not attained age 20, except in the case of pregnant youth or mothers, which may include women under 21 years of age.

2. Evaluation of Applications

All applications meeting stated requirements in this RFA and received by the designated date and time will be reviewed by a committee of qualified personnel selected by the Department. The Review Committee will recommend applications that most closely meet the evaluation criteria developed by the Department. If the Review Committee needs additional clarification of an application, Division of Child and Adult Health Services/Adolescent Health Program staff and staff from the Division of Contracts will schedule an oral presentation and/or assign a due date for the submission of a written clarification.

Evaluation criteria used by the Review Committee, include:

- a) **Soundness of Approach:** This refers to the applicant's technical approach to providing services, if it is responsive to all requirements of the RFA, and if it meets the Project's objectives. Objectives must be clearly stated and demonstrate that the services provided are culturally, linguistically, and cognitively appropriate for the population being served. The applicant must describe how the proposed activities will address the incidence of teen pregnancy and STI prevention in the population being served. The applicant must describe the process to be used to ensure all services provided are medically accurate and age appropriate. The applicant must clearly state any adaptations to the evidence-based curriculum being proposed and explain why these adaptations are necessary for the youth being served. The applicant must describe how youth will be referred to other providers of health care services, local public health and public service agencies, or social services if needed. The applicant must clearly state how the proposed activities will address contraception, abstinence, and the three required adulthood preparation subjects, which include: healthy life skills, healthy relationships and adolescent development. Bonus points will be awarded to applicants proposing to educate youth on the three additional adulthood preparation subjects: financial literacy, parent-child communication, and educational and career success. Applicants are encouraged to be innovative and creative in their approach.
- b) **Statement of the Problem:** This refers to the applicant's ability to articulate their understanding of the agency's needs that generated the RFA, the Project's objectives, the population that the RFA addresses, and the nature and scope of the work involved. The applicant must demonstrate an understanding of evidence-based teen pregnancy and STI prevention programs and the need for these programs for high risk youth. The applicant must demonstrate an understanding of the need to educate youth on the required adulthood preparation subjects (healthy life skills, healthy relationships, and adolescent development) and the optional adulthood preparation subjects if the applicant chooses to incorporate these. The applicant must demonstrate an understanding of the need to provide culturally competent services to all youth without regard to race, ethnicity, or sexual identity.
- c) **Feasibility and Timeliness:** This refers to the applicant's ability to articulate a clear plan for what will be accomplished, including a step-by-step plan with timelines for accomplishing the specific deliverables and a detailed description of the number of youth

and the demographics of the youth that will be participating in the Project. The application should indicate that the objectives will be met within the proposed timeframe. The applicant's proposal should clearly describe a feasible plan for implementing an evidence-based program that addresses teen pregnancy, STI prevention, and the three required adulthood preparation subjects.

- d) Evaluative Measures:** This refers to the applicant's ability to articulate a clear plan for monitoring and evaluating the program. The proposal must include a plan to track and provide data in five categories including: output measures (e.g. number of youth served, hours of service delivery); fidelity/adaptation; implementation and capacity building (e.g. community partnerships, competence in working with the identified population); outcome measure (e.g. behavioral knowledge and intentions); and community data (e.g. STIs, birth rates). The proposal must acknowledge that if selected, the applicant will participate in the Federal Impact Evaluation. The Department of Health and Human Services (HHS) will select a subset of projects to participate in Federal Impact Evaluations. Grantees will be required to participate if selected, and must give their assurances that they will participate if selected.
- e) Applicant Qualifications:** This refers to the qualifications of the applicant. Qualifications of the applicant will be measured by experience implementing evidence-based programs with fidelity. Additionally, qualifications of the applicant will be determined by prior experience implementing teen pregnancy prevention programs and educating youth on abstinence, contraception, and the three required adulthood preparation subjects.
- f) Budget:** The budget template provided by the Department must be used and the budget should be reasonable for the work proposed. The budget must demonstrate that the applicant has dedicated funds for at least two staff to attend the required four day curricula training and one day lesbian, gay, bisexual, transgender, and questioning (LGBTQ) competency training. The budget may not be in conflict with the funding restrictions described in the Administration for Children and Families, State Personal Responsibility Education Program guidance.
- g) Personnel Qualifications:** This refers to the qualifications of the personnel who would be completing tasks related to this RFA. Qualifications of personnel will be measured by experience and education, with a particular reference to experience providing services similar to that described in the RFA. Resumes of the personnel who will be assigned to completing tasks related to this RFA must be provided. Applicants will be evaluated on whether sufficient personnel are available to carry out the proposed activities.

3. Awards

Grants will be administered through the Department.

All applicants will receive official written notification of the status of their application from the Department. Unsuccessful applicants may request a debriefing. This request must be in writing

and must be received by the Division of Child and Adult Health Services/Adolescent Health Program within 30 calendar days of the written official notification of the status of the application. The Division of Child and Adult Health Services/Adolescent Health Program will determine the time and place for the debriefing. The debriefing will be conducted individually by Division of Child and Adult Health Services/Adolescent Health Program staff. Comparison of applications will not be provided. Applicants will not be given any information regarding the evaluation other than the position of their application in relation to all other applications and the strengths and weaknesses in their individual application.

Up to 17 awards are possible at \$303,000 per award (\$101,000 per fiscal year). If deemed acceptable by the review committee, the top two applications in each category of eligible applicants will be awarded first to ensure that all target populations are served. If less than two applications in a category of eligible applicants are deemed acceptable and to reach the goal of 17 funded awards, the remaining applications will be funded from highest to lowest scored if deemed acceptable by the review committee.

4. Deliverables

- a) The grantee shall implement one of the eligible evidence-based programs, which includes: *Rikers Health Advocacy Program* or *Street Smart*. These two programs will be supplemented with modules from *Sex Ed 101* on abstinence, contraception methods other than condoms, and adulthood preparation subjects. All adaptations must be reviewed and approved by the Department prior to implementation. All grantee generated materials must be reviewed and approved by the Department for medical accuracy and age-appropriateness prior to use.
- b) Programs must address both abstinence and contraception, however because neither program selected for implementation address abstinence and contraception, implementation sites are to use the following lessons from *Sex-Ed 101: Making Sense of Abstinence and Choices* and *Consequences: Making Decisions about Contraception*.
- c) The grantee shall provide information on the three following adult preparation topics:
 1. Healthy relationships, such as positive self-esteem and relationship dynamics, friendships, dating, romantic involvement, marriage and family interactions
 2. Adolescent development, such as the development of healthy attitudes and values about adolescent growth and development, body image, racial and ethnic diversity, and other related subjects
 3. Healthy life skills, such as goal setting, decision making, negotiation, communication and interpersonal skills, and stress management.The *Rikers Health Advocacy Program* does not discuss the adulthood preparation subjects required, therefore sites using the *Rikers Health Advocacy Program* curriculum must also incorporate three additional lessons from *Sex-Ed 101*. The lessons from *Sex-Ed 101* include: *Is This Really Love? Learning about Relationships*, *Everybody Has People Problems: Finding Alternatives*, and *It's My Future*.

- d) The grantee shall have a minimum of two staff participate in a one-day LGBTQ cultural competency training to be held in the Harrisburg area in year one of the grant agreement. This training will be provided through the Department, however applicants should budget money for travel to the training.
- e) The grantee shall have a minimum of two staff participate in training on the selected curricula. These trainings, for both the *Rikers Health Advocacy Program* and *Street Smart*, will be four days in length, will be held in the Harrisburg area, and will be hosted by the Department in the first six months of the grant agreement. Participation is mandatory in the first year of the grant. The applicant should budget money for travel to the training as appropriate.
 - i. To account for staff turnover and/or for staff who feel they need to repeat the training, the Department will host a four-day, *Rikers Health Advocacy Program* training in years two through five of the grant agreement. The applicant should budget money for travel to the training as appropriate.
 - ii. To account for staff turnover and/or for staff who feel they need to repeat the training, *Street Smart* trainings are offered by the Centers for Disease Control and Prevention (CDC) throughout the year. The Department will not host a training in years two through five for the *Street Smart* curriculum, therefore the applicant should budget money for travel to a CDC *Street Smart* training as appropriate. The CDC will determine where trainings for *Street Smart* will be held in years two through five of the grant agreement.
- f) The grantee shall have a minimum of two staff participate in one on-going training per year during years two through five of the grant agreement. The training will be on a topic to be selected based on the need of all PREP implementation sites. The on-going training will be provided by a contractor that is selected through a separate Request for Proposal (RFP) process. The on-going trainings will be provided regionally throughout the Commonwealth and will be a one-day training. The applicant should budget money for travel to the on-going training as appropriate.
- g) The grantee shall participate in a LGBTQ cultural competency assessment, to be conducted at the grantee's facility, by a contractor selected through a separate RFP process. Leadership at the facility will meet with the LGBTQ contractor, who will conduct staff surveys, environmental scans, and policy reviews to develop organizational cultural competency goals and plans. The assessment will happen in the first year of the grant and before September 30, 2012.
- h) The grantee shall participate in a yearly session, conducted at the grantee's facility, with the LGBTQ cultural competency contractor to monitor and update the cultural competency goals and plans.
- i) The grantee shall allow the LGBTQ cultural competency contractor to provide a LGBTQ 101 training at the grantee's facility on a yearly basis. All staff at the facility will be required to participate in at least one LGBTQ 101 training throughout the grant period.

- j) The grantee shall allow the LGBTQ cultural competency contractor to provide a LGBTQ Advanced Topics training at the grantee's facility on a yearly basis. All staff that work directly with youth will be required to participate in at least one training throughout the grant period.
- k) The grantee shall have a minimum of two staff participate in a regional meeting conducted by the LGBTQ cultural competency contractor. The regional meetings will be offered four times per year at various locations throughout the Commonwealth. The grantee shall notify the Department which regional meeting the grantee will participate in at least two weeks prior to the meeting. . The applicant should budget money for travel to the regional meetings as appropriate.
- l) The Department of Health and Human Services (HHS) will select a subset of projects to participate in Federal Impact Evaluations. Grantees will be required to participate if selected, and must give their assurances that they will participate if selected.
- m) The applicant shall refer youth to other providers of health care services, local public health and public service agencies, or social services on an as needed basis.
- n) The applicant shall notify the Department of changes in licensure status within 30 calendar days of the change.
- o) The grantee shall conduct pre and post tests with all program participants. The tests shall be developed by an outside evaluator, who will be identified through a separate RFP process. The grantee shall submit the pre and post test data within two weeks of the program ending to the evaluation contractor. In addition to submitting the pre and post test data, the grantee shall provide a description and analysis of services being delivered.

5. Reporting Requirements

- a) The grantee shall submit a written mid-term report of progress, issues, and activities to the Department within 180 days after the grant effective date. The mid-term report shall, at a minimum, identify if activities are proceeding according to the project plan, and explain any deviations from the project plan. Any changes to the scope or methodology of the program during the term of the grant agreement must be approved in writing by the Department.
- b) The grantee shall submit a written quarterly report to the Department on the progress, issues, and activities within 30 days of the close of the quarter. The report shall, at a minimum, identify if activities are proceeding according to the project plan, and explain any deviations from the project plan. Any changes to the scope or methodology of the program during the term of the grant agreement must be approved in writing by the Department. The report will also detail the number of times the curriculum was presented and data on the number of adolescents served. The report will include information on

cultural competency trainings and assessments provided by the contractor selected by the Department.

- c) The grantee shall request written approval from the Department prior to any changes in key personnel.
- d) In the first year of the program, the Department will work with HHS to develop performance measures that could be uniformly collected across all grantees. Generally, there are five broad categories of performance measure the Department anticipates all grantees will be required to track: 1. Output measures (e.g., number of youth served, hours of service delivery); 2. Fidelity/adaption; 3. Implementation and capacity building (e.g., community partnerships, competence in working with the identified population); 4. Outcome measures (e.g., behavioral, knowledge, and intentions); and 5. Community data (e.g., STIs, birthrate). Grantees should be prepared to collect and report data on each of these measures. The specific performance measures to be collected will be determined by the HHS and the Department. By the end of the first grant year, final performance measures will be distributed to grantees and funded recipients will be required to report on these measures.

C. Application Instructions and Required Format

1. Application Instructions

The following is a list of requirements.

- a) The applicant must submit one original and **eight (8)** complete copies of the application (Part Two of this RFA).
- b) The application must be in a sealed package.
- c) The application must be received by mail or in person at Division of Contracts by the date and time specified in the cover letter. Applicants mailing applications should allow sufficient mail delivery time to ensure timely receipt. **(Late applications will be rejected, regardless of the reason).**
- d) The application must be submitted using the format described in subsection 2, below – Application Format.
- e) The Certifications Form must be completed and signed by an official authorized to bind the organization to the application.
- f) The applicant must submit a copy of their license with the application.
- g) The applicant must clearly state under which category of eligible organizations the applicant is applying.

Applicants are strongly encouraged to be brief and clear in the presentation of ideas.

2. Application Format

Applicants must follow the format as described below to complete Part Two of this RFA. Applications must be typewritten on 8 ½” by 11” paper, with a font size no smaller than 10 point and margins of at least ½ inch.

- a) **Cover Page** – Complete the form.
- b) **Certifications Form** – The Certifications Form must be completed and signed by an official authorized to bind the organization to the application.
- c) **Work Statement** – Provide a narrative description of the proposed methodology addressing the following topics:
 - The summary of application should not exceed two (2) pages and must include the following:
 - Title of project
 - Objectives
 - Brief summary of project
 - Outline of anticipated results
 - Impact of project
 - Statement of problem
 - Objectives to be addressed with grant funding
 - Project plan, which lists tasks to be performed and timeline associated with each task

The work statement narrative including two-page summary should not exceed twenty (20) pages.

- d) **Licensure** - The applicant must be licensed, as appropriate and provide a copy of licensure with the application.
- e) **Budget** – Use the format provided in Attachment V to present your budget request. Instructions regarding completion of the budget can be found on the last page of Attachment V. The anticipated grant agreement term is 10/1/2011-9/30/2014. The overall 36-month budget for the application shall not exceed \$303,000.00. Your budget needs to contain an Overall Summary in addition to a Summary with Budget Details for each year.

Overall Summary	1/1/2012 to 9/30/2014	\$303,000.00
Year 1 Summary	1/1/2012 to 6/30/2012	\$75,750.00
Year 2 Summary	7/1/2012 to 6/30/2013	\$101,000.00
Year 3 Summary	7/1/2013 to 6/30/2014	\$101,000.00
Year 4 Summary	7/1/2014 to 9/30/2014	\$25,250.00

**Annual Distribution of Federal Funds, Years 1-4
(January 1, 2012 – September 30, 2014)**

			Total Annual Funding
Budget Year 1	N/A	Up to \$75,750 to be spent 1/1/2012 – 6/30/2012	\$75,750
Budget Year 2	Up to \$25,250 to be spent 7/1/2012 – 9/30/2012	Up to \$75,750 to be spent 10/1/2012 – 6/30/2013	\$101,000
Budget Year 3	Up to \$25,250 to be spent 7/1/2013 – 9/30/2013	Up to \$75,750 to be spent 10/1/2013 – 6/30/2014	\$101,000
Budget Year 4	Up to \$25,250 to be spent 7/1/2014 – 9/30/2014	N/A	\$25,250

See the Budget Definitions section below for more information.

3. Budget Definitions

Personnel: The personnel section shall identify each position by job title, hourly rate, and the number of hours per year allocated to the project. Fringe benefits are to be shown as a separate line item by percentage and shall include a detailed listing of the benefits being covered.

Consultant Services: This budget category shall identify each consultant by classification, hourly rate and number of hours to be utilized under this grant.

Subcontract Services: This budget shall identify each subcontract to be utilized under this grant. If the subcontractor is not known at this time, please indicate by saying "To Be Determined" along with a description of work to be performed.

Patient Services: N/A.

Equipment: This budget category shall reflect the actual or projected cost of any equipment \$5,000 or greater. Justification for the purchase of any equipment must be included. Purchase of equipment is not a priority of the Department.

Supplies: This budget category shall reflect expected costs for general office supplies including personal computers and facsimile machines valued at less than \$5,000, needed to support this project.

Travel: This budget category shall include anticipated expenditures for travel including mileage, hotels and meals.

Other: This budget category shall be used for anticipated expenditures that do not fit into any of the other budget categories such as telephone, printing, postage, and indirect costs (overhead, general, and administrative). Indirect rates cannot exceed the provider's federally approved

indirect cost rate schedule. In the description area under OTHER COSTS include the % that the rate reflects, identify the budget categories to which the rate was applied, and list the specific items that the indirect is paying for.