



Administration for Children and Families

**Administration on Children, Youth and Families (ACYF)/  
Family and Youth Services Bureau (FYSB)**

**Title V State Abstinence Education Grant Program  
HHS-2010-ACF-ACYF-AEGP-0123**

**Application for Funding Due Date: August 30, 2010**

**Post-Award State Plan Due Date: December 10, 2010**

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION ON CHILDREN AND FAMILIES**

**Program Office:** Family and Youth Services Bureau; Administration on Children, Youth and Families

**Funding Opportunity Title:** Title V State Abstinence Program

**Announcement Type:** Initial

**Funding Opportunity Number:** HHS-2010-ACF-ACYF-AEGP-0123

**CFDA Number:** 93.235

**Due Date for Abbreviated Applications:** August 30, 2010

**Due Date for Post-Award State Plan:** December 10, 2010

**Executive Summary**

The “State Abstinence Program” was extended through Fiscal Year 2014 under the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act, hereafter), Pub.L. 111-148. This funding opportunity announcement instructs States in how to apply for funding for FY 2010. To qualify for funding in FY 2010, States must submit an application. Before a State can draw down funds awarded to it under this announcement, it must receive approval of its post-award State plan.

The Family and Youth Services Bureau (FYSB) is accepting applications from States and Territories for the development and implementation of the State Abstinence Program. The purpose of this program is to support decisions to abstain from sexual activity by providing abstinence programming as defined by Section 510(b) of the Social Security Act (42 U.S.C. § 710(b)) with a focus on those groups that are most likely to bear children out-of-wedlock, such as youth in or aging out of foster care.

States are encouraged to develop flexible, medically accurate and effective abstinence-based plans responsive to their specific needs. These plans must “provide abstinence education, and at the option of the State, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on those groups which are most likely to bear children out-of-wedlock.” An expected outcome for all programs is to promote abstinence from sexual activity.

**I. FUNDING OPPORTUNITY DESCRIPTION**

**A. Statutory Authority**

Awards under this announcement are authorized and appropriated by the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act) [Pub.L. 111-148], which amends section 510 of the Social Security Act [42 U.S.C. § 710]. The Affordable Care Act restored funding for the State Abstinence Program for FY 2010 through FY 2014.

This funding opportunity announcement instructs States in how to apply for funding for FY 2010.

### **Section 510 of the Social Security Act**

“(a) For the purpose described in subsection (b), the Secretary shall, for fiscal year 2010 and each subsequent fiscal year, allot to each State which has transmitted an application for the fiscal year under Section 505(a) an amount equal to the product of—

- (1) the amount appropriated in subsection (d) for the fiscal year; and
  - (2) the percentage determined for the State under Section 502(c)(1)(B)(ii).
- (b) (1) The purpose of an allotment under subsection (a) to a State is to enable the State to provide abstinence education, and at the option of the State, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on those groups which are most likely to bear children out-of-wedlock.
- (2) For purposes of this section, the term “abstinence education” means an educational or motivational program which—
- (A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
  - (B) teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;
  - (C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
  - (D) teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;
  - (E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
  - (F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society;
  - (G) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and
  - (H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.
- (c) (1) Sections 503, 507, and 508 apply to allotments under subsection (a) to the same extent and in the same manner as such sections apply to allotments under Section 502(c).
- (2) Sections 505 and 506 apply to allotments under subsection (a) to the extent determined by the Secretary to be appropriate.
- (d) For the purpose of allotments under subsection (a), there is appropriated, out of any money in the Treasury not otherwise appropriated, an additional \$50,000,000 for each of the fiscal years 2010 through 2014. The appropriation under the preceding sentence for a fiscal year is made on October 1 of the fiscal year except that such appropriation shall be made on the date of enactment of the Patient Protections and Affordable Care Act in the case of year 2010.”

### **B. Purpose and Program Design of the State Abstinence Program**

#### **Purpose**

According to preliminary birth data, in 2008 there were 435,000 births to mothers aged 15 to 19 in the United States, a birth rate of 41.5 per 1,000 women in this age group (Hamilton, Martin, & Ventura, 2010). The majority of teen births are unintended. Two-thirds of births among mothers under age 18 and more than half among mothers aged 18 to 19 years are unintended (Chandra, Martinez, Mosher, Abma & Jones, 2005).

Teen pregnancy and childbearing bring substantial social and economic costs through immediate and long-term impacts on teen parents and their children.

1. Preventing teen childbearing could save the United States about \$9 billion per year (Hoffman, 2006).
2. Teen mothers face higher rates of preterm birth, and their infants have higher rates of low birth weight and infant death (Ventura, Mathews, Hamilton, 2001).
3. Compared to women who delay childbearing until the age of 20 to 21 years, teenage mothers, aged 19 and younger, are more likely to—
  1. drop out of high school,
  2. be and remain single parents (Hoffman and Maynard, 2008)
4. The children of teenage mothers are more likely to—
  1. have lower cognitive attainment and proficiency scores at kindergarten entry,
  2. exhibit behavior problems,
  3. have chronic medical conditions,
  4. rely more heavily on publicly provided health care,
  5. be incarcerated at some time during adolescence until their early 30s, and
  6. drop out of high school, give birth as a teenager, and be unemployed or underemployed as a young adult (Hoffman and Maynard, 2008).

These effects remain for the teen mother and her child even after adjusting for those factors that increase the teenager's risk for pregnancy such as growing up in poverty, having parents with low levels of education, growing up in a single-parent family, and having low attachment to and performance in school (Singh & Darroch, 2000).

A recent report from the CDC shows that many adolescents and young adults in the United States engage in sexual risk behaviors and experience negative sexual and reproductive health outcomes. For example:

- About 1 million adolescents and young adults aged 10 to 24 years were reported to have chlamydia, gonorrhea, or syphilis in 2006.
- Nearly a quarter of females aged 15 to 19 years, and 45 percent of those aged 20–24 years, had a human papillomavirus (HPV) infection during 2003 and 2004.
- There were approximately 745,000 pregnancies among U.S. females under age 20 in 2004.

Rates of sexually transmitted diseases/infections (STDs/STIs) among adolescents are troubling, and race/ethnicity are also factors. The gonorrhea rate is approximately twenty times higher among African American and two times higher among Latino adolescents ages 15–19 than their White peers in the U.S. (CDC, 2009). The chlamydia rate is approximately eight times higher among

African American and two times higher among Latino adolescents ages 15-19 than their White peers (CDC, 2009).

After declining steadily from 1991–2005, birth rates for 15-19 year-olds increased significantly between 2005 and 2006 in 26 States from all regions of the country. This increase was not seen among younger teens: birth rates for 10-14 year-olds declined from 0.7 to 0.6 per 1,000 girls. The number of births for 15-19 year-olds rose 3 percent to 435,436 in 2006, compared to 414,593 in 2005—the largest increase in a single year since 1989–1990. Causes for this increase are not yet known, but bear concern due to the potential increase in the socioeconomic burden of teen pregnancy and childbearing (Martin et al., 2006). The most recent birth data (2008) show a 2% decline in the teen birth rate to 41.5 per 100,000 teens ages 15-19 (Hamilton, Martin, & Ventura, 2010).

A recent CDC report (2009) shows signs that progress toward reducing rates of STDs/STIs has halted in some areas: rates of AIDS cases among males aged 15–24 years increased during 1997–2006, and syphilis cases among teens and young adults aged 15–24 years have increased in both males and females in recent years.

Adolescents who are at greatest risk of STDs/STIs and unintended pregnancies are a complex and dynamic group. A targeted and holistic approach is essential to reducing teen pregnancies. Abstinence programming is one intervention in a continuum of services that seeks to prevent teen pregnancy. The purpose of the State Abstinence Program is to provide States with funding for additional tools to address the rates of teen pregnancy among those groups who are most likely to bear children out-of-wedlock.

## **Program Design**

### ***Programming Options***

The stated purpose of this funding is “to enable the State to provide abstinence education, and at the option of the State, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity.” For that reason, States may fund abstinence education as defined by Section 510(b)(2) of the Social Security Act (42 U.S.C. § 710(b)) or programs that provide mentoring, counseling, and/or adult supervision as a means of promoting abstinence from sexual activity. All programs incorporated by a State must ensure that abstinence from sexual activity is an expected outcome. States are encouraged to identify programs that have demonstrated effectiveness in delaying initiation of sexual activity or promoting abstinence from sexual activity.

### ***Use of Funds for Abstinence Education (A-H Components of Social Security Act (42 U.S.C. § 710(b)(2))) and Mentoring, Counseling and Adult Supervision Abstinence Promotion Programs***

It is recognized that many States receive relatively modest funding under the legislative formula, which will result in the development of programs with significant variation. States seeking funding under Section 510 of the Social Security Act should use their discretion in coordinating components to construct abstinence programs that best meet the needs of the populations most likely to bear children out-of-wedlock. States expending funds for abstinence education programs may determine the relative emphasis to place on each of the A-H components of Section 510(b)(2).

States may also use funds for mentoring, counseling or adult supervision programs to promote abstinence, as allowed under Section 510(b)(1). Regardless of program type, no funds can be used in ways that contradict the A-H provisions.

### ***Medical Accuracy***

Programs supported with these funds must be medically accurate. Medical accuracy means that medical information must be verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals where applicable, or be comprised of information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective and complete. If a State chooses to teach values-based perspectives, it is permissible under this statute. However, a State may not present information as factual when it reflects a value or opinion instead of fact.

As a condition of receiving a grant under this announcement, a State must certify that “all abstinence education materials that are presented as factual will be grounded in scientific research.” This certification pertains to any materials presented by sub-awardees of the State as well. Specific instructions for certifying medical accuracy are included later in this funding announcement.

### ***Program Effectiveness***

There is a growing body of literature on effective interventions for reducing teen pregnancy. These interventions range in program models and target populations. These evidence-based programs have demonstrated impacts on sexual activity (including delaying initiation of sexual activity), contraceptive use, STDs/STIs, and pregnancy or births. We encourage States to review effective programs to determine whether elements of those programs should be incorporated into programs designed for this grant.

Recently a study by Jemmott et al. (2010) reported on an abstinence intervention called *Promoting Health Among Teens* that reduced sexual initiation. While the program focused on abstinence, it was not designed to incorporate all of the A-H elements. The authors described the intervention as promoting

“abstinence to eliminate the risk of pregnancy and STIs including HIV. It was designed to (1) increase HIV/STI knowledge, (2) strengthen behavioral beliefs supporting abstinence including the belief that abstinence can prevent pregnancy, STIs, and HIV, and that abstinence can foster attainment of future goals, and (3) increase skills to negotiate abstinence and resist pressure to have sex. It was not designed to meet federal criteria for abstinence-only programs. For instance, the target behavior was abstaining from vaginal, anal, and oral intercourse until a time later in life when the adolescent is more prepared to handle the consequences of sex. The intervention did not contain inaccurate information, portray sex in a negative light, or use a moralistic tone. The training and curriculum manual explicitly instructed the facilitators not to disparage the efficacy of condoms or allow the view that condoms are ineffective to go uncorrected.”

Given this program’s rigorous evaluation and proven impact of abstinence, its design components merit consideration as States or sub-awardee design their programs.



The Administration for Children and Families encourages States to consider the following approaches as they seek to design effective programs:

- The research on effective abstinence programs suggest that they are based on sound theoretical frameworks (e.g., social cognitive theory, theory of reasoned action, or theory of planned behavior, etc);
- The use of intense, high dosage (at least 14 hours) programs implemented over a long period of time [Kirby, 2001];
- The use of programs that encourage and foster peer support of decisions to delay sexual activity [Trenholm 2007];
- The use of programs that select educators with desired characteristics (whenever possible), train them, and provide monitoring, supervision, and support [Kirby 2007]; and,
- The use of programs that involved multiple people with expertise in theory, research, and sex and STD/HIV education to develop the curriculum [Kirby 2007].

As States design their programs, ACF also encourages them to 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.

#### *Target Populations*

As Section 510 (b)(1) of the Social Security Act (42 U.S.C. § 710(b)(1)) describes, States are to focus on groups that are most likely to bear children out-of-wedlock. One such population of young people who are significantly more likely than their peers to become pregnant or to father a child at an early age are youth who are in or aging out of foster care. In one study of a sample of youth in foster care (average age 15.3 years old), half reported having experienced consensual sexual intercourse. Of these that experienced consensual sexual intercourse, 40.5 percent reported being 13 or younger at age of first consensual intercourse (James et al, 2009). Nearly half of young women in foster care reported a pregnancy by age 19 (Bilaver and Courtney, 2006). They are two times more likely than their peers to have at least one child by that age. By age 23, 77 percent of young women who had been in foster care had been pregnant at least once, and 61 percent of young men formerly in care had a female partner who had become pregnant (Courtney, Dworskey, Lee & Raap, 2009). States should consider high pregnancy rates among youth in the care of the child welfare system in determining how to target these resources.

#### *Program Design Components - Goal(s), Objectives, and Logic Models*

States and/or sub-awardees are required to develop and include in the post-award State plan (submitted after the application for funding):

- (1) a program-specific goal(s) statement;
- (2) up to six outcome objectives that clearly state expected results or benefits of the intervention proposed and link with the goal(s) statement, as well as multiple process objectives; and

- (3) a logic model demonstrating how proposed inputs and activities will lead to the outcome objectives and ultimately the achievement of the goal(s) statement.

A goal is a general statement of what the project expects to accomplish. It should reflect the long-term desired impact of the project on the target group(s) as well as reflect the program goals contained in this Funding Opportunity Announcement. The state and/or sub-awardee should outline the vision and short/long-term goals of the proposed program/activity in the goal(s) statement.

An objective is a statement which defines a measurable result that the program expects to accomplish. All proposed objectives should be specific, measurable, achievable, realistic, and time-framed (S.M.A.R.T.).

- Specific: An objective is to specify one major result directly related to the program goal, state that it is going to be doing what, to whom, by how much, and in what time-frame. It must specify what will be accomplished and how the accomplishment will be measured.
- Measurable: An objective must be able to describe in realistic terms the expected results and specify how such results will be measured.
- Achievable: The accomplishment specified in the objective must be achievable within the proposed time line and as a direct result of program activities.
- Realistic: The objective must be reasonable in nature. The specified outcomes – i.e. expected results – must be described in realistic terms.
- Time-framed: An outcome objective must specify a target date or time frame for its accomplishments.

Outcome objectives – i.e. S.M.A.R.T. objectives related to the outcomes of the program – must be supported with several process objectives – i.e. S.M.A.R.T. objectives related to the processes or activities of the program.

States will be required to submit the goal(s) statement, outcome objectives, and logic models for all State-led programs or sub-awardee programs not later than December 10, 2010, with the post-award State Plan, along with assurance that the logic model demonstrates specified activities that will lead to the outcome objectives enumerated and ultimately the achievement of the goal(s) statement.

Further information on sources available for developing programs, as well as information on logic models, is provided in *Appendix E*.

### **C. Other Program Requirements**

All grantees should budget annually the costs of sending at least one key staff person to attend 1) the three-day national abstinence program grantee meeting in Washington, DC, and 2) the two- or three-day regional meeting for abstinence program grantees in their region. Each meeting provides specific training for State Abstinence Program Coordinators and important program requirement updates. Grantees may send more than one key staff person to the national meeting.

## **II. AWARD INFORMATION**

The process for fulfilling requirements necessary to utilize FY 2010 Abstinence funding will include a two step process for States to submit an initial application for award and a post-award State plan. The first step is the submission of an application for funding, which will include the

federally required standard application documents, assurances and other documents as outlined in *Section IV.B: Form and Content of Application for Funding Submission* of this funding opportunity announcement. The second step is the submission of a post-award State Plan, which includes the implementation plan as outlined in *Section IV.D: Components of Post-Award State Plan* and any applicable modifications and updates to the application narrative components and appendices.

### **Anticipated Total Priority Area Funding**

The State Abstinence Program was extended through FY 2014, under the Affordable Care Act. This funding opportunity announcement instructs States in how to apply for funding for FY 2010. A total of \$50,000,000 is available for each budget year.

### **Length of Budget Periods**

In accordance with Section 503 of the Social Security Act, “Any amount payable to a State under this title from allotments for a fiscal year which remains unobligated at the end of such year shall remain available to such State for obligation during the next fiscal year. No payment may be made to a State under this title from allotments for a fiscal year for expenditures made after the following year.” For example, funds awarded to the States in FY 2010 are available for obligation through September 30, 2011. Funds awarded in FY 2010 must be expended by September 30, 2012.

### **Length of Project Periods**

The project period under this program announcement is 12 months. Applications for funding and post-award State Plans submitted by States cover funding for FY 2010. States will be required to submit additional applications/State plans for funding awarded in the years FY 2011 through FY 2014.

States will submit one budget information form (SF-424A) with their FY 2010 application. States may submit a revised budget information form (SF-424A) when submitting their post-award State Plan.

### **Allocations**

Grants awarded to each State are determined by a formula using the State’s proportion of low-income children compared to the total number of low-income children in the U.S. based on the most recent Census data for children in poverty. For each fiscal year, the allotment for each State or Territory will be updated based on census data published in the previous year and will be communicated to States by August 15 of the preceding fiscal year. Census data are unavailable for the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau. Thus, the allocations for these three entities are instead based on the amounts allocated to them by HHS in prior fiscal years.

See [Appendix A](#) for FY 2010 estimated allotments.

### **Approved Application**

States that submit an application that is approved will receive a grant award by September 30, 2010. As noted above, the funds must be obligated by the end of FY 2011 and expended by the end of FY 2012.

### **Expenditure Restrictions**

Special conditions apply to this award. A State may not draw down funds awarded to it until the State has an approved post-award State Plan. Funds under this grant are not available for planning and other activities associated with the development and submission of post-award State Plans.

## **III. ELIGIBILITY INFORMATION**

### **A. Eligible Applicants**

A total of 59 States and Territories are eligible. Eligible entities include all 50 States, the District of Columbia, American Samoa, Guam, the Republic of the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands ([45 CFR Part 96.2](#)).

The authorized representative, established under State law, shall apply for and administer the Section 510 State Abstinence Program. A signed letter from the authorized representative must accompany each application; it should include documentation or a citation establishing the authorized representative's authority to apply for and administer State Abstinence Program funds on behalf of the State.

The application may be developed solely by the authorized representative or in consultation with the State Maternal and Child Health Services Agency (as outlined by Sec. 505(a)(5)(F) of the Social Security Act) and/or other relevant State agencies such as the State Department of Education.

### **B. Cost Sharing or Matching**

The applicant must fund at least 43 percent (3/7) of the project's total cost with non-Federal resources while ACF will fund no more than 57 percent (4/7) of the project's total cost (section 503(a) of the Social Security Act (42 U.S.C. §703(a)). For example, if a State's total program cost is \$100,000, the ACF will award \$57,000 and the State must provide a match of \$43,000. The match may be State dollars, local government dollars, private dollars, such as foundation dollars, or in-kind support.

The non-Federal match must be used solely for the activities enumerated under Section 510 of the Social Security Act and must be accounted for on the Financial Status Report (SF-269A).

Matching requirements (including in-kind contributions) of less than \$200,000 (up to \$199,999) are waived under grants made to the governments of American Samoa, Guam, the U.S. Virgin Islands, and the Commonwealth of the Northern Mariana Islands (other than those consolidated under other provisions of 48 U.S.C. 1469) pursuant to 48 U.S.C. 1469a(d). This waiver applies whether the matching required under the grant equals or exceeds \$200,000.

### **C. Other**

#### **Sub-Awards**

States may fund sub-awards with the State Abstinence Program award and may pass on match requirements to sub-awardees. States are required to verify the medical accuracy of all materials used by sub-awardees.

### **Unallowable Activities**

Neither the State nor any of its sub-awardees may use Federal or matching funds under this award to support inherently religious activities, including, but not limited to, religious instruction, worship, prayer, or proselytizing (45 CFR Part 87).

### **Reasonable Costs**

ACF supports reasonable and necessary costs for grants within the scope of approved projects.

### **Medical Accuracy**

Medical accuracy means that medical information must be verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals, where applicable, or be comprised of information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective and complete. If States choose to teach values-based perspectives, it is permissible under this statute. However, a State may not present information as factual when it reflects a value or opinion instead of fact. The requirement for States receiving funding under Section 510 of the Social Security Act is that they will certify that “all abstinence education materials that are presented as factual will be grounded in scientific research.” This certification pertains to any materials presented by sub-awardees of the State as well. Specific instructions for certifying medical accuracy are included later in this funding announcement.

### **Section 317P(c)(2) of the Public Health Service Act**

Mass produced educational materials that are specifically designed to address sexually transmitted diseases/infections (STDs/STIs) are required by section 317P(c)(2) of the Public Health Service Act (42 U.S.C. §247b-17(c)(2)) to contain medically accurate information regarding the effectiveness or lack of effectiveness of condoms in preventing the STDs/STIs the materials are designed to address. In general, information on contraceptives, if included, must be medically accurate and should include information on the effectiveness or lack of effectiveness of the type of contraception discussed in the curriculum.

Applicants must sign the assurance contained in *Appendix B* and submit it with their application for funding.

Should ACF find medically inaccurate information during the review process, or at any time during the grant project period, grantees will be required to correct the inaccuracies.

## **IV. APPLICATION AND POST-AWARD STATE PLAN SUBMISSION INFORMATION**

### **A. Application for Funding and State Plan Checklists**

Submit all documents in the order listed in the checklist for the application for funding and the post-award State Plan. Each item is described in more detail in *Section IV.B* and *Section IV.D*. See

Section IV.C for Application for Funding submission information and Section IV.E for Post-Award State Plan submission information.

FY 2010 State Abstinence Program Application for Funding Checklist (Due August 30, 2010)
1. Application for Federal Assistance (SF-424) and SF-P/PSL (Project/Performance Site Location)
2. Letter from the Authorized Representative (Transmittal Letter)
3. Application Abstract
4. Certification Regarding Lobbying
5. Certification Regarding Environmental Tobacco Smoke (Certified by signing application)
6. Assurances for Non-Construction Projects (SF-424B)
7. Disclosure of Lobbying SF-LLL

FY 2010 State Abstinence Program Post-Award State Plan Checklist (Due December 10, 2010)
1. State Plan Cover Page
2. Table of Contents
3. <a href="#">Program</a> Narrative
4. Appendices
5. Application for Federal Assistance (SF-424) and Project/Performance Site Location (SF-P/PSL)
6. Budget Information- Non-Construction Projects SF-424A
7. Budget Narrative/Justification

**B. Form and Content of Application for Funding Submission (Due August 30, 2010)**

***Number of Copies***

Include one original Application for Funding and one full copy of the Application for Funding. The original and copy should be submitted with all attachments.

If an Application for Funding is incomplete, an opportunity will be provided to complete the application.

Each Application for Funding must include the following components placed in the order given:

**1. Application for Federal Assistance (SF-424) and the Project/Performance Site Location (SF-P/PSL)**

Standard Forms (SFs) are available in the [Grants.gov Forms Repository web site](#). Versions of other Standard Forms are also available on the [OMB Grants Management Forms web site](#). For information regarding accessibility issues, visit the [Grants.gov Accessibility Compliance Page](#).

- For the CFDA Number (box 11), enter 93.235.
- For the CFDA Title, enter “State Abstinence Program.”

- For the estimated funding (box 18), make sure that all totals match those provided on the budget summary (SF-424A).

The Project/Performance Site Location form (SF-P/PSL) is newly implemented in FY 2010. Applicants must cite their primary location of operation (recipient) and up to 30 project performance sites (recipient and sub-awardees).

**2. Letter from the Authorized Representative (Transmittal Letter)**

The transmittal letter signed by the Authorized Representative must include the Code of Federal Domestic Assistance (CFDA) Number 93.235 and “State Abstinence Program” as the priority area to which the application is responding. The letter should also include documentation or a citation of the authority of the authorized representative to apply for and administer funds on behalf of the State. The transmittal letter should be included with all copies of the application.

**IMPORTANT:** The Office of Grants Management sends quarterly notices of grant award to fiscal staff within State agencies that are on record in the U.S. Department of Health and Human Service’s Payment Management System as the appropriate recipients for such notices. If the State applicant wants to change the address or the recipient of the official Notices of Grant Award, the State must indicate so in the cover letter that accompanies the application. The address can be changed only before the first quarter award is made each year.

**3. Application Abstract**

The application abstract serves to provide Federal staff with a summary of the applicant’s most important program information. By formatting the information through bulleted lists rather than through narrative, program office staff and State Coordinators from other States can quickly identify the program strategies used in the State.

Include in your abstract the following information:

**Contact and Grant Request Information**

State:

Fiscal Year:

Grant allocation amount:

	Prefix	First and Last Name	Suffix	Title	Telephone	Email Address
Contact Person						
Project Director						
Authorized Representative						

Additional Staff to Receive Correspondences:

Any Additional Pertinent Information such as Abstinence Program Web Site:

## Abbreviated Program Narrative

The Abbreviated Program Narrative is the part of the application that will offer substantive information about the planning process for the proposed State program, and it will be used as the primary basis to determine whether or not the project meets the minimum requirements for awards. The narrative must provide a clear and concise description of your project.

The Abbreviated Program Narrative must be double-spaced, formatted to 8 ½” x 11” (letter-size) pages with 1” or larger margins on top, bottom, and both sides, and a font size of not less than Arial 10 point or Times New Roman 12 point. All pages, charts, figures and tables must be numbered. The Abbreviated Program Narrative should not exceed five single-sided pages.

The abbreviated program narrative must contain the following:

- **Need Statement:** Describe the need for services in the proposed target area by identifying the most recent statistical data, e.g., documentation of the incidence of teen births in the area to be served in relation to the proposed geographic area to be served. Generally, describe how the project will benefit the target population.
- **Process Statements:** Describe the process you will use to:
  1. Develop the State Plan
  2. Assure medical accuracy
  3. Ensure that all funded programs/sub-awardees will address the required components of this announcement

## 4. Certification Regarding Lobbying

Applicants must furnish with their application or prior to award a Certification Regarding Lobbying, when applying for an award in excess of \$100,000.

Applicants who have used non-Federal funds for lobbying activities *in connection with receiving assistance under this announcement* shall complete disclosure form SF-LLL with their applications.

## 5. Certification Regarding Environmental Tobacco Smoke

Applicants must also understand that they will be held accountable for the smoking prohibition included within P.L. 103-227, Title XII Environmental Tobacco Smoke (also known as the PRO-KIDS Act of 1994). By signing and submitting the application, applicants are providing the certification and need not submit the certification with the application.

## 6. Assurances

Applicants must submit the appropriate certification of their compliance with all Federal statutes relating to non-construction programs by submitting SF-424B with their application. Standard Forms (SFs) are available in the [Grants.gov Forms Repository web site](#). Versions of other Standard Forms are also available on the [OMB Grants Management Forms web site](#). For information regarding accessibility issues, visit the [Grants.gov Accessibility Compliance Page](#).



### *Non-Discrimination*

Applicants must make the appropriate certification of their compliance with all Federal statutes relating to nondiscrimination, including 45 CFR Part 87. By signing and submitting the application, the applicant is providing the certification and need not mail a certification form.

### *Medical Accuracy*

Applicants must sign and submit the medical accuracy certification in *Appendix B* of their compliance with the requirement that all educational materials and curricula designed, mass produced and used for instructional and informational purposes are medically accurate. Should ACF find medically inaccurate information during the review process, or at any time during the grant project period, grantees will be required to correct the inaccuracies.

## **7. Disclosure of Lobbying Activities (SF-LLL)**

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the applicant shall complete and submit the SF-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Applicants must furnish an executed copy of the Certification Regarding Lobbying prior to award

## **8. D-U-N-S Number Requirement**

All applicants must have a D&B Data Universal Numbering System (D-U-N-S) number. A D-U-N-S number is required whether an applicant is submitting a paper application or using the Government-wide electronic portal, [Grants.gov](http://Grants.gov). A D-U-N-S number is required for every application for a new award or renewal/continuation of an award, including applications or plans under formula, entitlement, and block grant programs. A D-U-N-S number may be acquired at no cost online at <http://www.dnb.com>. To acquire a D-U-N-S number by phone, contact the D&B Government Customer Response Center:

U.S. and U.S Virgin Islands: 1-866-705-5711

Alaska and Puerto Rico: 1-800-234-3867 (Select Option 2, then Option 1)

Monday - Friday 7 AM to 8 PM C.S.T.

Ensure that your organization has a D-U-N-S number and records it on SF-424 at item number 8c.

## **C. Submittal and Copy Requirements for the Application for Funding**

### ***Submission Dates and Times***

The Application for Funding due date is available in the *OVERVIEW* section at the beginning of this announcement.

### ***Extension of Deadlines***

ACF may extend an application due date and receipt time when circumstances such as natural disasters occur (floods, hurricanes, etc.); when there are widespread disruptions of mail service; or

in other rare cases. The determination to extend or waive due date and receipt time requirements rests with ACF's Chief Grants Management Officer.

***Number of Copies***

Include one *original application* and one *full copy* with all attachments.

***Electronically-Submitted Applications***

ACF cannot accommodate transmission of applications by facsimile or email.

***Mail Submission***

Mail or hand-deliver your application to:

LeBretia White  
Family and Youth Service Bureau  
Administration for Children and Families  
U. S. Department of Health and Human Services  
Portals Office Building, Suite 800  
1250 Maryland Avenue, SW  
Washington, DC 20024

***Hand-Delivered Applications***

Applications hand-delivered by applicants, applicant couriers, other representatives of the applicant, or by overnight/express mail couriers must be **received** on, or before, August 30, 2010, between the hours of 8:00 a.m. and 4:00 p.m., eastern time, Monday through Friday (excluding Federal holidays).

When you arrive at the building, call the main telephone line from the lobby. Someone will meet you in the lobby to receive the application. The main telephone numbers are: (202) 205-8307 or (202) 205-9605.

***Application Format***

- Use standard sized paper (8 ½ x 11 inches).
- Use a font size no smaller than Arial 10 or Times New Roman 12.
- Clearly number all pages (including forms, narrative, and appendices) in one serial number set, handwritten if necessary.
- Include a table of contents.
- Submit all materials UNSTAPLED AND UNBOUND.

**D. Form and Content of Post-Award State Plan (Due December 10, 2010)**

Each Post-Award State Plan must include the following components placed in the order given (due December 10, 2010):

## 1. State Plan Cover Page

The applicant must include the following information on the cover page:

- Project Title
- Applicant Name
- Service area included in the application, described by county and USPS zip codes: zip-three code(s) for one or more entire counties, zip-five codes for any partial-county areas included in the proposed service area
- Fiscal Year
- Grant Allocation Amount
- Address
- Contact Name
- Contact Phone Numbers (Voice, Fax)
- E-mail Address and Web Site Address, if applicable

## 2. Table of Contents

Provide a table of contents that includes all items listed in the Post-Award State Plan checklist.

## 3. Program Narrative

**Important:** Applications submitted by States cover funding for FY 2010. States will be required to submit additional applications for the years FY 2011 through FY 2014.

Use each of the headings in bold below throughout the application narrative. This will help the applicant, the reviewer, and Federal staff to gain a clear picture of the proposed program.

### **Description of Problem and Need**

This section requires the applicant to establish a simple needs-assessment of problems related to teen pregnancy and STDs/STIs in the State and which groups are most at risk for out-of-wedlock births and have the greatest need for abstinence interventions, as defined by Section 510(b) of the Social Security Act.

The discussion may include brief descriptions of existing programs and/or gaps therein that address the problems. However, the applicant should avoid detailed descriptions of these programs. The goal is not to describe all programs and activities in the State but rather to demonstrate that the applicant has assessed how best to use the available grant funds.

### *Focal Population*

From the identified focal populations, the State should identify those with greatest need that it will serve. Also, describe any analysis that was conducted to identify these groups.

The applicant should describe the proposed focal groups in detail and demonstrate how and why they were chosen. In cases where groups have equal needs, the State may describe how infrastructure, systems, local support, feasibility and service recipient participation were considered in identifying focal populations.

The applicant should *not* include a list of grantee needs for reaching the focal population(s) in this section but in the appropriate section below.

End this section with a clear bulleted list of the proposed focal populations.

## **Implementation Plan**

The Implementation Plan is a critical part of the Program Narrative and therefore of the State Plan.

As outlined in the previous section Program Design Components – Goals(s), Objectives, and Logic Models, describe the goal(s) statement and process and outcome objectives of all planned activities. ACF encourages the use of logic models and the inclusion in the proposal of any logic models that have been developed that support the implementation plan. Additional information about the development of logic models is available in Appendix E.

The remainder of this section details additional required information.

Develop an implementation plan based on the problem and need for reaching the proposed focal population(s). Develop and identify goals, activities, mechanisms, and a short set of broad steps that will be used to implement the activities. For each step include the responsible party, the expected outputs, and the start and end dates.

The applicant should involve service recipients in this process and describe how they were involved. Also, describe how the State proposes to involve service recipients in the actual implementation of the proposed plan.

ACF encourages the use of **logic models** and the inclusion in the proposal of any logic models that have been developed that support the implementation plan. Additional information about the development of logic models is available in *Appendix E*.

Grant applicants should include in their budget and implementation plan the attendance of at least one staff person at a grantee meeting to be held in the Washington, DC area annually. The costs for attendance should address travel, lodging, and meals,

### *Barriers*

Describe any potential barriers to the implementation plan and how the State proposes to overcome the barriers.

### *Mechanisms*

If the State plans to develop formal partnerships, describe the mechanisms that will be used and the types of services partners will provide. Formal partners are those with whom the State will establish legal agreements through grants, contracts, inter-agency agreements, memoranda of agreement, memoranda of understanding, etc.

### *Monitoring*

If the State plans to develop formal partnerships, develop and describe a monitoring plan the State will use to assure program integrity to the proposed plan and the priorities of the State and of ACF.

### *Coordination*

Describe the proposed coordination of the program with groups such as:

- HHS Teen Pregnancy Prevention grantees
- Personal Responsibility Education Program grantees
- State Child Welfare Agencies, Education Agencies, or Public Health Agencies

### *Service Recipient Involvement*

Briefly describe how the State proposes to make the State's proposed plan public within the State after its transmittal to ACF in such a manner as to facilitate comment from any person (including service recipients and any Federal or other public agency). For example, the State may post the proposed plan on the web, hold listening sessions or town hall meetings, establish or continue an advisory board for the program, or send the plan to interested groups, etc.

### *Referrals*

Describe various needs of service recipients that the program will not be able to meet and which may require referrals to other entities. Describe entities to which the State proposes to refer such service recipients.

### **Objective Performance Measures and Efficiency Measures**

Describe at least two program-related objective *outcome* measures that the State proposes to use to measure its success in reaching key goals. Outcome measures are those designed to measure behavior, attitudes, knowledge and beliefs of service recipients served. One of the outcome measures must include abstinence as the means of preventing teen pregnancy, birth and/or STDs/STIs.

States may develop additional performance measures, including both outcome and output measures. Output measures are those designed to measure the success of the program staff in implementing activities such as the number of program recipients or communities served.

### *Objective Efficiency Measures*

As in previous years, States are required to collect and report data on the service recipients served in the program. The data are used by Federal staff to analyze the success of ACF in accomplishing its long-term objective efficiency measures, which are measures of cost or of the amount of other resources per unit of output (such as dollar spent per program recipient served, dollar spent per hours of service received, or staff hours invested per program recipient served, etc.)

The data is collected in Table D- Activity Results, of the Performance Progress Report. For each of sections A-D of Table D listed below, describe how the State proposes to collect and report the relevant data in the proposed fiscal year.

The applicant need not include these forms in the application, but rather should develop plans for using them. Grantees will be required to include these forms in program reports.

### *Unduplicated Count of Clients Served (Section A)*

The purpose of Section A, Unduplicated Count of Clients Served, is to track and report the unduplicated number of service recipients served for each program year. Each service recipient is counted only once.

#### *Hours of Service Received by Clients (Section B)*

The purpose of Section B, Hours of Service Received by Clients, is to track and report the total number of class hours provided to adolescents and/or adults aged 10- 20 years.

#### *Program Completion Data (Section C)*

The purpose of Section C, Program Completion Data, is to track and report the total number of all service recipients who complete the various program(s) offered and in which county(ies) those programs are completed. A grantee may have several programs, such as separate programs for middle school and high school students, mentoring, counseling, events, parent education programs, adult supervision, etc. Data should be recorded for each program.

#### *Communities Served (Section D)*

The purpose of Section D, Communities Served, is to track and report geographical areas in which the grantee has provided services. FYSB uses the data for determining underserved areas and reporting grant information to Congress.

### **Description of Programmatic Assurances**

For each of the three requirements related to legislative priorities below, describe measures (such as contract language, report requirements, site visits, etc.) that the State will use to assure compliance:

1. that applicants for sub-awards understand and agree formally to the requirement of programming to not contradict Section 510 (b)(2) (A-H elements);
2. that materials used by sub-awardees do not contradict Section 510(b)(2) A-H elements; and
3. that curricula and materials be reviewed for medical accuracy\*.

\* Medical accuracy means that medical information must be verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals, where applicable, or be comprised of information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective and complete. If States choose to teach values-based perspectives, it is permissible under this statute. However, a State may not present information as factual when it reflects a value or opinion instead of fact. The requirement for States receiving funding under Section 510 of the Social Security Act is that they will certify that “all abstinence education materials that are presented as factual will be grounded in scientific research.” This certification pertains to any materials presented by sub-awardees of the State as well. Specific instructions for certifying medical accuracy are included later in this funding announcement.

#### *Section 317P(c)(2) of the Public Health Service Act*

Mass produced educational materials that are specifically designed to address sexually transmitted diseases/infections (STDs/STIs) are required by Section 317P(c)(2) of the Public Health Service

Act (42 U.S.C. § 247b-17(c)(2)) to contain medically accurate information regarding the effectiveness or lack of effectiveness of condoms in preventing the STDs/STIs the materials are designed to address. In general, information on contraceptives, if included, must be medically accurate and should include information on the effectiveness or lack of effectiveness of the type of contraception discussed in the curriculum.

Should ACF find medically inaccurate information during the review process, or at any time during the grant project period, grantees will be required to correct the inaccuracies.

### **Budget Discussion**

IMPORTANT: This section of the narrative is where the applicant comments on budgetary documents. The applicant inserts the actual budget documents in [Sections 9 and 11](#) of the application.

Provide a general description of how the proposed budget, matching funds, and sub-awardee budgets support the administrative and programmatic activities necessary to manage the program and to accomplish the proposed activities. This is not the budget justification.

Describe the proposed process for monitoring the sub-awardees' budget management.

Describe how allocated funds are proposed to support service recipient involvement in the implementation of the proposed project.

Identify sources of non-Federal funds.

Describe the qualifications of the key personnel, including the Program Coordinator and any sub-awardee key personnel.

Provide assurances that the work of personnel supported through this grant, as staff or through sub-awards, directly supports the accomplishment of the program goals.

Describe sub-awardee documents included in the application.

### **4. Appendices**

Include all appendices that the State deems necessary to support its program narrative.

#### *Medical Accuracy Certification*

If the medical accuracy certification in *Appendix B* was not submitted with the application for funding, it should be signed and submitted with the Post-Award State Plan. Signing and submitting the form certifies the grantee's compliance with the requirement that all educational materials and curricula designed, mass produced and used for instructional and informational purposes are medically accurate. Should ACF find medically inaccurate information during the review process, or at any time during the grant project period, grantees will be required to correct the inaccuracies.

### **5. Application for Federal Assistance (SF-424) and the Project/Performance Site Location (SF-P/PSL)**

Grantees should re-submit their SF-424, with any necessary revisions, with their Post-Award State Plan.

As the application summary, Standard Form-424 version 02 (SF-424) is an important form that Federal program administrators refer to repeatedly for program and contact information. For the CFDA Number (box 11), enter 93.235.

- For the CFDA Title, enter “State Abstinence Program.”
- For the estimated funding (box 18), make sure that all totals match those provided on the budget summary (SF-424A).

The Project/Performance Site Location form (SF-P/PSL) is newly implemented in FY 2010. Applicants must cite their primary location of operation (recipient) and up to 30 project performance sites (recipient and sub-awardees).

## **6. Budget Information Non-Construction Projects—SF-424A**

States will submit one budget information form with this application, which will be reviewed in light of their proposed activities for the budget period.

Complete Sections A (Budget Summary) through F (Other Budget Information) of the SF-424A. The SF-424A is available at: [Grants.gov Forms Repository web site](#).

*Special Instructions For Section B (bottom half of page 1 of the two-page form)*

- Column (1) should be devoted to the Federal grant.
- Column (2) should be devoted to the State match.
- Columns (3) and (4) should only be used when submitting revised budget requests for a grant already awarded.
- Column (5) should be the total of the Federal and State match.
- Federal grant regulations permit grantees to use funds for sub-awards. If the State decides to enter into sub-awards, the total of all sub-award budgets should be reflected in the “Contractual” line item (Section B, line f).
- When filling out Section B electronically, please be sure to check that any additions calculated by a software program, which can misread the column headings (1), (2), and (3), are correct.

Grant applicants should include in their budget and implementation plan the attendance of at least one staff person at a grantee meeting to be held in the Washington, DC area annually. The costs for attendance should address travel, lodging, meals, and incidentals, and a registration fee of no more than \$200.

## **7. Budget Narrative/Justification**

For Section B of the Budget Information Form (SF-424A), applicants must submit a *detailed* budget justification for each line item within the object class categories (6a-j) on a supplemental sheet(s) of paper. The budget justification should include detailed sub-categories of section 6a-j. For example, section 6f on SF-424A includes one cell devoted to Federal contractual



costs. However, the budget justification should break the cost into the cost for each proposed contract.

## **E. Submittal and Copy Requirements for the Post-Award State Plan**

### ***Submission Dates and Times***

The Post-Award State Plan due date is available in the *OVERVIEW* section at the beginning of this announcement.

### ***Number of Copies***

Include one original post-award State Plan and one full copy with all attachments.

### ***Electronically-Submitted Post-Award State Plans***

ACF cannot accommodate transmission of applications by facsimile or email.

### ***Mail Submission***

Mail or hand-deliver your Post-Award State Plan to:

LeBretia White  
Family and Youth Service Bureau  
Administration for Children and Families  
U. S. Department of Health and Human Services  
Portals Office Building, Suite 800  
1250 Maryland Avenue, SW  
Washington, DC 20024

### ***Hand-Delivered Post-Award State Plans***

Post-Award State Plans hand-delivered by applicants, applicant couriers, other representatives of the applicant, or by overnight/express mail couriers must be **received** on, or before, the due date listed in this section, between the hours of 8:00 a.m. and 4:00 p.m., eastern time, Monday through Friday (excluding Federal holidays).

When you arrive at the building, call the main telephone line from the lobby. Someone will meet you in the lobby to receive the application. The main telephone numbers are: (202) 205-8307 or (202) 205-9605.

### ***Post-Award State Plan Format***

- Use standard sized paper (8 ½ x 11 inches).
- Use a font size no smaller than Arial 10 or Times New Roman 12.
- Clearly number all pages (including forms, narrative, and appendices) in one serial number set, handwritten if necessary.
- Include a table of contents.
- Submit all materials UNSTAPLED AND UNBOUND.

## **F. Intergovernmental Review of Federal Programs**

This program is not subject to State review by Executive Order 12372 and does not require review by the State's Single Point of Contact (SPOC).

## **G. Summary of Standard Forms and Certifications to Include in the Application for Funding and post-award State Plan**

Application for Federal Assistance - SF-424	fillable and savable
Budget Information Form – SF-424A (State Plan only)	fillable and savable
Certification Regarding Lobbying	can be copied or printed
Disclosure of Lobbying Activities – SF-LLL (if needed)	fillable and savable
Assurances for Non-Construction Programs	fillable and savable

## **V. APPLICATION AND STATE PLAN REVIEW INFORMATION**

The Secretary of HHS will approve any application/State plan that meets the requirements of this announcement. The Secretary will not disapprove an application/State plan except after reasonable notice of the Secretary's intention to disapprove has been provided to the applicant and after a six-month period providing an opportunity for the applicant to correct any deficiencies. The notice of intention to disapprove will be provided to the applicant within 45 days of the date of the submission of the post-award State Plan.

## **VI. AWARD ADMINISTRATION INFORMATION**

### **A. Award Notices:**

#### *Approval Status*

States that submit applications will be notified by the Abstinence Program Office of approval status through the issuance of an application review packet. A packet containing an originally signed cover letter will be sent to the authorized representative that signed the application summary (SF-424, section 21). A second packet, with a copy of the cover letter, will be sent to the contact listed on the application summary (SF-424, section 8f).

### **B. Anticipated Award Date:**

Approval Decision of Post-Award State Plan by ACF will be made by January 21, 2011, or within 45 days of the date of Post-Award State Plan submission.

### **C. Administrative and National Policy Requirements:**

Awards issued under this announcement are subject to the Uniform Administrative Requirements and Cost Principles of 45 CFR Part 74 (Awards And Subawards To Institutions Of Higher Education, Hospitals, Other Nonprofit Organizations, And Commercial Organizations), or 45 CFR Part 92 (Grants And Cooperative Agreements To State, Local, And Tribal Governments).

An application funded with the release of Federal funds through a grant award, does not constitute, or imply, compliance with Federal regulations. Funded organizations are responsible for ensuring that their activities comply with all applicable Federal regulations.

Grantees are subject to the limitations set forth in 45 CFR Part 74, Subpart E-Special Provisions for Awards to Commercial Organizations (45 CFR §74.81\_Prohibition against profit), which states that, "... no HHS funds may be paid as profit to any recipient even if the recipient is a commercial organization. Profit is any amount in excess of allowable direct and indirect costs."

Grantees are also subject to the requirements of 45 CFR Part 87, Equal Treatment for Faith-Based Organizations: "Direct Federal grants, sub-award funds, or contracts under this ACF program shall not be used to support inherently religious activities such as religious instruction, worship, or proselytization. Therefore, organizations must take steps to separate, in time or location, their inherently religious activities from the services funded under this program. Regulations pertaining to the Equal Treatment for Faith-Based Organizations, which includes the prohibition against Federal funding of inherently religious activities, can be found at the HHS web site at: <http://www.os.dhhs.gov/fbc/waisgate21.pdf>.

#### ***Award Term and Condition for Trafficking in Persons***

Awards issued under this announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to [http://www.acf.hhs.gov/grants/award\\_term.html](http://www.acf.hhs.gov/grants/award_term.html).

#### **D. Reporting Requirements:**

In accordance with 45 CFR 92.40 and 45 CFR 92.41, Grantees shall submit annual performance reports unless the awarding agency requires quarterly or semi-annual reports. State grantees under the Abstinence Program will be required to submit program progress reports and financial status reports, semi-annually. Reports will be due 30 days after the conclusion of the reporting period.

Failure to submit reports on time may be a basis for withholding grant funds, suspension, or termination of the grant. In addition, all funds reported after the obligation period will be recouped.

#### **Financial Status Reports**

Program guidelines allow States to expend Abstinence Program funds over a two-year period. For FY 2010, the budget period is September 30, 2010 through September 29, 2012. An interim Financial Status Report (SF-269A) is due December 30, 2010, and a final fiscal report is due December 30, 2011.

A fillable and savable version of SF-269A can be found at [Grants.gov Forms Repository web site](#).

Submit hard copy fiscal reports to the State Abstinence Grants Management Office contact found in *Section VII* of this announcement.

In lieu of paper copies, grantees are encouraged to submit their annual financial status report forms electronically, via the ACF Online Data Collection (OLDC) system at <https://extranet.acf.hhs.gov/ssi>.

Program Progress Report

### ***Program Progress Report Contents***

#### *Cover Letter*

A cover letter must accompany the Program Progress Report and must include the CFDA Number 93.235 and “State Abstinence Program” as the priority area to which the grantee is responding.

#### *Forms*

Performance Progress Report, Performance Narrative

Performance Progress Report, Table of Activity Results

See *Appendix C* for the forms and instructions.

### ***Due Date and Transmittal Options***

The Program Progress Report for FY 2010 is due March 30, 2011.

#### *Transmittal*

Mail Program Progress Reports to State Abstinence Program Office Contact listed in *Section VII* of this announcement.

### **E. Other Information**

The Administration for Children and Families will send States guidance for submitting any updates to their FY 2010 applications.

### **The Paperwork Reduction Act of 1995 (P.L. 104-13)**

Public reporting burden for information collections in this announcement are estimated to average XX hours per response, including the time for reviewing instructions, gathering and maintaining the data needed and reviewing the collection information.

The Abbreviated Application, Post-Award State Plan and Performance Progress Report requirements are approved under OMB control number 0970-0381, which expires 01/31/2011. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

## **VII. AGENCY CONTACTS**

### **State Abstinence Program Office Contact**

LeBretia White

Administration for Children and Families  
Family and Youth Services Bureau  
Portals Office Building, Suite 800  
1250 Maryland Avenue, SW  
Washington, DC 20024  
Tel: 202-205-9605  
Fax: 202-205-9535  
E-mail: [lebretia.white@acf.hhs.gov](mailto:lebretia.white@acf.hhs.gov)

### **Federal Relay Service:**

Hearing-impaired and speech-impaired callers may contact the Federal Relay Service for assistance at 1-800-877-8339 (TTY - Text Telephone or ASCII - American Standard Code For Information Interchange).

### **State Abstinence Program Grants Management Office Contact**

Nathaniel Morris West  
Financial Management Specialist  
Administration for Children and Families  
Office of Grants Management  
Division of Mandatory Grants  
370 L'Enfant Promenade, SW  
Washington, DC 20447  
Tel: 202-401-1230  
Fax: 202-401-5644  
E-mail: [nathaniel.west@acf.hhs.gov](mailto:nathaniel.west@acf.hhs.gov)

## **VIII. REFERENCES**

Abma, J.C., Martinez, G.M., Mosher, W.D., Dawson, B.S. (2004). Teenagers in the United States: Sexual activity, contraceptive use, and child-bearing, 2002. National Center for Health Statistics. Vital Health Stat 23(24).

Bilaver, L.M., & Courtney, M.E. (2006). *Science say #27s: Foster care youth* [Electronic version]. Washington, DC: The National Campaign to Prevent Teen Pregnancy. Retrieved April 26, 2010, from [http://www.thenationalcampaign.org/resources/pdf/SS/SS27\\_FosterCare.pdf](http://www.thenationalcampaign.org/resources/pdf/SS/SS27_FosterCare.pdf).

Brener, N. D., Kann, L., McManus, T., Kinchen, S. A., Sundberg, E. C., and Ross, J. G. (2002). *Reliability of the 1999 Youth Risk Behavior Survey Questionnaire*. Journal of Adolescent Health, 31, 336-342.

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DATE:

Bryan Samuels  
Commissioner  
Administration on Children, Youth and Families

Administration for Children and Families  
Department of Health and Human Services

OMB Control No. 0970-0381  
Expires: 1/31/2011

## **IX. APPENDICES**

**APPENDIX A - ESTIMATED ALLOTMENTS FOR FY 2010**

**APPENDIX B - ASSURANCE OF MEDICAL ACCURACY**

**APPENDIX C - PERFORMANCE PROGRESS REPORT**

**APPENDIX D - GUIDANCE FOR ACF ABSTINENCE PROGRAM GRANTEES THAT  
IMPLEMENT RELIGIOUS PROGRAMS**

**APPENDIX E - RESOURCES FOR DEVELOPING PROGRAMS AND LOGIC MODELS**

**APPENDIX A- ESTIMATED ALLOTMENTS FOR FY2010****ESTIMATED ALLOTMENTS FOR FY 2010**

<b>STATE/TERRITORY</b>	<b>FY 2010</b>
Alabama	\$867,552
Alaska	\$70,513
Arizona	\$1,260,254
Arkansas	\$619,862
California	\$6,135,204
Colorado	\$647,131
Connecticut	\$359,186
Delaware	\$100,033
District of Columbia	\$102,313
Florida	\$2,601,681
Georgia	\$1,810,331
Hawaii	\$101,837
Idaho	\$232,555
Illinois	\$1,930,462
Indiana	\$1,021,603
Iowa	\$363,172
Kansas	\$359,879
Kentucky	\$839,352
Louisiana	\$976,757
Maine	\$152,328
Maryland	\$486,550



Massachusetts	\$611,244
Michigan	\$1,653,105
Minnesota	\$505,743
Mississippi	\$824,462
Missouri	\$934,278
Montana	\$162,525
Nebraska	\$210,484
Nevada	\$356,315
New Hampshire	\$93,342
New Jersey	\$913,938
New Mexico	\$429,292
New York	\$2,991,440
North Carolina	\$1,585,347
North Dakota	\$76,707
Ohio	\$1,797,688
Oklahoma	\$722,921
Oregon	\$556,194
Pennsylvania	\$1,642,951
Rhode Island	\$125,582
South Carolina	\$821,923
South Dakota	\$122,552
Tennessee	\$1,141,533
Texas	\$5,402,595
Utah	\$319,037
Vermont	\$60,042

Virginia	\$889,973
Washington	\$782,729
West Virginia	\$313,767
Wisconsin	\$621,055
Wyoming	\$52,670
American Samoa	\$60,761
Guam	\$56,446
Northern Marianas Islands	\$23,723
Puerto Rico	\$1,965,832
Marshall Islands	\$13,501
Micronesia	\$47,492
Palau	\$21,000
Virgin Islands	\$51,256
<b>Total</b>	<b>\$50,000,000</b>

**APPENDIX B- ASSURANCE OF MEDICAL ACCURACY**

As the authorized individual signing this grant application on behalf of [NAME OF APPLICANT], I hereby attest and certify that we will make every reasonable effort to ensure that materials proposed in this application and funded during the project period of this grant are medically accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPENDIX C- PERFORMANCE PROGRESS REPORT**

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**PERFORMANCE PROGRESS REPORT  
 HHS ADMINSTRATION FOR CHILDREN AND FAMILIES**

**State Abstinence Program  
 Performance Narrative**

				Page 1 of 6
1. Federal Agency and Organization Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number Assigned by Federal Agency		3a. DUNS Number
				3b. EIN
4. Recipient Organization (Name and complete address including zip code)			5. Recipient Identifying Number or Account Number	
6. Project/Grant Period (i.e., 5 years)		7. Budget Period (i.e., 1 year)		8. Final Report ? Yes No
Start Date: (Month, Day, Year)	End Date: (Month, Day, Year)	Start Date: (Month, Day, Year)	End Date: (Month, Day, Year)	9. Report Frequency  <i>annual semi-annual quarterly other</i> (If other, describe: _____) _____ )
10. Performance Narrative				

11. Other Attachments	
<b>12. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.</b>	
12a. Typed or Printed Name and Title of Authorized Certifying Official	12c. Telephone ( <i>area code, number and extension</i> )
	12d. Email Address
12b. Signature of Authorized Certifying Official	12e. Date Report Submitted ( <i>Month, Day, Year</i> )
13. Agency use only	

**INSTRUCTIONS FOR THE COMPLETION OF  
PERFORMANCE PROGRESS REPORT  
HHS Administration for Children and Families  
State Abstinence Program  
Performance Narrative**

**Purpose of Performance Progress Report, Performance Narrative for the State Abstinence Program**

U.S. Code 42, Section 710 references the application of Section 706 of the same code to the abstinence program for States. Section 706 requires block grant recipients to submit reports as directed by HHS.

ACF will use the information collected to collect comparative data required to account for the annual expenditure of \$50 million in Federal funds, assess the progress and impact of ACF's Federally funded abstinence programs against ACF's Strategic Plan goals, and provide feedback to assist State grantees.

The data collected also fulfill requirements of OMB for setting of performance targets and assessment and validation of accomplishments.

## General Instructions

- Cell 1. Identify the Federal agency and organization element to which the report is submitted.
- Cell 2. Identify the Federal grant number assigned by the Federal agency.
- Cell 3a. Identify the DUNS number of your organization.
- Cell 3b. Identify the EIN of your organization.
- Cell 4. Identify your organization's name and complete address, including zip code.
- Cell 5. Leave this field blank.
- Cell 6. Identify the project period as displayed on the financial assistance award for this grant (i.e., 5 years).
- Cell 7. Identify the budget period as displayed on the financial assistance award for this grant (i.e., 1 year).
- Cell 8. Indicate whether this is a final report for the budget period, such as annual or an intermediate report such as 6-month.
- Cell 9. Indicate the reporting frequency for this grant.
- Cell 10. Record any notes regarding the performance narrative in cell 10.

Attach a performance narrative that addresses the emboldened items described below. Use standard sized paper (8 ½ x 11 inches). Clearly number all pages. Submit the narrative UNSTAPLED AND UNBOUND so that additional copies can be made for review, if necessary.

### **Focal Population(s) and Needs:**

Describe the program recipients and the needs of program recipients that were addressed by the State. Describe any additional focal population(s) that were served.

### **Implementation Plan:**

Describe how the State addressed the needs of the focal population(s), attaining the purpose set forth in Section 510(b) of the Social Security Act. Describe the State's success in implementing its approved implementation plan, including as appropriate the goals, activities, mechanisms, and steps. Include a description of any barriers in meeting the goals and how they were resolved.

### **Monitoring:**

Describe how the State effectively monitored the work of each formal partner, implemented through sub-awards, to assure program integrity to the proposed plan and the priorities of the State and of ACF.

### **Budget:**

Provide a detailed budget report which clearly demonstrates how the budget, matching funds and sub-awardees' expenditures were used to accomplish the program goals. The budget report should include an account of the full amount of funds reported on the SF-269 as expended. Describe how the budgets of sub-awardees were monitored. Describe how funds were used to support service recipient involvement.

**Objective Outcome Measure(s):**

Describe the State's progress in reaching annual targets for its approved outcome measure(s). Describe how the State collected and analyzed data relevant to the proposed measure(s).

**Objective Output Measures:**

Describe the State's progress and any barriers in collecting and reporting data for Table D of Activity Results.

**Service Recipient Involvement:**

Describe how service recipients were involved in implementing the State proposed plan.

**Assurances:**

Describe the methods the State will use to ensure:

1. that applicants for sub-awards understand and agree formally to the requirement of programming not to contradict the elements of Section 510 (b)(2) A-H elements;
2. that materials used by sub-awardees do not contradict Section 510(b)(2) A-H elements; and
3. that curricula and materials be reviewed for medical accuracy.

**Training Needs:**

Describe training needs of Section 510 awardees and any ideas for addressing the needs through annual meetings of State Coordinators or other means.

Cell 11. Record any notes regarding additional attachments in cell 11. Clearly mark and attach the documents behind the performance narrative.

Cell 12. Self-explanatory.

Cell 13. Agency use only.

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**PERFORMANCE PROGRESS REPORT**  
 Table A – Activity Results

Page 2 of 6

1. Federal Agency and Organization Element to Which Report is Submitted <i>Populated</i>	2. Federal Grant or Other Identifying Number Assigned by Federal Agency <i>Populated</i>	3a. DUNS <i>Populated</i>	3b. EIN <i>Populated</i>	4. Reporting Period End Date (Month, Day, Year) <i>Populated</i>
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**Section A—UNDUPLICATED COUNT OF CLIENTS SERVED**  
 Indicate the number of all clients served by gender, ethnicity, and age.

Label	Summary	Ages 10-20		Others Served					TOTAL
AE-A-100	Unduplicated Count of Clients Served Females	<i>Calculated</i>		<i>Calculated</i>					<i>Calculated</i>
Label	Race and Gender	Asian	Black	Hispanic	Native American	Native Hawaiian	White	Other	TOTAL
AP-A-110	Female Client(s) age 10								
AP-A-111	Female Client(s) age 11								



AP- A-101	Female Client(s) age 12								<i>Calculated</i>
AP- A-102	Female Client(s) age 13								<i>Calculated</i>
AP- A-103	Female Client(s) age 14								<i>Calculated</i>
AP- A-104	Female Client(s) age 15								<i>Calculated</i>
AP- A-105	Female Client(s) age 16								<i>Calculated</i>
AP- A-106	Female Client(s) age 17								<i>Calculated</i>
AP- A-107	Female Client(s) age 18								<i>Calculated</i>
AP- A-108	Female Client(s) age 19								<i>Calculated</i>
AP- A-109	Female Client(s) age 20								<i>Calculated</i>
AE- A-121	TOTAL	<i>Calculated</i>	<i>Calculated</i>	<i>Calculated</i>	<i>Calculated</i>	<i>Calculated</i>	<i>Calculated</i>	<i>Calculated</i>	<i>Calculated</i>

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**PERFORMANCE PROGRESS REPORT**  
Table A - Activity Results Continued

1. Federal Agency and Organization Element to Which Report is Submitted <i>Populated</i>	2. Federal Grant or Other Identifying Number Assigned by Federal Agency <i>Populated</i>	3a. DUNS	<i>Populated</i>	4. Reporting Period End Date (Month, Day, Year) <i>Populated</i>
		3b. EIN	<i>Populated</i>	

**Section A (Continued)—UNDUPLICATED COUNT OF CLIENTS SERVED**

Indicate the number of all clients served by gender, ethnicity, and age.

Label	Summary	Ages 10-20		Others Served					TOTAL
AP-A-200	Unduplicated Count of Clients Served Males	<i>Calculated</i>		<i>Calculated</i>					<i>calculated</i>
AP-A-201	Unduplicated Count of Clients Served Males and Females	<i>Calculated</i>		<i>Calculated</i>					<i>calculated</i>
Label	Race and Gender	Asian	Black	Hispanic	Native American	Native Hawaiian	White	Other	TOTAL
AP-A-211	Male Client(s) age 10								
AP-A-212	Male Client(s) age 11								
AP-A-202	Male Client(s) age 12								<i>Calculated</i>
AP-A-203	Male Client(s) age								<i>Calculated</i>

	13								
AP- AP- 204	Male Client(s) age 14								<i>Calculated</i>
AP- A-205	Male Client(s) age 15								<i>Calculated</i>
AP- A-206	Male Client(s) age 16								<i>Calculated</i>
AP- A-207	Male Client(s) age 17								<i>Calculated</i>
AP- A-208	Male Client(s) age 18								<i>Calculated</i>
AP- A-209	Male Client(s) age 19								<i>Calculated</i>
AP- A-210	Male Client(s) age 20								<i>Calculated</i>
AP- A-221	Other male recipients of services or training								<i>Calculated</i>
AP- A-222	TOTAL	<i>Calculated</i>	<i>Calculated</i>	<i>Calculated</i>	<i>Calculated</i>	<i>Calculated</i>	<i>Calculate</i>	<i>Calculate</i>	<i>Calculated</i>
AP- A-223	<b>TOTAL MALES &amp; FEMALES</b>	<i>Calculated</i>	<i>Calculated</i>	<i>Calculated</i>	<i>Calculated</i>	<i>Calculated</i>	<i>Calculate</i>	<i>Calculated</i>	<i>Calculated</i>

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**PERFORMANCE PROGRESS REPORT**

Table B - Activity Results

			Page 4 of 6	
1. Federal Agency and Organization Element to Which Report is Submitted <i>Populated</i>	2. Federal Grant or Other Identifying Number Assigned by Federal Agency <i>Populated</i>	3a. DUNS	<i>Populated</i>	4. Reporting Period End Date (Month, Day, Year) <i>Populated</i>
		3b. EIN	<i>Populated</i>	

**Section B—HOURS OF SERVICE RECEIVED BY CLIENTS**

Indicate the number of clients, by age group, who received the total number of “program hours.”

Label	Summary						TOTAL
AP-B-100	Unduplicated Count of Clients Served						<i>Populated</i>
Label	Number of Hours Received						TOTAL
AP-B-101	1 hour						<i>Calculated</i>
AP-B-102	2 hours						<i>Calculated</i>
AP-B-103	3 hours						<i>Calculated</i>
AP-B-104	4 hours						<i>Calculated</i>
AP-B-105	5 hours						<i>Calculated</i>
AP-B-106	6 hours						<i>Calculated</i>
AP-B-107	7 hours						<i>Calculated</i>
AP-B-108	8 hours						<i>Calculated</i>
AP-B-109	9 hours						<i>Calculated</i>
AP-B-110	10 hours						<i>Calculated</i>
AP-B-111	11 hours						<i>Calculated</i>
AP-B-112	12 hours						<i>Calculated</i>
AP-B-113	13 hours						<i>Calculated</i>

AP-B-114	14 hours						<i>Calculated</i>
AP-B-115	15 hours						<i>Calculated</i>
AP-B-116	16 hours						<i>Calculated</i>
AP-B-117	17 hours						<i>Calculated</i>
AP-B-118	18 hours						<i>Calculated</i>
AP-B-119	19 hours						<i>Calculated</i>
AP-B-120	20 hours						<i>Calculated</i>
AP-B-121	21 hours						<i>Calculated</i>
AP-B-122	22 hours						<i>Calculated</i>
AP-B-123	23 hours						<i>Calculated</i>
AP-B-124	24 hours						<i>Calculated</i>
AP-B-125	25 hours						<i>Calculated</i>
AP-B-126	26 hours						<i>Calculated</i>
AP-B-127	27 hours						<i>Calculated</i>
AP-B-128	28 hours						<i>Calculated</i>
AP-B-129	29 hours						<i>Calculated</i>
AP-B-130	30 hours						<i>Calculated</i>
AP-B-131	31 hours						<i>Calculated</i>
AP-B-132	32 hours						<i>Calculated</i>
AP-B-133	33 hours						<i>Calculated</i>
AP-B-134	34 hours						<i>Calculated</i>
AP-B-135	35 hours						<i>Calculated</i>
AP-B-136	36 hours						<i>Calculated</i>
AP-B-137	37 hours						<i>Calculated</i>
AP-B-138	38 hours						<i>Calculated</i>

AP-B-139	39 hours						<i>Calculated</i>
AP-B-140	40 hours						<i>Calculated</i>
AP-B-141	41 hours						<i>Calculated</i>
AP-B-142	42 hours						<i>Calculated</i>
AP-B-143	43 hours						<i>Calculated</i>
AP-B-144	44 hours						<i>Calculated</i>
AP-B-145	45 hours						<i>Calculated</i>
AP-B-146	46 hours						<i>Calculated</i>
AP-B-147	47 hours						<i>Calculated</i>
AP-B-148	48 hours						<i>Calculated</i>
AP-B-149	49 hours						<i>Calculated</i>
AP-B-150	50 hours						<i>Calculated</i>
AP-B-151	TOTAL						<i>Calculated</i>

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**PERFORMANCE PROGRESS REPORT**

Table C- Activity Results

			Page 5 of 6	
1. Federal Agency and Organization Element to Which Report is Submitted <i>Populated</i>	2. Federal Grant or Other Identifying Number Assigned by Federal Agency <i>Populated</i>	3a. DUNS	<i>Populated</i>	4. Reporting Period End Date (Month, Day, Year) <i>Populated</i>
		3b. EIN	<i>Populated</i>	

**Section C—PROGRAM COMPLETION DATA**

Report the number of all clients that complete the various types of program(s) offered..

Label	Description	Select Type of Program	Distinct number of hours provided			Percent of clients that complete $\geq 75\%$ of program.
AP-C-101	Counts of clients that complete at least 75% of the program	In-class abstinence curriculum After school abstinence curriculum Parent education Training for abstinence educators Mentoring (one-on-one) Conference, retreat rally, assembly Add'l. programs (youth presenters, drama, etc.) Other (Describe)_____				<i>Calculated</i>
						<i>Calculated</i>
AP-C-102	Counts of clients that complete at least 75% of the program	In-class abstinence curriculum After school abstinence curriculum Parent education Training for abstinence educators Mentoring (one-on-one) Conference, retreat rally, assembly Add'l. programs (youth presenters, drama, etc.) Other (Describe)_____				<i>Calculated</i>
						<i>Calculated</i>
AP-C-1P3	Counts of clients that complete at least 75% of the program	In-class abstinence curriculum After school abstinence curriculum Parent education Training for abstinence educators Mentoring (one-on-one) Conference, retreat rally, assembly Add'l. programs (youth presenters, drama, etc.) Other (Describe)_____				<i>Calculated</i>
						<i>Calculated</i>
AP-C-104	Counts of clients that complete at least 75% of the	In-class abstinence curriculum After school abstinence curriculum Parent education Training for abstinence educators Mentoring (one-on-one)				<i>Calculated</i>

	program	Conference, retreat rally, assembly Add'l. programs (youth presenters, drama, etc.)				<i>Calculated</i>
AP-C-105	Counts of clients that complete at least 75% of the program	In-class abstinence curriculum After school abstinence curriculum Parent education Training for abstinence educators Mentoring (one-on-one)				<i>Calculated</i>
		Conference, retreat rally, assembly Add'l. programs (youth presenters, drama, etc.) Other (Describe)_____				<i>Calculated</i>

Page can be duplicated or expanded if needed.

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**PERFORMANCE PROGRESS REPORT**

Table D- Activity Results

Table of Activity Results			Page 6 of 6			
1. Federal Agency and Organization Element to Which Report is Submitted <i>Populated</i>	2. Federal Grant or Other Identifying Number Assigned by Federal Agency <i>Populated</i>	3a. DUNS	<i>Populated</i>	4. Reporting Period End Date		
		3b. EIN	<i>Populated</i>	<i>(Month, Day, Year)</i> <i>Populated</i>		
<b>Section D—COMMUNITIES SERVED</b>						
Label	Description	State (spell fully for consistency across States)	County	City/Town		
AP-D-101	Area where					



	services provided:					
AP-D-102	Area where services provided:					
AP-D-103	Area where services provided:					
AP-D-104	Area where services provided:					
AP-D-105	Area where services provided:					
AP-D-106	Area where services provided:					
AP-D-107	Area where services provided:					
AP-D-108	Area where services provided:					
AP-D-109	Area where services provided:					
AP-D-110	Area where services provided:					
AP-D-111	Area where services provided:					
AP-D-112	Area where services provided:					

AP-D-113	Area where services provided:						
AP-D-114	Area where services provided:						
AP-D-115	Area where services provided:						
AP-D-116	Area where services provided:						
AP-D-117	Area where services provided:						
AP-D-118	Area where services provided:						
AP-D-119	Area where services provided:						
AP-D-120	Area where services provided:						
AP-D-121	Area where services provided:						
AP-D-122	Area where services provided:						
AP-D-123	Area where services provided:						
AP-D-124	Area where services provided:						
AP-D-125	Area where services provided:						

AP-D-126	Area where services provided:					
AP-D-127	Area where services provided:					
AP-D-128	Area where services provided:					
AP-D-129	Area where services provided:					
AP-D-130	Area where services provided:					
AP-D-131	Area where services provided:					
AP-D-132	Area where services provided:					
AP-D-133	Area where services provided:					
AP-D-134	Area where services provided:					
AP-D-135	Area where services provided:					
AP-D-136	Area where services provided:					
AP-D-137	Area where services provided:					
AP-D-138	Area where services provided:					
AP-D-139	Area where services provided:					
AP-D-140	Area where					

	services provided:					
AP-D-141	Area where services provided:					
AP-D-142	Area where services provided:					
AP-D-143	Area where services provided:					
AP-D-144	Area where services provided:					
AP-D-145	Area where services provided:					

Page can be duplicated or expanded if needed.

**INSTRUCTIONS FOR THE COMPLETION OF  
PERFORMANCE PROGRESS REPORT  
Table D - Activity Results**

General Purpose of Table D of Activity Results

U.S. Code 42, Section 710 references the application of Section 706 of the same code to the abstinence program for States. Section 706 requires block grant recipients to submit reports as directed by HHS.

ACF will use the information collected to collect comparative data required to account for the annual expenditure of \$50 million in Federal funds, assess the progress and impact of ACF’s Federally funded abstinence programs against ACF’s Strategic Plan goals, and provide feedback to assist State grantees.

The data collected also fulfill requirements of OMB for setting of performance targets and assessment and validation of accomplishments.

**Section A—Unduplicated Count of Clients Served**

Purpose of Section A

The purpose of Section A—Unduplicated Count of Clients Served is to track and report the unduplicated number of clients served for each program year. Each client is counted only once.

## General Instructions

Section A should be submitted as part of all required reports. Annual reports should provide cumulative data for 12 months.

Complete each cell in Section A for an unduplicated number of clients served in all programs funded by the abstinence grant except for media campaigns.

In determining the age of a client, use the age of the client at the first point of contact during the program year.

If a State program has served youth who are younger than 10 during the report period, include that data in rows AP-A-120 (females) or AP-A-221 (males).

If you are helping young adults in making decisions related to abstinence and the young adults happen to be young parents, record these young parents under their ages.

Use the following definitions when determining race:

- **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black or African American** - A person having origins in any of the black racial groups of Africa.
- **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."
- **American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Other (not required by OMB)** - A person wishing to identify himself or herself as "other" rather than one of the demographic groups described above.

If your program is implementing a media campaign, report such activities and the numbers served in the narrative of your program progress report.

## Section B—Hours of Service Received by Clients

### Purpose of Section B

The purpose of Section B, Hours of Service Received by Clients, is to track and report the total number of service hours that clients have received during the report period.

For example, a grantee may provide 1,000 ninth grade students with a 20-hour curriculum program while also providing 5,000 other youth with a one-hour event. Section B allows the grantee to report these numbers in greater detail, rather than averaging the program hours together. Averaged together, the result would show that 6,000 youth received an average of 4 hours of service, which would not clearly represent the nature of the programs. A more detailed report of the example is captured in the sample table rows below.

<b>Number of Hours Received</b>	<b>By 10-18 year olds</b>
1	5,000
20	1,000
<b>Total 12-18</b>	<b>6,000</b>

### General Instructions

Indicate the number of clients, by age group, who received the total number of hours listed for each row.

An hour is equivalent to 60 minutes, and all sessions should be counted only for the actual number of minutes that a youth is served. A session that lasts for 30 minutes should be counted as 30 minutes; 43 minutes should be counted as 43 minutes. The total number of minutes of service that a youth receives must be converted into hours and rounded to the nearest ¼ hour. For example, 343 minutes will equal 5.75 hours.

For clients that receive services from multiple programs, program staff must add together the time received so that only one number of program hours received will be recorded for each client served. For example, if a student participated in 17 hours of a 20-hour curriculum program and also participated in a one-half hour event, the total number of program hours for that student would be 17.5.

For clients that received more than 50 program hours, report their hours in the report form narrative. Do not include any media campaign activities in Section B. Rather, report such activities and the numbers served in form the performance progress report.

The total number of clients served in each of the two age group columns should be equal to the unduplicated count of clients served for those age groups in Section A, row AP-A-201.

## **Section C—Program Completion Data**

### Purpose of Section C

The purpose of Section C, Program Completion Data, is to track and report the number of all clients that complete the various types of program(s) offered.

### General Instructions

In each row, choose and report on one type of program offered by the grantee during the program year. A grantee may have several programs such as separate programs for middle school and high

school students, events, or training programs, etc., and each row should be devoted to one program type with a distinct number of program hours. For example, if a program offers two after-school abstinence curriculum programs with one totaling 12 hours and the second totaling 24 hours, these should be recorded on separate rows. However, if a grantee offers three after-school programs that all provide 15 hours of programming, the data for these should be added together and recorded in one row.

In the fourth column, list the total number of hours that are provided by each program type.

In the fifth or sixth column, list the number of clients that completed at least 75% of the program above the total number of clients served for each of the age ranges indicated.

The total number of clients served by all programs, if they were to be added together, may be greater than the unduplicated count of all clients, as reported in Section A, if clients participated in more than one program.

Grantees with sub-grantees may wish to have each sub-awardee fill out this form separately and then compile the data into one form. In these cases, grantees will likely need to use more than one page.

## **Section D—Communities Served**

### Purpose of Section D

The purpose of Section D, Communities Served, is to track and report geographical areas in which the grantee has provided services.

### General Instructions

Record the geographical areas in which all programs were provided during the budget year by State, county, and city/town.

### Optional Narrative

If needed, submit with Performance Progress Report - TableD a narrative that describes any elements related to sections A-D that need to be explained. For example, the narrative may describe:

- clients served through media activities;
- groups that have been combined under “Other” in section A; or
- hours of service received by clients outside the age range of 10-18

Organize the narrative in the order of sections A through D, and use headings to clearly identify which section the narrative is describing.

## APPENDIX D- GUIDANCE FOR ACF ABSTINENCE PROGRAM GRANTEES THAT IMPLEMENT RELIGIOUS PROGRAMS

### 1. Religious Materials

Eliminate all religious materials from the presentation of the Federally funded program. This includes:

- Bibles or other books of worship;
- Registration materials that include religious inquiries or references;
- Follow up activities that include or lead to religious outreach; and
- Religious content in materials.

*45 CFR 87.2. (c). (“If an organization conducts [inherently religious] activities, the activities must be offered separately, in time or location, from the programs or services funded with direct financial assistance from the Department . . .”). 69 Fed. Reg. 42586, 42593 (2004).*

### 2. Separate and Distinct Programs

Any program with religious content must be a separate and distinct program from the Federally funded program, and the distinction must be completely clear to the consumer. Some of the ways in which this may be accomplished include, but are not limited to, the following examples:

- Creating separate and distinct names for the programs;
- Creating separate and distinct looks for the promotional materials used to promote each program; and
- Promoting *only* the Federally funded program in materials, websites, or commercials purchased with *any portion* of the Federal funds.

Note: If an organization offers both a Federally funded program and a religious program that provide the same social service, or the clients served are children, it is very important that the separation between the programs be accentuated.

*45 CFR 87.2 (c). (“Organizations that receive direct financial assistance from the Department under any Department program may not engage in inherently religious activities, such as worship, religious instruction, or proselytization, as part of the programs or services funded with direct financial assistance from the Department.”). 69 Fed. Reg. 42586, 42593 (2004).*

### 3. Separate Presentations

Completely separate the presentation of any program with religious content from the presentation of the Federally funded program by time or location *in such a way that it is clear that the two programs are separate and distinct*. If separating the two programs by time but presenting them in the same location, one program must *completely* end before the other program begins.

Some of the ways in which separation of presentations may be accomplished include, but are not limited to, the following examples:



- **The programs are held in completely different sites or on completely different days.**
- **The programs are held at the same site at completely different times.**

Separation may be accomplished through such means as:

- Have sufficient time between the two programs to vacate the room, turn down the lights, leave the stage, etc. in order to reasonably conclude the first program before beginning the second;
  - Completely dismiss the participants of the first program;
  - The second program could follow in the same room or, where feasible, in a different room to further distinguish the difference between the programs.
- **The programs are held in different locations of the same site at the same time.**

Separation may be accomplished through such means as:

- Completely separate registration locations; and
- Completely separate areas where programs are held such as by room, hallway, or floor, etc.

*45 CFR 87.2. (c). (“If an organization conducts [inherently religious] activities, the activities must be offered separately, in time or location, from the programs or services funded with direct financial assistance from the Department . . .”). 69 Fed. Reg. 42586, 42593 (2004).*

#### 4. **Availability of Other Programs**

After the Federally funded program has ended a grantee may provide a brief and non-coercive invitation to attend a separate religious program.

The invitation should make it very clear that this is a separate program from, and not a continuation of, the Federally funded program. It must also be clear that participants are not required to attend the separate religious program, and that participation in Federally funded programs are not contingent on participation in other programs sponsored by the grantee organization.

Religious materials, such as a registration that includes religious follow-up may only be provided in the privately funded program rather than the Federally funded program.

*45 CFR 87.2 (c). (“participation [in any privately funded inherently religious activities] must be voluntary for beneficiaries of the programs or services funded with [direct Federal financial] assistance”). 69 Fed. Reg. 42586, 42593 (2004).*

#### 5. **Cost Allocation**

Demonstrate that Federal funds are being used only for the Federally funded program. Some of the ways in which separation of funds may be accomplished include, but are not limited to, the following examples:

- Implement the use of time sheets that keep track of all staff hours charged to the Federally funded grant, whether the staff work in other programs or not.
- Require any staff working in both Federally funded programs and other programs to clearly indicate how many hours are spent on each program.
- If any staff work on both a Federally funded program and a non-Federally funded program at the same site on the same day, require the staff to clearly indicate not only how many hours are spent on the Federal program but also which specific hours are spent on the Federal program. The hours should reflect that time spent on any program with religious content have been completely separated from hours spent on the Federally funded program.
- Show cost allocations for all items and activities that involve both programs such as staff time, equipment, or other expenses such as travel to event sites.

This may be accomplished through such means as:

- Example: if transportation is used to go to a site where a Federally funded program is conducted and a religious or non-religious program funded through other means is also conducted by the grantee at the same site, one half of the travel costs (gas, lodging, etc.) should be charged to the Federal program. If *three* separate and distinct programs are conducted at a site by a Federally funded grantee and one of them is the Federally funded program, only one third of the travel costs should be charged to the Federal program, etc.
- Example: if an electronic device is used 30% of the time for the Federally funded program, this should be demonstrated through clear record keeping. Only 30% of the cost of the electronic device should be charged to the program.

*2 CFR Part 225 (OMB Circular A-87), Appendix A. § C.3.a; 45 CFR 87.2.*

## 6. **Advertisements**

Federally funded programs cannot limit advertising the grant program services exclusively to religious target populations.

*45 CFR 87.2 (e). (“An organization that participates in programs funded by direct financial assistance from the department shall not, in providing services, discriminate against a program beneficiary or prospective beneficiary on the basis of religion or religious belief.”)*

## APPENDIX E- RESOURCES FOR DEVELOPING PROGRAMS AND LOGIC MODELS

A potential resource for identifying and creating relevant programs geared toward outcomes is the Center for Disease Control and Prevention's (CDC) *10 Steps to Promoting Science-Based Approaches (PSBA) to Teen Pregnancy Prevention using Getting to Outcomes (GTO)* (see <http://www.cdc.gov/reproductivehealth/adolescentreprohealth/PDF/LittlePSBA-GTO.pdf>). This guide provides a clear 10-step process to assessing the needs of a community, selecting a program, implementing it, and tracking progress. States and sub-awardees are encouraged to review these steps in developing their approaches and their logic models.

Another helpful resource is the publication entitled *Tools to Assess the Characteristics of Effective Sex and STD/HIV Education Programs* (see <http://www.healthyteennetwork.org/vertical/Sites/%7BB4D0CC76-CF78-4784-BA7C-5D0436F6040C%7D/uploads/%7BAC34F932-ACF3-4AF7-AAC3-4C12A676B6E7%7D.PDF>). This document uses past research to identify 17 characteristics that are associated with pregnancy prevention programs' success. States and sub-awardees are encouraged to consider these 17 characteristics in developing their programs and their logic models.

These resources are intended to be used as a guide for developing logic models. The specific program examples within are not meant to be examples that meet the criteria for this funding announcement.

### Logic Model Format

A logic model is a diagram that shows the relationship between the program components and activities and desired process and outcome objectives. It is a visual way to present and share understanding of the relationships among the resources available to implement the proposed intervention, the strategies/activities planned for implementation, and the outputs and outcomes expected. The outputs are often expressed as S.M.A.R.T. process objectives. All states and/or sub-awardees must create logic models that provide an overview of the entire program/activity for the duration in which it is expected to occur. The logic models must detail how inputs (e.g. resources) will be utilized to fund activities for the achievement of specific process and outcome objectives enumerated and ultimately the achievement of the goal(s) statement.

The following is an overview on the construction of logic models. The goal of a logic model is to provide a systematic and visual way to show the connection between program resources, activities, and expected results. States and/or sub-awardees are encouraged to submit program logic models that include the following aspects:

- 1) Challenges Faced by the Program
  - a. Specific items a program wants to address.
  - b. Example: High rates of teen pregnancy among a specific population.
- 2) Inputs of the Program
  - a. Resources necessary to accomplish goals.
  - b. Example: Funding allocated towards a pregnancy prevention program, through a grant program, or in-kind resources.
- 3) Processes/Activities
  - a. The specific actions supported by the inputs.
  - b. Example: Meetings, classes.

- 4) Outputs
  - a. The products of the activities
  - b. Example: The number of students completing a program.
- 5) Outcomes
  - a. Expected changes as a result of the program. These can be divided into immediate, intermediate (e.g. annual), and long term (e.g. 5-8 years).
  - b. Example: (Annual) Increased consistent condom usage among a specific population; (Long-Term) Decreased rates of teen pregnancy.

In addition, applicants are encouraged to address the following four areas in the construction of their logic model: demographics (e.g. age, race, sex), external factors which may influence the program's success (e.g. economic situation), the constraints faced by the program (e.g. negotiations with stakeholders; loss of non-federal resources), and the assumptions being made in the adoption of a specific program (e.g. what is believed about the method of intervention that cannot be tested; what is believed about the target population that cannot be tested; etc.).