



**SUBMISSION CHECKLIST TO ACCOMPANY FIRST SUBMISSION OF RFA/PA NON-RESEARCH ANNOUNCEMENT**

**RFA/PA Number: CDC RFA DP10-1009**

**Title of Funding Opportunity Announcement (FOA): Teenage Pregnancy Prevention: Integrating Services, Programs, and Strategies through Community-wide Initiatives**

1. The most recent Template has been used in preparing this submission. <a href="#">PGOTIMS Templates</a>	<input type="checkbox"/> Yes
2. The applicable standard boilerplate language has not been modified. ( <i>All black type.</i> )	<input type="checkbox"/> Yes
3. All URLs added by CIOs are functional, up-to-date, and relevant to the stated subject.	<input type="checkbox"/> Yes
4. The program’s Project Officer has registered in IMPAC II.	<input type="checkbox"/> Yes
5. Electronic Receipt of Applications is required.	<input type="checkbox"/> Yes
6. Is there collaboration with another OPDIV or CIO? If so, please state who: <u>  HHS/OAH  </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. “Not Applicable” has been inserted for sections that do not apply. ( <i>Note: Do not delete any sections.</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
8. Approved Single Eligibility Justification/Limited Eligibility Justification Memos are attached to the draft FOA	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
9. Has the Grants Management Officer approved the proposed mechanism(s), specific terms of the announcement, the direct costs, and/or total costs that are applicable to the FOA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Is this announcement included in the PGO Grants Section of HealthImpact.Net ( <a href="http://healthimpactnet.cdc.gov/">http://healthimpactnet.cdc.gov/</a> )? If so, please provide the following information from HI.Net: Project ID (PID): <u>  1030  </u> Grants & Contracts ID (G&C ID): <u>  59343  </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. International and Foreign FOAs need to be directed to OGHA for review PRIOR to sending to PGOTIMS. POC for OGHA is Maggie Wynne: <a href="mailto:www.maggie.wynne.os@ees.hhs.gov">www.maggie.wynne.os@ees.hhs.gov</a> or 202-205-8943. ( <i>Allow two weeks to complete this process.</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Insert FOA Type: New – Type 1 – Applications are being submitted for the first time. Continuation – Type 2 – (Competitive continuation) Previous years of funding have elapsed. Revision – Type 3 – (Competitive supplement) Additional funds requested to expand the scope of work.	<input type="checkbox"/> New <input type="checkbox"/> Cont. <input type="checkbox"/> Revision
Explanations: (Use this space below to clarify any of the above questions.)	

**NOTE: If the most recent templates are not used, the announcement will be returned. Failure to comply with above requirements may result in a delayed review and publication process.**

If you have any questions about completing this checklist, please contact:

PGOTIMS at 770-488-2700 or [PGOTIM@cdc.gov](mailto:PGOTIM@cdc.gov)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Adolescent Health (OAH) and Centers for Disease Control and Prevention (CDC)

Teenage Pregnancy Prevention: Integrating Services, Programs, and Strategies through Community-wide  
Initiatives

**I. AUTHORIZATION AND INTENT**

Announcement Type: New – Type 1

Funding Opportunity Number: CDC RFA DP10-1009

Catalog of Federal Domestic Assistance Number: 93.297 and 93.946

**Key Dates:**

Letter of Intent Deadline: 5/14/2010

Application Submission Date: 6/27/2010

Application Deadline: 6/30/2010 or 60 days after PGO publishes FOA on Grants.gov

**Authority:** This program is authorized under Division D, Title II of the Consolidated Appropriations Act 2010 (P.L. 111-117), and Section 317K of the Public Health Service Act, 42U.S.C. 247b-12.

**Webcast Conference Call:**

In order to provide technical assistance and respond to any questions regarding the funding opportunity announcement (FOA) application process, CDC will conduct a webcast conference call for interested applicants. To join the webcast conference call, interested applicants will need a computer with Internet connection and a telephone. Instructions for participating in the webcast conference call, as well as the specific date/time, are available at the OAH website:

<http://www.hhs.gov/ophs/oah> and at the CDC Teen Pregnancy FOA website:

<http://www.cdc.gov/reproductivehealth/AdolescentReproHealth/index.htm>

**Background:**

Evaluation findings and lessons learned from the Promoting Science-based Approaches to Teen Pregnancy Prevention (PSBA) project (2002-2010) (Lesesne et al., 2008; Philliber & Nolte, 2008) indicate that local programs can successfully implement science-based programs for prevention of teen pregnancy. The Department of Health and Human Services (HHS) recognizes that sustainable, multi-component models that combine evidence-based and/or evidence-informed prevention programs, efforts to create and sustain linkages to clinical services, and educate state and local stakeholders on effective teen pregnancy prevention strategies represent a public health approach that may be an effective means to prevent and reduce teen pregnancy across communities. Reviews of available evidence suggest that multi-component approaches can be effective in preventing teen pregnancy and the risk behaviors associated with teen pregnancy, but require further research (e.g. Cochrane review; Kirby et al., 2007; Manlove et al., 2002; National Research Council, 1987). Thus, this FOA builds on the lessons learned from the PSBA project by supporting demonstration projects to create and evaluate sustainable, multi-component community-wide initiatives to prevent teen pregnancy and related risk behaviors among youth in communities with the greatest rates of teen pregnancy and teen births.

The President's budget for Fiscal Year (FY) 2010 proposed a new Teenage Pregnancy Prevention (TPP) Initiative to address the high teen pregnancy rates by replicating evidence-based models and testing innovative strategies. On December 16, 2009, the President signed the Consolidated Appropriations Act, 2010 (Public Law 111-117). Division D Title II of the Act provides \$110,000,000 for making competitive contracts and grants to public and private entities

to fund medically accurate and age appropriate programs that reduce teen pregnancy and for the Federal costs associated with administering and evaluating such contracts and grants. The statute states that of the funds made available, (a) not less than \$75,000,000 shall be for funding the replication of programs that have been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors; and (b) not less than \$25,000,000 shall be for funding research and demonstration grants to develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy. Any remaining amounts are to be available for training and technical assistance, evaluation, outreach, and additional program support activities.

A separate competitive funding announcement has been issued by the Office of Adolescent Health (OAH) to address the first component to replicate evidence-based program models (“Tier 1”) (See FOA# OPHS/OAH-TTP Tier1-2010). *See <http://www.hhs.gov/ophs/oah> for individual interventions identified as models that meet the evidence-based standard for funding under Tier 1 (published separately).* A second funding announcement makes available approximately \$15,000,000 to \$25,000,000 for research and demonstration programs as part of the second component of the Teenage Pregnancy Prevention (TPP) Program (“Tier 2”) (See FOA# OPHS/OAH-TTP Tier2-2010). This FOA is a third funding announcement related to demonstrating the effectiveness of multi-component, community-wide approaches to teenage pregnancy prevention. This announcement utilizes up to \$10,000,000 of the \$25,000,000 available under Tier 2 for research and demonstration projects. This a joint announcement between OAH and CDC to support demonstration cooperative agreements to test innovative, sustainable, community-wide, multi-component initiatives for preventing teenage pregnancy and

teen births in communities with the highest rates. Up to \$10 million in funds from the OAH Teenage Pregnancy Prevention (TPP) Program are available on a competitive basis to support an estimated 6-12 cooperative agreements with local youth service organizations under Part A of this FOA. Up to \$2,000,000 in funds from the CDC Safe Motherhood Initiative are available on a competitive basis to support an estimated 2-4 cooperative agreements with national organizations under Part B of this FOA. Additional Safe Motherhood Initiative funds will support a federally-sponsored contract to evaluate the impact of the Part A (local organizations) community-wide initiatives to reduce teen pregnancy. CDC, in collaboration with OAH, will issue the notice of grant awards, monitor the projects awarded under both Part A and Part B, and support and implement evaluations of the grantees managed under this funding announcement. See Evaluation section below for more information on the evaluation strategy. CDC and OAH will collaborate so that evaluation standards are applied in a consistent manner, as appropriate.

**Purpose:**

The purpose of this FOA is to demonstrate the effectiveness of innovative, multi-component, community-wide initiatives in preventing teen pregnancy and reducing rates of teen births in communities with the highest rates, with a focus on reaching African American and Latino youth aged 15-19. All adolescents shall be eligible to participate in program services without regard to race, ethnicity or sexual identity. Nationally, African American and Latino youth are a significant portion of the youth population (16 and 17 percent (2007, NCHS), respectively) and represented the majority of teen births in 2006, NCHS (African Americans: 24 percent and Latinas: 33 percent). This is one of the first times that a coordinated, multi-component, community-wide initiative approach will be used to integrate, sustain, and evaluate the overall impact of combined

efforts to widely disseminate evidence-based and/or evidence-informed programs; increase linkages between teen pregnancy prevention programs and community-based clinical services; and support state and local strategies to prevent teen pregnancy and teen births across carefully defined geographic areas. The implementation of the multi-component, community-wide initiatives will be tailored to the needs of target communities. To achieve a reduction in community-wide rates of teen pregnancies and teen births, programs will include both broad-based strategies that reach or impact a majority of youth in the community and more intensive strategies targeted at youth at highest risk for teen pregnancy.

In order to demonstrate effectiveness, the program goals for this FOA are to:

- (1) Reduce the rates of pregnancies and births to youth in the target area.
- (2) Increase youth access to evidence-based and/or evidence-informed programs to prevent teen pregnancy.
- (3) Increase linkages between teen pregnancy prevention programs and community-based clinical services.

The target communities will be defined by clear geographic boundaries in order to assure that the number of youth to be served can be identified and teen pregnancy and/or teen birth rates can be monitored throughout the project. Community-wide initiatives to prevent teen pregnancy and teen births require numerous partners directly serving youth and involve many state and local stakeholders. Grantees will lead these partners and stakeholders in the design and implementation of community-wide initiatives funded under this announcement. CDC and grantees will use a planning/implementation/evaluation framework (described below) during the phased-in implementation period as well as during the remainder of the project funding period to ensure that youth-serving organizations, community partners, and relevant stakeholders have the

capacity to develop and implement sustainable, multi-component community-wide initiatives that lead to reductions in teen pregnancy.

This FOA includes Part A and Part B. Part A is for local organizations that serve youth on adolescent health issues with an emphasis on and a minimum of five years experience addressing teen pregnancy prevention, building linkages between teen pregnancy programs and community-based clinical services, and a history of long-term sustainability. Part B is for national organizations that have a solid history of supporting adolescent reproductive health with strong experience in teen pregnancy prevention and working with state/territorial health departments, community-based organizations, and federal entities. Part B grantees will provide technical assistance and training (T&TA)\* to all funded organizations within this initiative. This FOA announces the availability of funds for both Part A and Part B in order to maximize government resources. Applicants are encouraged to apply to only one Part (A or B) of this announcement.

\*Training and Technical Assistance (T&TA) is defined as follows: Significant planned and response-to-request training and other relevant subject matter expertise using a planning/implementation/evaluation framework; regular site visits and virtual meetings (e.g., phone or video-conference); efforts to reduce barriers to using science-based approaches (e.g. travel reimbursement for trainings or assistance purchasing science-based curricula); the regular provision of technical or scientific information in user-friendly formats; and other proactive efforts to support local youth-serving organizations to use science-based approaches in their work. T&TA is provided over time and should include proactive follow-up support.

## **Program Model, Four Key Components**

Successful applicants under Part A will propose community-wide initiatives that, at a minimum, reflect all four Key Components noted below. Successful applicants under Part B will propose T&TA to all funded organizations within this initiative to support community-wide initiatives that, at a minimum, also reflect all four Key Components noted below. Successful Part A and Part B applicants will propose initiatives and/or T&TA that direct significant efforts toward all Key Components in a coordinated effort to reduce teen pregnancy in the target community(ies).

- Component 1: Evidence-based and/or evidence-informed prevention program  
implementation: Exposing teens to evidence-based and/or evidence-informed teen pregnancy prevention programs, including youth development and curriculum-based programs that reduce risk factors associated with teen pregnancy. Evidence-based programs are those that have been proven to be effective through rigorous evaluation and identified through an independent review for HHS for use in the Tier 1 FOA (FOA #OPHS/OAH TPP Tier1-2010, also available here: <http://www.hhs.gov/ohs/oah>). Evidence-informed prevention programs are those that have some evidence of effectiveness (e.g., programs that had some evidence of impact, but are not included in the list of evidence-based programs eligible for replication in FOA #OPHS/OAH TPP Tier1-2010);
- Component 2: Linking teens to quality health services: Ensuring linkages between teen pregnancy prevention programs and community-based clinical services, as allowable under Federal law;



- Component 3: Stakeholder Education: Educating stakeholders (community leaders, parents and other constituents) about relevant evidence-based and/or evidence-informed strategies to reduce teen pregnancy and data on needs and resources in target communities; and
- Component 4: Sustainability: Supporting the sustainability of the community-wide teen pregnancy prevention effort.

As appropriate and allowable under Federal law, applicants may provide teenage pregnancy prevention related health care services and/or make use of referral arrangements with other providers of health care services (e.g., substance abuse, alcohol abuse, tobacco cessation, family planning, mental health issues, intimate partner violence), local public health and social service agencies, hospitals, voluntary agencies, and health or social services supported by other federal programs (e.g., Medicaid, SCHIP, TANF) or state/local programs.

### **Phased-In-Implementation Period**

During the first six to 12 months of the first grant year grantees will engage in a planning, piloting and readiness period. Funded recipients will focus on refining work plans; establishing an advisory group of community representatives and local youth advisory panels; implementing key community partnerships; hiring project staff; creating new or strengthening existing linkages between teen pregnancy prevention programs and clinical services; and building partnerships with departments of health and education to implement evidence-based and/or evidence-informed prevention programs and enhance access to clinical services. Continued funding is

contingent on satisfactory progress and continued availability of funds. This period is devoted to hiring, training, conducting needs assessments, piloting the program, and otherwise ensuring readiness for full implementation. This first year planning period will ensure grantees are prepared to begin full implementation, are using medically accurate information, and have prepared procedures for evaluation of the program implementation and outcome/impacts, and other key tasks before CDC provides approval for full-scale implementation. This period may be shorter for grantees that demonstrate readiness in less than 12 months, but all grantees will begin full program implementation by no later than year 2 of the project period. The planning period is designed to assist funded projects to do the following activities:

- Continue to Assess Needs and Resources: The planning period provides additional time for grantees to continue summarizing or conducting a needs and resources assessment of the target community(ies).
- Finalize Goals & Objectives/Logic Model: Applicants are expected to propose goals, objectives, and a logic model in their application. The planning period will enable CDC and funded entities to refine and finalize goals, objectives, and the logic model, using needs assessment information.
- Finalize Programs and Activities: The planning period will provide time to review the individual programs and activities to be included in the multi-component, community-wide initiative and determine if additional or alternative intervention approaches would enhance the impact of the initiative on reducing community-wide teen pregnancy and teen birth rates.
- Assess Community Fit: Applicants are expected to assess how well the proposed initiative fits with the community stakeholders, needs, and resources.

- **Build Organizational Capacity:** During the planning period, grantees and their partners will have an opportunity to provide and receive training in preparation for full implementation.
- **Finalize Implementation Plans:** Funded recipients have the opportunity to finalize program implementation plans; have materials reviewed for medical accuracy; and engage partners in program implementation, as necessary.
- **Finalize Program Evaluation Plans:** The planning period allows recipients to further develop their evaluation plan. Grantees should engage in process evaluation in order to assess the quality of implementation of each program or activity included in the community-wide initiative. The intent of the process evaluation is ensuring that implementation challenges can be identified and resolved in a timely manner. Grantees should engage in outcome evaluation of programs and activities included in the community-wide initiative in order to determine how well the objectives of each program or activity were met.
- **Develop Plans to Improve and Sustain the Community-wide Initiative:** During the planning period, funded recipients should determine how they will use what is learned from the process and outcome evaluations to make continuous quality improvements of the components of the community-wide initiative. Also, recipients should plan for what will be needed to sustain the initiative over time, including choosing programs and activities that have a high likelihood of being sustained even after the project period has ended.
- **Pilot Program Components:** During the planning period, funded recipients are expected to pilot the program components, strategies, and evaluate procedures prior to full-scale implementation so that quality improvements or serious implementation challenges can be identified and resolved in a timely manner. This period will also be used to test data collection instruments, assess community fit and to ensure that system processes (e.g., data collection) are operational.

## **Target Population**

Nationally, African American and Latino youth are a significant portion of the youth population (16 and 17 percent (2007, NCHS), respectively, and represented the majority of teen births in 2006, NCHS (African Americans: 24 percent and Latinas: 33 percent). Consequently, federal support of pregnancy prevention efforts targeting these populations may result in the largest impact on national pregnancy and birth rates, as well as reduce disparities in teen pregnancy and birth rates for African American and Latina girls. Thus to make the greatest impact, grantees will be expected to work in geographically defined target communities that have high teen birth rates ( $\geq 45$  per 1000 girls age 15-19) based on the most recent final data available (2006) and prioritize prevention efforts for African American and Latino youth in particular. All Part A grantees will be held accountable for the measurable outcomes listed in the Evaluation and Performance Measurement section within the defined geographic area(s) being targeted.

## **Medical Accuracy and Age Appropriateness**

Programs funded under this announcement need to ensure that information provided is age appropriate, and scientifically and medically accurate. Successful Part A applicants will be required to submit all core curriculum and related educational materials to CDC for review and approval prior to use in the project. Review and approval of core curriculum materials will be conducted by CDC, in coordination with OAH and the Administration on Children and Families (ACF), after an application is approved for funding. While the applicant should identify the core curricula proposed for use in the project, actual materials should not be submitted with the grant

application. The review and approval process will occur during the planning phase of the first grant year (see above). The review shall ensure that the materials are medically accurate and up-to date. All funded grantees must receive approval of curricula materials prior to use in the fully implemented project. Grantees will be notified of areas within curricula that need to be changed, updated, or corrected. The curricula materials may not be used until the curricula are approved by CDC, in coordination with OAH. Applicants should explain how prevention programs are age appropriate to the population being served. The term “age-appropriate”, with respect to the information related to pregnancy prevention, means topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group.

The term “medically accurate and complete” means verified or supported by the weight of research conducted in compliance with accepted scientific methods; and published in peer-reviewed journals, where applicable or comprising information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete. Applicants will budget for staff training on medical accuracy as needed and document the use of appropriate sources (e.g., CDC, NIH, and peer reviewed journals) of information if developing supplemental materials on abstinence, contraceptives, STIs and/or HIV.

### **Evaluation and Performance Measurement**

CDC, in collaboration with OAH, plans for a mixture of evaluation strategies to address the question of whether the funded Part A local organization projects are effective. The evaluation strategies include: (1) Federal evaluation of Part A grantees (to be conducted by a contractor

funded by Safe Motherhood Initiative) and (2) grantee-level evaluation supported with Part A FOA funds (with Federal training, technical assistance, and oversight). Part A grantees should budget at least 1.0 FTE who will lead the grantee-level evaluation. Part A and Part B grantees will be expected to monitor and report on program implementation and outcomes through performance measures. Performance measures are intended for monitoring purposes and to provide feedback about whether grantees are implementing programs as intended and seeing outcomes as expected. Continued funding is dependent upon successful completion of evaluation activities.

Rigorous large scale evaluation will be implemented through Federal-level evaluation efforts. As a condition of the grant award, all funded Part A grantees will be required to participate in a Federal evaluation and agree to follow all evaluation protocols established by CDC or its designee. Given that the approach described in this FOA is intended to reduce community rates of teen pregnancy and teen births, the Federal-level evaluation will focus on outcomes at the community level (i.e., pregnancy rates, birth rates) rather than at the individual level (i.e., pregnancy and birth only among program participants). Thus, the primary outcome for the evaluation of the approach described in this FOA will be reductions in teen pregnancy rates and teen birth rates in intervention communities relative to well-matched comparison communities. Data to analyze these outcomes will come, in part, from existing data sources (e.g. state vital statistic data bases). Additionally, a subset of grantees will be selected to participate in a more in-depth evaluation that also will include analysis of change in community levels of adolescent risk behaviors associated with teen pregnancy in the intervention communities relative to the comparison communities. This will require collecting data from representative samples of adolescents within the target and comparison communities. It is expected that a minimum of

three projects will participate in the more in-depth Federal evaluation. Decisions regarding participation in the more in-depth, federal evaluation are expected by the end of the year one planning period.

Successful applicants will include a detailed plan for Part A grantee-level evaluation design unique to the program components being proposed. Grantees will be responsible for assessing intermediate outcomes, as well conducting process evaluation. Intermediate outcomes will likely include 1) changes in behavior or pregnancy risk among youth participating in intervention programs or receiving additional/enhanced clinical services, 2) changes in the number of youth exposed to evidence-based and/or evidence-informed programs to prevent teen pregnancy, 3) changes in the number of youth referred to appropriate clinical services, as well as utilizing clinical services, 4) changes in community strategies supportive of adolescent reproductive health, 5) changes in the capacity of local organizations to select, implement, evaluate, and sustain evidence-based and/or evidence-informed programs, and, 6) changes in the capacity of target community partners to deliver clinical services. During the year one planning period, successful applicants will be expected to work with CDC to refine, improve, pilot and make necessary changes to the evaluation design/methods. Those with experience in conducting rigorous evaluation work or who are able to partner with institutions with experience conducting rigorous evaluation work are encouraged to apply. CDC will review and assess evaluation designs proposed by applicants, and CDC approval is required prior to implementation of a proposed evaluation plan. If a grantee does not have an approved evaluation plan by the end of the first year, the grantee may not receive program funding after year two.

All funded recipients will be expected to collect and report on a common set of performance measures to assess program implementation. Generally, there are four broad categories of performance measures that CDC anticipates Part A grantees will track: (1) output measures (e.g., number of youth served, hours of service delivery); (2) implementation and capacity building (e.g., community partnerships, competence in working with the identified population); (3) outcome measures (e.g., behavioral, knowledge, and intentions); and (4) community data (e.g., STIs, birth rates, etc.). Applicants should describe their capacity to report on such performance measures. In the first year of the program, CDC plans to develop a common set of performance measures that could be uniformly collected across funded grantees. (Data collection and reporting on these measures will require review and approval under the Paperwork Reduction Act.) By the end of the first grant year, final performance measures will be distributed to grantees and funded recipients will be required to report on these measures. CDC will provide training on how to implement performance data collection and reporting.

Future funding for a grantee is contingent both on availability of funds and readiness to implement. CDC will undertake a review of the program on an annual basis.

Specific measurable outcomes for this funding announcement are listed below. The specific numeric targets for each measurable outcome may differ for each geographic area funded under this FOA depending on community base rates for each outcome of interest. Outcomes will be tracked by a variety of methods including routine performance monitoring, locally conducted assessments, and the federal evaluation of this program.

Youth Outcomes, within five years:



- Reduce teen birth rates by 10% in targeted communities;
- Reduce teen pregnancies in targeted communities;
- Increase the percentage of youth who abstain from or delay sexual intercourse; and
- Increase the consistent use of condoms and other effective methods of contraception among sexually active youth.

Program, Practices, Community Support Outcomes, within five years:

- Increase the number and percentage of youth within the target community exposed to evidence-based and/or evidence-informed programs to prevent teen pregnancy;
- Increase the number and percentage of sexually active youth within the target community who are referred to and use clinical services;
- Increase adoption of state, local, or community-wide health, education, and youth service strategies supportive of adolescent reproductive health by educating relevant stakeholders on evidence-based and evidence-informed teen pregnancy prevention strategies; and
- Increase the capacity of the target community partners to select, implement, and evaluate evidence-based and evidence-informed programs with fidelity, evidence-based programs with informed adaptation, and/or evidence-informed prevention programs.

## **II. PROGRAM IMPLEMENTATION**

### **Recipient Activities:**

#### **Part A –Local organizations that serve youth on adolescent health issues:**

To support the development and implementation of sustainable, multi-component, community-wide initiatives to prevent teen pregnancy and related risk behaviors among youth in communities with the greatest rates of teen pregnancy and teen births, Part A will fund local organizations that serve youth on adolescent health issues (including federal and state-recognized tribal governments or tribal organizations and state and local governments, including the District of Columbia; see eligibility criteria below) with an emphasis on and a minimum of five years experience addressing teen pregnancy prevention and building linkages between teen pregnancy prevention programs and community-based clinical services. Also, they should document a history of long-term sustainability. See Appendix A for the definition of organizational sustainability. To achieve the measurable outcomes of this FOA, a community-wide, multi-component approach is expected to be used by grantees. Successful applicants will propose community-wide initiatives that, at a minimum, reflect all four Key Components noted above. Successful applicants will propose initiatives that direct significant efforts toward all Key Components in a coordinated effort to reduce teen pregnancy in the target community(ies). Part A grantees will both implement directly and provide T&TA to youth-serving organization partners to implement each of the Key Components listed above. In doing so, Part A grantees are expected be able to: Build the capacity of local youth serving organization partners to ensure quality implementation of evidence-based and/or evidence-informed programs; create or enhance program linkages between teen pregnancy programs and community-based clinical services; educate stakeholders on issues relevant to teen pregnancy prevention; and plan for and identify all opportunities to sustain the initiative if it is successful.

Part A recipient activities should include:

- Participate with Part B grantees and CDC in an annual organizational capacity and needs assessment to identify areas for organizational capacity building improvement.
- Implement a 1-year work plan to increase organizational and staff capacity to provide T&TA to youth-serving organizations or community partners on creating linkages between teen pregnancy prevention programs and clinical services, and implementation of evidence-based and/or evidence-informed programs for prevention of teen pregnancy and related risk behaviors using the planning/implementation/evaluation framework. Full implementation will begin by year two of the project period.
- Implement the multi-component community-wide program that addresses at a minimum the four Key Components described above.
- Engage in active partnerships with at least three state or local level agencies that fund local youth-serving organizations in the target community. Applicants should propose partnerships with state or local education agencies, clinical service providers, and state or local health agencies. Grantees may use award funds for implementation of activities with these partners.
- Collaborate with Part B organizations and national youth development organizations to provide T&TA to local youth-serving partners in implementing youth development strategies and to develop and provide training to adults who work with youth (e.g. volunteers and mentors, youth development workers, parents, teachers, librarians, police, other adults who have opportunities to work with youth on a variety of issues, including teen pregnancy prevention).
- Develop and sustain local youth advisory panels in the target communities to provide input on project efforts and activities, establish dialogue among diverse multicultural

youth communities on evidence-based teen pregnancy prevention, and convene youth discussion groups on issues pertinent to teen pregnancy prevention and healthy youth development. With significant input from local youth advisory panels, implement innovative community-wide communication strategies to raise awareness of the importance of evidence-based and/or evidence-informed teen pregnancy prevention and clinical services for youth, families, and stakeholders.

- Develop and sustain an advisory group of community representatives to provide input on project effort and activities across the target community(ies).
- Conduct annual needs assessments of the youth-serving organizations to determine T&TA needs.
- Develop individualized T&TA plans for each youth-serving organization partner using the concepts of the planning/implementation/evaluation framework.
- Provide T&TA to the youth-serving organizations to increase their capacity to implement the four Key Components of the community-wide effort.
- Pilot test components of the community-wide model including direct or indirect delivery of evidence-based and/or evidence-informed prevention programs; activities to create or enhance linkages between programs and clinical services; and offering stakeholders information and technical assistance on strategies related to teen pregnancy prevention.
- Utilize an interactive, electronic tool both as a grantee and with youth-serving organizations partners to plan and implement components of the community-wide initiative.
- Conduct annual process and outcome evaluation of all T&TA activities provided to youth-serving organizations.

- Increase internal staff capacity, as needed or requested, by attendance/participation in trainings such as will be provided by Part B grantees, CDC, OAH, or its designee.
- Collaborate with governmental officials, practitioners, and stakeholders to promote strategies and practices that support the use of evidence-based approaches for the prevention of teen pregnancy.
- Implement an evaluation strategy determined in collaboration with CDC and the other organizations funded under this announcement.
- Collaborate with CDC and other grantees on program development, implementation, and evaluation, and disseminate lessons learned from those activities.
- Attend orientation meeting and annual grantee meetings in Atlanta.

**Part B - National Organizations:**

To support the development and implementation of sustainable, multi-component community-wide initiatives to prevent teen pregnancy and related risk behaviors among youth in communities with the greatest rates of teen pregnancy and teen births, Part B will fund national organizations with extensive experience in teen pregnancy prevention and successful collaborations with state/territorial health departments, community-based organizations, and federal entities. Successful applicants under Part B will provide T&TA on the Key Components noted above of community-wide initiatives led locally by all funded organizations within this initiative:

All Key Components are integral to the success of this program effort. Each applicant should address their capacity to support these components in communities serving African American and Latino youth and families. Part B applicants should demonstrate experience and expertise on each of the Key Components outlined above. Using this experience and expertise, national grantees will serve as the foundation of capacity building among Part A grantees to ensure readiness and quality implementation. Successful applicants under Part B will provide T&TA to all funded organizations within this initiatives to build their capacities in each of the four Key Components. Post award, CDC will assign at least one national organization grantee primary responsibility for one or more of the Key Components noted above. However, all funded national organizations may have any or all of the Key Components as part of their approved work plan.

**Part B recipient activities should include:**

- In collaboration with the funded grantees, assist in the development of a coordinated annual needs assessment for Part A grantees. To maximize funds and avoid duplication, Part B awardees are expected to collaborate with CDC or its designee in the development and implementation of these needs assessments. The results of needs assessments will serve as the basis of the coordinated Part A grantee-specific work plans noted below. Part A and B grantees are expected to both begin planning activities immediately and concurrently.
- Development of a single, coordinated, written training work plan for each grantee awarded under Part A, that addresses all four Key Components described above; this

should be developed in collaboration with all other Part B grantees. The plan should detail how the Part B grantees will work collectively with Part A grantees and CDC to meet community-wide measurable outcomes.

- Collaboration with CDC and other national organization grantees as the lead for one or more of the Key Components of this FOA.
- Provision of training and consultation to Part A grantees and clinical service providers on implementation of their activities.
- If applicant is not a national minority health organization devoted to African American or Latino adolescent health, collaboration with at least one national organization with a strong focus on minority health issues, including efforts devoted to African American or Latino adolescent health. This partnership will assist Part B awardees with developing tools and delivering trainings on community outreach to African Americans and Latinos, assisting states or localities in creating local partnerships with youth-serving organizations that offer prevention programming to African American and Latino youth, and raising awareness of teen pregnancy prevention in communities of greatest need.
- Grantees are expected to collaborate with national youth development organizations to support training of grantees and local youth serving partners in Part A with respect to youth development strategies. Partnerships with national youth development organizations will be developed to support grantees and local youth serving organizations in building capacity to implement youth development programs; to integrate positive youth development practices to increase youth engagement across programs and services; and to develop and provide training for adults who work with youth (e.g. volunteers and

mentors, youth development workers, parents, librarians, police, other adults who engage youth regularly on teen pregnancy prevention).

- Translation and dissemination of up-to-date syntheses of research on teen pregnancy prevention programs, stakeholders, clinical services and other topics identified in needs assessments of Part A grantees.
- Provision of training to Part A grantees for development and implementation of innovative media strategies to reach youth.
- Conduct annual process and outcome evaluation of all activities provided to Part A grantees in coordination with CDC.
- Support the use of an interactive, electronic tool by Part A grantees and their local youth serving partners to plan and implement components of the community-wide initiative.
- Provide and participate in project-wide communication, trainings and presentations; develop project tools and products; and disseminate information on evidence-based approaches and programs through a variety of methods e.g., grantee and partnership meetings.
- Collaborate with CDC and its designees on program development, implementation, evaluation, and dissemination of the findings and lessons learned.
- Collaborate with other teen pregnancy prevention programs funded by federal agencies including, but not limited to: OAH and the Administration for Child and Families (ACF).
- Attend Year 1 orientation meeting in Atlanta; annual Part B awardees planning meeting in Atlanta; and annual grantee meetings in Atlanta.



In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring.

**CDC Activities:**

CDC activities for Parts A - B are as follows:

- Collaborate with grantees to develop and implement evaluation strategies under this announcement.
- Implement and oversee Federal evaluation contract to conduct evaluation of multi-component community-wide model as an activity outside of the FOA.
- Provide scientific and programmatic consultation for development and delivery of T&TA, and evaluation activities.
- Coordinate communication and program linkages with other CDC programs and federal agencies, mainly the OAH, ACF, and CDC's Division of Adolescent and School Health (DASH).
- Translate and disseminate lessons learned through publications, meetings, and other means on best practices to prevent teen pregnancy.
- In concert with OAH, provide a list of evidence-based programs for preventing teen pregnancy and related risk behaviors [list is available at <http://www.hhs.gov/ophs/oah>] and/or approve use of evidence-informed programs not appearing on the list above.
- Provide access to, training and technical support for interactive, electronic tool Part A grantees will use with their local partners to plan and implement components of the community-wide initiative.

- Collect state organization needs assessment data and distribute results to awardees on annual basis to assist national organizations in the development of T&TA plans for the state organizations.
- Assign at least one national organization to a Key Component, as appropriate.

### **III. AWARD INFORMATION AND REQUIREMENTS**

**Type of Award:** Cooperative Agreement. CDC substantial involvement in this program is listed in the Activities Section above.

**Award Mechanism:** U58 – Chronic Disease Control Cooperative Agreement

**Fiscal Year Funds:** FY 2010

**Approximate Current Fiscal Year Funding:** \$10,000,000-\$12,000,000: \$10,000,000 in Part A is funded from OAH to support local youth serving organizations; and up to \$2,000,000 in Part B is funded from the Safe Motherhood Initiative to support national organizations.

**Approximate Total Project Period Funding:** \$50,000,000-\$60,000,000: \$50,000,000 in Part A; and up to \$10,000,000 in Part B. (This amount is an estimate, and is subject to availability of funds.) This estimate includes both direct and indirect costs.

**Approximate Number of Awards:** 6-12 in Part A; 2-4 in Part B.

**Approximate Average Award:** \$750,000 – \$1,500,000 in Part A; \$300,000 – \$700,000 in Part B. (These amounts are for the first 12-month budget period, and include both direct and indirect costs.)

**Floor of Individual Award Range:** None

**Ceiling of Individual Award Range:** Part A: \$1,500,000; Part B: \$ 700,000. (This ceiling is for the first 12-month budget period.) This is the total cost, including indirect costs.

**Anticipated Award Date:** September 30, 2010

**Budget Period Length:** 12 months

**Project Period Length:** Five years

Throughout the project period, CDC's commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the Federal Government.

#### **IV. ELIGIBILITY**

The following are eligible applicants for Parts A and B of this funding opportunity:

- State and local governments or their Bona Fide Agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau)
- Community-based organizations
- Nonprofit (other than institution of higher education)
- For-profit organizations (other than small business)
- Small, minority, and women-owned businesses
- Universities
- Colleges
- Hospitals

- Faith-based organizations (Compliance with 45 CFR Part 87)
- American Indian/Alaska native tribally designated organizations
- Alaska Native health corporations
- Urban Indian health organizations
- Tribal epidemiology centers
- Political subdivisions of States (in consultation with States)

A Bona Fide Agent is an agency/organization identified by the state as eligible to submit an application under the state eligibility in lieu of a state application. If applying as a bona fide agent of a state or local government, a letter from the state or local government as documentation of the status is required. Attach with “Other Attachment Forms” when submitting via [www.grants.gov](http://www.grants.gov).

### **SPECIAL ELIGIBILITY CRITERIA: Licensing/Credential/Permits**

#### Cost Sharing or Matching

Cost sharing or matching funds are not required for this program.

#### Maintenance of Effort

Maintenance of Effort is not required for this program.

#### Other

If a funding amount greater than the ceiling of the award range is requested, the application will be considered non-responsive and will not be entered into the review process. The applicant will be notified that the application did not meet the eligibility requirements.

Special Requirements:

**For Part A – Local organizations that serve youth on adolescent health applicants will meet the following criteria in order to be eligible for funding:**

- Target and proposed comparison community(ies) each have a 2006 teen birth rate (NCHS) greater than or equal to 45 per 1,000 girls aged 15-19.
- Target and proposed comparison community(ies) each include at least 4,000 girls aged 15-19 (use local census data as of April 2010). Both urban and rural communities are encouraged to apply.
- At least one comparison community is proposed for each target community proposed.

**For Part B - National Organizations applicants will meet the following criteria in order to be eligible for funding:**

- Have the specific charge from its Articles of Incorporation, Bylaws, or a resolution from its executive board or governing body to operate nationally within the United States or its territories. Include documentation in the appendix of application.

If your application is incomplete or non-responsive to the special requirements listed in this section, it will not be entered into the review process. You will be notified that your application did not meet submission requirements.

Late applications will be considered non-responsive. See section V. Submission Dates and Times for more information on deadlines.

Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting a grant, loan, or an award.

## **Intergovernmental Review of Applications**

Executive Order 12372 does not apply to this program.

### **V. APPLICATION CONTENT**

The application submission should include the following information:

A **Projective Narrative** should be submitted with the application forms. The project narrative should be uploaded in a PDF file format when submitting via Grants.gov. The narrative should be submitted in the following format:

- Maximum number of pages: 50 - Any application with a narrative section that exceeds the 50 page narrative limit will be considered non-responsive and will not be reviewed.
- Font size: 12 point unreduced, Times New Roman
- Double spaced
- Paper size: 8.5 by 11 inches
- Page margin size: One inch
- Number all narrative pages; not to exceed the maximum number of pages.

The narrative should address activities to be conducted over the entire project period and should include the following items in the order listed:

#### **Narrative for Part A Local organizations that serve youth on adolescent health issues**

##### **1. Experience with multi-component community-wide initiatives, and provision of related**

**T&TA**

- Demonstrate your organization’s experience developing and implementing multi-component community-wide teen pregnancy prevention programs including, but not limited to, evidence-based and/or evidence-informed teen pregnancy prevention programs, creating or enhancing linkages between teen pregnancy prevention programs and community-based clinical services, and educating stakeholders on evidence-based and evidence-informed strategies to prevent teen pregnancy. Applicant should describe:
  - Goal of the effort, types of organizations involved with the effort, the applicant’s specific role and responsibility in the effort, and the outcome(s) of the effort.
  - Experience coordinating diverse organizations within a multi-component community-wide effort to ensure that activities were integrated, complimentary to each other, and successful collectively in meeting the goals and objectives of the effort. As appendix include goals, objectives and work plan of relevant community-wide program(s) for which the applicant served as a lead partner or member organization.
  
- Describe your organization’s experience providing T&TA to diverse youth serving organizations and clinical services providers to build capacity to address, at minimum, each of the Key Components described under this FOA. As an appendix, include brief 1-2 page executive summaries of relevant T&TA services and products your organization has provided in the last five years.
  - To address Component 1, describe your organization’s experience providing T&TA to partner organizations on how to select, implement, and evaluate evidence-based and/or evidence-informed programs to prevent teen pregnancy and related risk behaviors. Describe the specific approach used to plan the

T&TA as well as the specific T&TA strategies used to increase the capacity of youth serving organizations to select, implement and evaluate evidence-based and/or evidence-informed programs to prevent teen pregnancy and related risk behaviors. Describe methods to assess the unique needs of the organizations receiving your T&TA and the T&TA strategies your organization employed to meet those needs. Describe training development and delivery as related to the planning/implementation/evaluation framework. Include any experience developing and implementing training of trainers (TOTs) or training of educators (TOEs) on evidence-based and/or evidence-informed programs and subsequent proactive follow-up TA to ensure fidelity and quality of training of educators/facilitators. As an appendix, include brief 1-2 page executive summaries of relevant trainings provided in the last five years.

- To address Component 2, describe your organization's experience conducting and/or providing T&TA to partner organizations to design, implement, and evaluate community-wide efforts to: a) create linkages between youth- serving organizations and clinical providers, and b) increase referral of youth to culturally competent and youth friendly clinical providers. Past experience conducting or providing T&TA to partner organizations should include but is not limited to any partnerships that have been created between applicant and youth-serving organizations and clinical providers. Also, describe any other innovative means your organization has previously used to increase the availability and use of clinical services by teens.
- To address Component 3, describe your organization's experience conducting



directly and/or providing T&TA to partner organizations' efforts to educate stakeholders at the state or local level strategies that address teen pregnancy prevention.

- To address Component 4, describe your organization's experience providing T&TA to build sustainability of a community-wide initiative and the organizations participating in the initiative. Describe the specific strategies employed to build organizational sustainability with partner organizations; what T&TA was provided; to whom it was provided; and the results of these efforts. Description of past experience in this area should include but is not limited to describing T&TA on organizational sustainability in the following seven areas: organizational identity, long-range strategic plan, annual operational plan, financial and other systems administration (i.e. budget), long-range funding raising plan, board development plan, and staff development and organizational culture. See **Appendix A** for further descriptions of these seven areas.

## **2. Organizational Capacity and Staffing**

- Describe your organization's capacity and proposed staffing plan in support of this application. It is expected that funds available under this FOA are sufficient for staffing levels. The application should include a description of your organization's existing infrastructure to support the requirements of this cooperative agreement as well as the quality and sufficiency of the proposed staffing of the project. Describe the qualifications

and experience of proposed staff (including sub-contractors) as related to the four Key Components. Specifically,

- For existing staff, provide position descriptions and include qualifications for performing the role and state what percentage of an FTE the staff person uses carrying out this position. Include résumés (as an appendix); please limit each résumé to 3 pages.
- For staff to be hired, provide position descriptions. Include a timeline for when the position will be staffed, qualifications needed for each position, FTE, and methods for recruiting qualified applicants.
- Describe staff experience working with the proposed target community(ies).
- Provide an organizational chart as an appendix that identifies lines of authority, including who will have management authority over the project.
- Identify the staff person(s) who will take the lead on building and coordinating the multi-component community-wide effort. This person should have at least 3 years experience building and coordinating successful community-wide, multi-component initiatives. Experience includes recruiting organizations for participation and coordinating, linking and sustaining all activities. Include a job description or statement of work, résumé, and letter of commitment. Successful applicants will provide a 1.0 FTE for this position.
- Identify the staff persons who will be involved in working closely with each of the key partners and collaborators operating in the proposed target community. At least 3.0 FTE's should serve in these positions. Individuals in these positions should have experience providing T&TA to local youth-serving organizations on implementing and evaluating evidence-based programs with fidelity; direct service experience and

experience working with, and linking youth, to clinical services; and experience providing outreach education to local and state stakeholders and extensive knowledge of strategies supportive of adolescent reproductive health.

- Identify the staff person who will take the lead on the project's evaluation. Include a job description or statement of work, résumé, and letter of commitment [or a position description if to be hired] that will both conduct evaluation activities under this award as well as provide cost-effective evaluation capacity building T&TA, when needed, to local youth-serving organizations in the proposed target community. Applicants should provide at least 1.0 FTE for this position. This staff person should have at least 5 years of experience (minimum Master's degree with some specialized training in evaluation, statistics, and methodology) with experience in the following areas: developing evaluation designs, measures and tools; analyzing and interpreting data; providing T&TA on evaluation; and using quantitative and qualitative evaluation methodology.
- Demonstrate evidence of organizational sustainability by describing or providing the status of your organization in relation to: organizational identity, long-range strategic plan, annual operational plan, financial and other systems administration (i.e. budget), long-range funding raising plan, board development plan, and staff development and organizational culture. See **Appendix A** for further descriptions of these seven areas. Please include relevant documents as appendices.

### **3. Target and Comparison Communities**

- Describe the proposed target community(ies). Include evidence of teen births in the target community that are greater than or equal to 45.0 per 1,000 girls aged 15-19 (2006,

NCHS). Describe specific risk factors for teen pregnancy in the target community as well as protective factors. Specifically describe the target community(ies) in the following ways:

- Provide a comprehensive demographic and geographic profile of the proposed target community(ies). Demographic information should include race, age, educational attainment, income, and rates of unemployment. This profile should include a map of the entire community(ies) as well as identifiers such as zip codes, county or city boundary lines, population size, population estimates by age, and race/ethnicity. Demonstrate that the target community(ies) includes at least 4,000 girls age 15-19. Applicants may decide to work in up to two communities as defined above. However, each community is expected to reach at least 4,000 girls age 15-19 and successful applicants will be accountable for achieving program goals in each community (e.g. a 10% reduction in teen births in each community).
- Describe the target community(ies) in terms of percent of the adolescent population age 15-19 who are African American and/or Latino—it is a priority of this FOA to reach both African American and Latino youth with teen pregnancy prevention strategies.
- Provide a detailed profile of the reproductive health status and data related to adolescent pregnancy, teen birth rates, STD/HIV rates, clinical service access, and prevention of risk factors associated with teen pregnancy.

- Describe strengths and existing resources of the target community(ies) (e.g., indications of readiness for improved teen pregnancy prevention efforts) likely to enhance the outcome of this multi-component community-wide effort.
- Describe the proposed comparison community(ies). Include an assessment of the geographic size and demographic comparability of the proposed comparison community(ies) as compared to the proposed target community. Provide evidence that the birth rates per 1,000 girls aged 15-19 in the proposed comparison community(ies) are similar to the rates in the proposed target community. Applicant does not need to develop partnership(s) with proposed comparison community(ies), however, this information will be used to inform the federal evaluation plan.
- Provide a comprehensive demographic and geographic profile of the proposed comparison community(ies). Demographic information should include race, age, educational attainment, income, and rates of unemployment. The geographic profile should include a map of the entire community(ies) as well as identifiers such as zip codes, county or city boundary lines, population size, population estimates by age, and race/ethnicity. Demonstrate that the target community(ies) includes at least 4,000 girls age 15-19. If the applicant has decided to work in two communities, they should also propose a well-matched comparison community for each target community.
- Describe the comparison community(ies) in terms of percent of the adolescent population age 15-19 who are African American and/or Latino.

- Provide a detailed profile of the reproductive health status and data related to adolescent pregnancy, teen birth rates, STD/HIV rates, clinical service access, and prevention of risk factors associated with teen pregnancy.
- Demonstrate that the target and comparison communities are well-matched with respect to community demographics (i.e., race, age, educational attainment, income, rates of unemployment), the population of adolescent girls within the community (i.e., number of girls, percent African-American and Latino, etc), and the rates of adolescent pregnancy, teen births and STD/HIV. Communities should be similar with respect to service provision to 15-19 years olds including clinical services access and provision of youth services intended to prevent risk factors associated with teen pregnancy. Geographic proximity of the target and comparison communities should be illustrated. Such proximity increases the likelihood that economic and social structures are likely to be similar across communities and that any external forces or changes (e.g., reduction in state funding for youth services) that could impact teen pregnancy and teen birth rates are likely to occur in both the target and comparison communities. The target and comparison communities also should be similar geographic sizes, with similar population density, and should be matched on the urban/suburban/rural nature of the communities.

#### **4. Work Plan**

- Describe vision for the five-year multi-component community-wide initiative, i.e. what will be achieved by the end of the project period and how it relates to achieving the

measurable outcomes listed in the Evaluation and Performance Measurement section of this announcement. In order to achieve the measurable outcomes of this FOA, successful applicants will propose a community-wide, multi-component approach. Applicants are expected to propose community-wide initiatives that, at a minimum, reflect all four Key Components noted below. Successful applicants will propose initiatives that direct significant efforts toward all Key Components in a coordinated effort to reduce teen pregnancy in the target community(ies).

- Include logic model for five-year multi-component community-wide initiative as an appendix. Describe the project goals and objectives. Provide specific, measurable, achievable, realistic and time-phased (SMART) objectives to support the project goal(s). There should be at least one objective(s) for each of the Key Components described in the community-wide initiative. At a minimum, the four Components should be addressed by the project goals and objectives; however, additional components may be added if desired. See guidance for evaluation plan in **Appendix B**. Describe how the objectives support the goals and measurable outcomes of this cooperative agreement.
- Provide a detailed two-year work plan that supports the goals and objectives proposed for the implementation of the multi-component, community-wide program. This work plan should include all relevant planning activities (increasing own staff capacity, assessing needs and resources of local organizations, developing individualized T&TA plans and relevant T&TA materials, etc), as well as implementation of the multi-component, community-wide initiative, including coordination of partners in the initiative. Within each Component, include: 1) planning and implementation activities to be completed, 2)

person(s) to complete activities, 3) timeline, and 4) desired outcome of activities. At a minimum, the four Key Components should be addressed in the work plan.

- Activities for Component 1 should include but are not limited to providing T&TA to youth-serving organizations on selecting, implementing and evaluating evidence-based and/or evidence-informed teen pregnancy prevention programs for youth. Successful applicants will develop partnerships with at least ten community-based youth-serving organizations within the defined target community(ies) in order to increase the implementation of evidence-based and/or evidence-informed teen pregnancy prevention programs. These organizations should collectively reach large numbers of youth in the target community(ies), annually, and serve predominantly African American and/or Latino youth wherever possible. Up to 25% of total grant funds can be used to support youth-serving organization partners' with the implementation of evidence-based and/or evidence-informed prevention programs.
  - A list of evidence-based programs to prevent teen pregnancy is provided at: <http://www.hhs.gov/ophs/oah>. Evidence-informed programs that do not appear on this list can be used as well but approval from a grantee's project officer is required prior to grant funds being used to support implementation of the program.
- Activities for Key Component 2 should include but is not limited to conducting and/or providing T&TA to partner organizations to design, implement, and evaluate community-wide efforts to: a) create linkages between youth serving organizations and clinical services provider organizations, b) increase referral of



youth to culturally competent and youth friendly clinical services, and c) build the capacity of diverse health service providers to provide the full range of clinical services to sexually active teens. Successful applicants will develop partnerships with at least five community-based clinical service providers or clinical services organizations within the proposed target community(ies) in order to increase sexually active youth's access and utilization of clinical services. Up to 25% of total grant funds can be used to support community-based clinical service providers or clinical services organizations partners' with creating and sustaining efforts to increase sexually active youth's access and utilization of clinical services.

- Activities for Component 3 should include providing T&TA to promote and support state and local strategies that address adolescent reproductive health. Activities may include assessing adolescent health strategies related to teen pregnancy prevention, educating stakeholders and community leaders on evidence-based teen pregnancy prevention programs and strategies, strengthening strategies to reduce barriers to utilization and access to services for youth, and providing T&TA to other organizations on how to effectively work with state and local leaders to address teen pregnancy prevention strategies at the state or local level. Describe the specific strategies that your organization will address including the actions and approaches to be used, the scope of the efforts; and the desired results.
- Activities for Component 4 should include T&TA to community-based clinical service providers and youth serving organizations to build sustainability of the

community-wide initiative and the organizations participating in the initiative.

Activities with partner organizations should include T&TA in the areas of organizational identity, long-range strategic plan, annual operational plan, financial and other systems administration (i.e. budget), long-range funding raising plan, board development plan, and staff development and organizational culture. See **Appendix A** for further explanation of these areas.

- Describe anticipated challenges to implementing the multi-component approaches in the target community(ies). Describe how these challenges will be addressed.

## **5. Partnerships and Collaboration**

- Describe your organization's experience collaborating with relevant stakeholders including other adolescent health/teen pregnancy organizations, minority health organizations, clinical service providers, state and local health and education departments, and youth development organizations around the Key Components. Describe the goals, activities, and results of past collaboration(s).
- Describe process for establishing a core partner group. The core partner group is expected to be comprised of a manageable number of members (8-10), include community leaders and decision-makers, and represent the critical partners who, together with the grantee as lead, will provide input into the planning and be responsible for the implementation of the community-wide initiative. Describe proposed core partner group members, proposed panel members, diversity of panel members, frequency of meetings, and how you will evaluate success of the core partner group. Overall, members will

represent key stakeholders relevant to the Key Components described under this announcement.

- For each Key Component describe local partners who will collaborate in this project including the local health and education departments and organizations already actively engaged with youth at high risk for teen pregnancy, and other youth clinical service providers in the target community. Successful applicants will develop partnerships with at least five community-based clinical service providers within the proposed target community(ies). Applicant should develop partnerships with a minimum of ten youth serving organizations that collectively reach large numbers of youth in the target community(ies), annually, and serve predominantly African American and/or Latino youth wherever possible. Youth-serving organizations should be organizations that directly serve youth with prevention programming. It is anticipated that some of these organization partners will participate in the core partner group noted above. Applicant should demonstrate the collective ability of your organization and your selected partners (i.e., health department and other youth-serving organizations) to reduce teen pregnancy rates in the target community(ies). Mini-grants or MOUs should be used to establish and outline partnership relationships. Applicant is responsible for ensuring that all requirements of mini-grant and MOUs with youth-serving organizations are strictly enforced; these agreements must include a requirement to report on the implementation and evaluation (both process and outcome) of efforts. Successful applicants will provide letters of commitment from current or recently past collaborations with these organizations.

- Describe active partnerships with at least three state or local level agencies that fund local youth-serving organizations in the proposed target community. Applicants should describe partnerships with state or local education agencies, clinical service providers, and state or local health agencies. The partnerships are intended to support the implementation of all Key Components described under this announcement. These partners will also serve on the core partner group to provide input into the planning and implementation of the community-wide initiative.
- Describe process for establishing a community advisory group. Include purpose of the group, recruitment methods for members, proposed number of members, diversity of members, and frequency of meeting.
- Describe development and implementation of local youth advisory panel in the target communities. Include purpose of panel, recruitment methods for members, proposed number of members, diversity of panel members and frequency of meetings.
- Describe how developing and implementing the partnerships and garnering community and youth input into the initiative will combine to produce a multi-component community-wide effort that will result in decreased teen birth rates for the target community.

## **6. Evaluation Plan**

- Complete fully an evaluation plan using SMART objectives.  
See guidance for evaluation plan in **Appendix B**. Describe how the proposed evaluation plan will support the goals and measurable outcomes associated with this program (in

Evaluation and Performance Measurement section of this announcement).

- Process evaluation: The evaluation should measure/document the process involved in carrying out each activity described for each of the objectives. By the end of the project, a clear and detailed description of the components of the initiative and the relative success of carrying out each component should be available.
- Intermediate outcomes: Describe intermediate outcomes and how they will be monitored. Intermediate outcomes should include 1) changes in behavior or pregnancy risk among youth participating in intervention programs or receiving additional/enhanced clinical services, 2) changes in the number of youth exposed to evidence-based and/or evidence-informed programs to prevent teen pregnancy, 3) changes in the number of youth referred to appropriate clinical services, as well as utilizing clinical services, 4) changes in community strategies supportive of adolescent reproductive health, 5) changes in the capacity of local organizations to select, implement, evaluate, and sustain evidence based and/or evidence-informed programs, and, 6) changes in the capacity of target community partners to deliver clinical services.
- Community level outcomes: Community level changes in teen birth rate and rates of abstinence and contraceptive use among teens in the target community and in a matched comparison community will be studied as part of a federal evaluation. Therefore, the applicant does not need to describe plans to measure community level changes in their own evaluation plan. The grantee will participate in the federal evaluation of community level outcomes, as needed. The applicant is encouraged to describe existing data sources that may be useful for examining community level changes.
- Describe how evaluation findings, as well as any results from needs assessments, will be

utilized for project planning and improvements.

**7. Budget and Justification (Does not count against narrative page limit.)**

- Provide a detailed budget and line item justification for all operating expenses that are consistent with proposed program objectives and activities for each activity.
- Include budget for key project staff to attend a Year 1 orientation meeting; and annual grantee meetings in Atlanta (Years 1-5).
- Include budget for partnerships with local organizations, including clinical services providers.

**Narrative for Part B National Organizations**

**1. Experience with Training and Technical Assistance (T&TA)**

- Describe your organization’s experience in providing T&TA to state/territorial health departments, community-based organizations, and federal entities to build organizational capacity to address each of the Key Components listed below. As an appendix, include only brief 1-2 page executive summaries of relevant T&TA services and products provided in the last five years.
  - To address Component 1, describe your organization’s past experience providing T&TA to other organizations on evidence-based and/or evidence-informed teen pregnancy prevention programs. Describe the approaches, processes, and results of these T&TA efforts you have previously used to increase the capacity of youth-serving organizations and clinical service providers to select, implement and evaluate evidence-based and/or evidence-informed programs to prevent teen pregnancy and/or related risk behaviors.

Include a description of your training development and delivery of T&TA specifically as it relates to the concepts and processes included in the planning/implementation/evaluation framework. Include any experience developing and implementing training of trainers (TOTs) and subsequent proactive follow-up TA to ensure fidelity and quality of training of educators/facilitators was achieved. As an appendix, include only brief 1-2 page executive summaries of relevant trainings provided in the last five years.

- To address Component 2, describe your organization's past experience providing T&TA to other organizations on strategies to increase youth's access and use of culturally competent and youth friendly clinical services and improve the availability of the full range of services to teens. This should include but not be limited to any partnerships that have been created between the applicant and state or local health departments, state or local education agencies, community-based advocacy organizations, youth-serving organizations, and other entities to develop and implement strategies for increasing access for youth to the full spectrum of clinical services. It may also include the creation or support of youth-serving health centers or satellite health clinics that are located in close proximity to teens in high-risk communities when these resources do not exist.
- To address Component 3, describe your past experience providing T&TA to other organizations on strengthening their capacity to educate stakeholders – including state and local stakeholders and officials – on evidence-based practice broadly and, if applicable, past experience related to educating

stakeholders with respect to effective pregnancy prevention strategies.

- To address Component 4, describe your past experience providing T&TA to other organizations on organizational sustainability. Describe the specific strategies employed to build sustainability of a community-wide initiative and the organizations in the initiative; what T&TA was provided; to whom it was provided; and the results of these efforts. Description of past experience in this area should include but is not limited to describing T&TA on organizational sustainability in the following seven areas: organizational identity, long-range strategic plan, annual operational plan, financial and other systems administration (i.e. budget), long-range funding raising plan, board development plan, staff development, and organizational culture. See **Appendix A** for further descriptions of these seven areas.
- Describe your organization's experience developing, supporting or coordinating community-wide efforts to teen pregnancy prevention, or your organization's experience providing T&TA to partner organizations on the coordination and implementation of community-wide efforts to teen pregnancy prevention. Describe the community-wide effort; partner organizations involved; the results of such effort; and the long-term sustainability of the community-wide effort. Include specific strategies used to gain support from communities and partner organizations.

## **2. Organizational Capacity and Staffing**

- Describe your organization's capacity and proposed staffing plan in support of this application. This should include a description of your organization's existing



infrastructure to support the requirements of this cooperative agreement as well as the quality and sufficiency of the proposed staffing of the project. Include the T&TA expertise and experience of proposed staff (including sub-contractors) as related to the four Key Component areas described in the proposed work plan. Specifically, address the following aspects of proposed staffing:

- For existing staff, provide position descriptions, qualifications for performing the role, and FTE of the position. Include résumés (as an appendix) of all staff. Please limit each résumé to 3 pages.
- For staff to be hired, provide position descriptions and desired qualifications for each position. Include a timeline for when the position will be staffed, FTE of the position(s), and the methods to be used for recruiting qualified applicants.
- Provide an organizational chart as an appendix that identifies lines of authority, including who will have management authority over the project and all proposed sub-contractors.
- Identify the staff person who will take the lead on the project's evaluation as well as evaluation capacity building T&TA. Include a job description or statement of work, résumé, and letter of commitment [or a position description if to be hired] that will both conduct evaluation activities under this award as well as provide cost-effective evaluation capacity building T&TA, when needed, to Part A grantees.

### **3. Work Plan**

- Describe applicant project goals and objectives for each of the Key Component areas for two years. Provide specific, measurable, achievable, realistic and time-phased (SMART) objectives to support the project goal(s). See guidance for evaluation plan in **Appendix**

**B.**

- Provide a detailed work plan that supports the goals and objectives proposed and includes, at a minimum, the following three elements: Development of T&TA Materials/Training Plan; T&TA Implementation Plan; and Dissemination Plan. Within each of the three work plan elements, please include: 1) activities to be completed, 2) person(s) to complete activities, 3) timeline, and 4) desired outcome of activities.
- Development of T&TA Materials/Training Plan: Describe materials that need to be developed for this project such as strategy briefs, research syntheses, TOT's for evidence-based and/or evidence-informed programs and proactive follow-up TA, training to build capacity of staff on the concepts included in planning/implementation/evaluation framework, organizational development tools or strategies, and the like. Provide justification and rationale for all materials and/or trainings proposed for development.
- T&TA Implementation Plan: Provide a proposed T&TA implementation plan for supporting Part A grantees as they conduct multi-component community-wide teen pregnancy prevention initiatives. Describe the T&TA strategies to be implemented for each of Key Component areas; the method of delivery; potential trainers and TA providers; the T&TA objectives; the length of training; and curriculum materials to be used.
- Dissemination Plan: Describe the translation and dissemination plan for materials, curricula, synthesized/translated research evidence, project lessons learned, and other information resulting from this project. Include the activities to be completed, by whom and the desired outcomes of the activities. Describe how the activities support program goals.

#### **4. Collaboration**

- Describe your organization's experience collaborating with other national health organizations around the Key Components; please include any collaborations with national health organizations dedicated to serving primarily African American or Latino persons; national youth development organizations; and any others that focus on adolescent health/teen pregnancy prevention issues. Describe the goals, activities and results of the collaboration(s).
- Demonstrate ability and intent to partner during this project with at least one national health organization dedicated to serving primarily African American or Latino persons and at least one national youth development organization. A letter of commitment from these organizations should be included in the application and should express intent to partner upon award. The method to formalize partnerships should be clearly explained (e.g. MOU or sub-contract) or included. Fully describe the nature of the partnerships, persons involved, and provide rationale for the selection of these partners in support of this project.
- Indicate willingness to fully partner with other Part B grantees and CDC in the assessment of the capacity needs of the state organizations (Part A grantees) and the development and implementation of coordinated T&TA plans for each Part A grantee.

#### **5. Evaluation Plan**

- Provide an evaluation plan for how Part B grantees will evaluate their own performance. The evaluation plan should link to the goals and SMART objectives proposed for this project. See guidance for evaluation plan in **Appendix B**.

- Describe how needs assessment and evaluation results will be utilized for project planning and improvement.

**6. Budget and Justification (Does not count against narrative page limit.)**

- Provide a detailed budget and line item justification for all operating expenses that are consistent with proposed program objectives and activities for each activity. Include budget for partnerships with other national organizations.
- Include budget for key project staff to attend a Year 1 orientation meeting; annual grantee meetings in Atlanta (Years 1-5); and annual coordinated T&TA planning meetings at the first of each project year (Years 1-5).

Additional information may be included in the application appendices. The appendices will not be counted toward the narrative page limit. This additional information includes:

- Training needs assessments
- Training curricula or materials
- Publications or products from similar experience
- Evaluation results from similar experience
- Curriculum vitae/résumés
- Organizational charts
- Letters of support/Letters of Intent to Partner
- Memoranda of Understanding
- Other pertinent information requested in the narrative section of the program announcement or other relevant material and documents you want to include.

Additional information submitted via Grants.gov should be uploaded in a PDF file format, and should be named (i.e., Curriculum vitae, Letters of Support, MOU, etc.) under Mandatory Documents into Grants.gov. No more than 15 additional attachments should be uploaded per application. Additional requirements for additional documentation with the application are listed in Section VII. Award Administration Information, subsection entitled “Administrative and National Policy Requirements.”

### **\*\*APPLICATION SUBMISSION**

Registering your organization through [www.Grants.gov](http://www.Grants.gov), the official agency-wide E-grant website, is the first step in submitting an application online. Registration information is located on the “Get Registered” screen of [www.Grants.gov](http://www.Grants.gov). Please visit [www.Grants.gov](http://www.Grants.gov) at least 30 days prior to submitting your application to familiarize yourself with the registration and submission processes. The “one-time” registration process will take three to five days to complete. However, the Grants.gov registration process also requires that you register your organization with the Central Contractor Registry (CCR) annually. The CCR registration can require an additional one to two days to complete.

Submit the application electronically by using the forms and instructions posted for this funding opportunity on [www.Grants.gov](http://www.Grants.gov). If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms on-line, contact the HHS/CDC Procurement and Grant Office Technical Information Management Section (PGO-TIMS) staff at (770) 488-2700 for further instruction.

***Note: Applications submitted to Grants.gov are not transmitted to the granting agency until they have successfully completed an electronic validation process. This validation process***

*may take as long as two (2) calendar days, therefore applicants are strongly encouraged check the status of their applications to ensure that no submission errors have occurred. To guarantee compliance with the application deadline published in the Funding Opportunity Announcement, applicants are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.*

*Please contact Grants.gov in the event that you do not receive a “validation” email within two (2) calendar days of application submission. After submitting the application package, refer to the confirmation email message generated at the time of submission (or the Application User Guide, Version 3.0, page 57) for instructions on how to track your application using your Grants.gov tracking number to verify the status of your application.*

### **Other Submission Requirements**

Letter of Intent: Requested

Prospective applicants are requested to submit a Letter of Intent (LOI) that includes the following information:

- Descriptive title of proposed project.
- Name, address, and telephone number of the Principal Investigator/Project Director.
- Names of other key personnel.
- Participating institutions.
- Number and title of this funding opportunity.
- Indicate which Part you are applying (A or B)

LOI Submission Address: Submit the LOI by express mail, delivery service, fax, or E-mail to:

Teresa Powell-Robinson

CDC, NCCDPHP, DRH

4770 Buford Hwy, NE MS: K22

Atlanta, GA 30341

770-488-6251 (Phone)

770-488-6291 (Fax)

tap5@cdc.gov

Although a LOI is not required, is not binding, and does not enter into the review of a subsequent application, the information that it contains allows CDC Program staff to estimate and plan the review of submitted applications.

LOIs should be provided not later than the date indicated in the Section I entitled “Authorization and Intent.”

### **Dun and Bradstreet Universal Number (DUNS)**

The applicant is required to have a Dun and Bradstreet Data Universal Numbering System (DUNS) identifier to apply for grants or cooperative agreements from the Federal government. The DUNS is a nine-digit number that uniquely identifies business entities. There is no charge associated with obtaining a DUNS number. Applicants may obtain a DUNS number by accessing the [Dun and Bradstreet website](#) or by calling 1-866-705-5711.

### **Electronic Submission of Application:**

Applications must be submitted electronically at [www.Grants.gov](http://www.Grants.gov). Electronic applications will be considered as having met the deadline if the application has been successfully submitted electronically by the applicant organization's Authorized Organizational representative (AOR) to Grants.gov on or before the deadline date and time. The application package can be downloaded from [www.Grants.gov](http://www.Grants.gov). Applicants can complete the application package off-line, and then upload and submit the application via the Grants.gov Web site. The applicant will submit all application attachments using a PDF file format when submitting via Grants.gov. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than PDF may result in the file being unreadable by staff. Applications submitted through Grants.gov (<http://www.grants.gov>) are electronically time/date stamped and assigned a tracking number. The AOR will receive an e-mail notice of receipt when HHS/CDC receives the application. The tracking number serves as a receipt of submission. If the applicant encounters technical difficulties with Grants.gov, the applicant will contact Grants.gov Customer Service via E-mail at [support@grants.gov](mailto:support@grants.gov) or by phone at 1-800-518-4726 (1-800-518-GRANTS). The Customer Support Center is available between the hours of 7:00 a.m. to 9:00 p.m. Eastern Time, Monday through Friday. E-mail submissions of applications will not be accepted.

### **Submission Dates and Times**

This announcement is the definitive guide on LOI and application content, submission, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline published herein, it will not be eligible for review and the applicant will be notified the application did not meet the submission requirements. The



application face page will be returned by HHS/CDC with a written explanation of the reason for non-acceptance.

LOI Deadline Date: 5/14/2010

Application Deadline Date: 6/30/2010 or 60 days after PGO publishes FOA on Grants.gov

## **VI. APPLICATION REVIEW INFORMATION**

Eligible applicants should provide measures of performance that will demonstrate the accomplishment of the various identified objectives of the CDC RFA DP10-1009. Measures of performance should relate to the performance goals stated in the “Evaluation and Performance Measurement” section of this announcement. Measures of performance should be objective, quantitative and measure the intended outcome of the proposed program. The measures of performance should be included in the application and will be an element of the evaluation of the submitted application.

### **Evaluation Criteria**

Eligible applications will be evaluated against the following criteria:

#### **Criteria for Part A Local organizations that serve youth on adolescent health issues:**

##### **1. Experience with multi-component community-wide initiatives and provision of related**

##### **T&TA (20 Points)**

- To what extent did applicant demonstrate experience developing and implementing multi-component community-wide teen pregnancy prevention programs? Did the efforts

include evidence-based and/or evidence-informed teen pregnancy prevention programs, access to a range of clinical services, and educational initiatives related to adolescent reproductive health?

- Did applicant fully describe goal of the effort, types of organizations involved with the effort, the applicant's specific role and responsibility in the effort, and the outcome(s) of the effort?
  - Did the applicant fully describe experience coordinating diverse organizations within a multi-component community-wide effort to ensure that activities were integrated, complimentary to each other, and successful collectively in meeting the goals and objectives of the effort?
- To what extent did applicant describe experience conducting and providing T&TA to partner organizations to design, implement, and evaluate community-wide efforts to: a) create linkages between youth serving organizations and clinical services provider organizations, b) increase referral of youth to culturally competent and youth friendly clinical services, c) build the capacity of diverse health service providers to provide the full range of services to teens, and d) increase service providers use of the full range of effective clinical services when serving teens? Did applicant describe any other innovative methods it has used to increase the availability and use of clinical services by sexually active teens? Were methods successful?
- To what extent did applicant describe experience providing T&TA to partner organizations on how to select, implement, and evaluate evidence-based and/or evidence-informed programs to prevent teen pregnancy and related risk behaviors? Did applicant describe the specific approach used to plan the T&TA as well as the specific T&TA

strategies? Did T&TA provided to partner organizations cover concepts included in the planning/implementation/evaluation framework? Did applicant include experiences developing and implementing training of trainers (TOTs) or training of educators (TOEs) on evidence-based and/or evidence-informed programs? To what extent did TOTs and TOEs include subsequent proactive follow-up TA to ensure fidelity and quality of training of educators/facilitators?

- To what extent did applicant describe experience conducting and providing T&TA to partner organizations' efforts to promote and support state and local strategies that address adolescent reproductive health? Did applicant provide a description of types of adolescent health strategies addressed; methods for assessing them; approaches used; the scope of the efforts; and the results?
- To what extent did applicant describe experience providing T&TA to partner organizations on how to create long-term, organizational sustainability, including the specific strategies employed to build organizational sustainability of a community-wide initiative and the organizations in the initiative? Did applicant describe what T&TA was provided; to whom it was provided; and the results of these efforts? Did applicant describe T&TA on organizational sustainability including organizational identity, long-range strategic plan, and annual operational plan, financial and other systems administration, long-range funding raising plan, board development plan, and staff development and organizational culture?

## **2. Organizational Capacity and Staffing (20 Points)**

- Does applicant have existing infrastructure to support the requirements of this cooperative agreement as well as the quality and sufficiency of the proposed staffing of the project? Does the proposed staff have experience and expertise in the four Key Component areas and experience working with the proposed target community(ies)?
  - For existing staff, to what extent did applicant provide position descriptions and include qualifications for performing the roles and FTE of each position? Do the qualifications and experience seem appropriate for each position? Are résumés included?
  - For staff to be hired, did applicant provide position descriptions, including timelines for staffing, qualifications and FTE for each position, and methods for recruiting qualified applicants? Does the position description seem appropriate for recruiting qualified and experienced staff to carry out all activities of the FOA?
- Did applicant provide an organizational chart as an appendix that identifies lines of authority, including who will have management authority over the project?
- Did applicant identify the staff person(s) who will take the lead on building and coordinating the multi-component effort and include a job description or statement of work? Is a résumé and letter of commitment included as an appendix? Does the experience of this individual seem appropriate for building and coordinating a multi-component community-wide effort? Is the staff person proposed for at least 1.0 FTE?
- Did applicant identify the staff persons who will be involved in working closely with each of the key partners and collaborators operating in the proposed target community?

Are at least 3.0 FTE proposed? Does each of these proposed staff have experience in the Key Components of this FOA?

- Did applicant identify the staff person who will take the lead on the project's evaluation and include a job description or statement of work? Did the applicant include a résumé and letter of commitment [or a position description if to be hired] as an appendix? Does the proposed staff person have at least 5 years experience in evaluation? Does the proposed person have at least a Master's degree and relevant specialized training? Does the proposed person have experience developing evaluation designs, measures and tools; analyzing and interpreting data; providing T&TA on evaluation; and using quantitative and qualitative evaluation methodology? Is the proposed person at least 1.0 FTE?
- Did applicant demonstrate evidence of organizational sustainability? To what extent does applicant describe the status of their organization in relation to organizational identity, long-range strategic plan, and annual operational plan, financial and other systems administration, long-range funding raising plan, board development plan, and staff development and organizational culture?

### **3. Target and Comparison Communities (20 Points)**

- Did applicant provide a comprehensive demographic and geographic profile of the proposed target community(ies) and comparison community(ies), including a map of the communities? Did the applicant demonstrate that the proposed target and comparison communities both have a 2006 teen birth rate (NCHS) greater than or equal to 45.0 per

1,000 girls age 15-19? Did applicant demonstrate that the target and comparison communities each include at least 4,000 girls age 15-19?

- Did the applicant describe the racial/ethnic composition of the target and comparison communities, including the percent of girls age 15-19 who are African American and/or Latina?
- Did the applicant provide a detailed profile of the reproductive health status and data related to adolescent pregnancy, teen birth, STD/HIV rates, clinical service access, and risk behaviors related to teen pregnancy for the target and comparison communities?
- Did the applicant describe the strengths and existing resources of the target community(ies)? Do the solutions to the challenges seem reasonable?
- Did the applicant demonstrate that the target and comparison communities are well-matched with respect to community demographics (i.e., race, age, educational attainment, income, rates of unemployment), the population of adolescent girls within the community (i.e., number of girls, percent African-American and Latino, etc), and the rates of adolescent pregnancy, teen births and STD/HIV? Did the applicant demonstrate that communities are similar with respect to service provision to 15-19 years olds including clinical services access and provision of youth services intended to prevent risk factors associated with teen pregnancy? Did the applicant illustrate geographic proximity of the target and comparison communities? Did the applicant illustrate that the target and comparison communities are of similar geographic sizes, with similar population density, and are matched on the urban/suburban/rural nature of the communities?

#### 4. Work Plan (20 Points)

- To what extent did the applicant describe vision for the five-year multi-component community-wide initiative to achieve FOA goals and objectives? To what extent does the applicant propose community-wide initiative(s) that direct significant efforts toward all Key Components in a coordinated effort to reduce teen pregnancy in the target community(ies)? Did applicant include logic model for five-year multi-component community-wide initiative as an appendix?
- To what extent did the applicant describe the project goals and objectives? Are objectives specific, measurable, achievable, realistic and time-phased (SMART) and do objectives support the project goal(s)? Is there at least one objective for each of the Key Components described in the community-wide initiative?
- Does the work plan include activities to be completed; persons to complete activities; timeline and desired outcomes for all T&TA on Component 1? Will the proposed T&TA activities increase the capacity of youth serving organizations to select, implement and evaluate evidence-based and/or evidence-informed teen pregnancy prevention programs for youth?
- Does the work plan include activities to be completed; persons to complete activities; timeline and desired outcomes for all T&TA on Component 2? Will the proposed T&TA activities: a) create linkages between youth serving organizations and provider organizations, b) increase referral of youth to culturally competent and youth friendly clinical services, c) build the capacity of diverse health service providers to provide the full range of clinical services to teens, and d) increase service providers' use of the full range of effective clinical services when serving teens?

- Does the work plan include activities to be completed; persons to complete activities; timeline and desired outcomes for all T&TA on Component 3? To what extent did applicant describe assessing and strengthening adolescent health strategies in the proposed target community(ies), including strategies to reduce barriers to utilization and access of services by youth and strategies to improve the standards related for education related to teen pregnancy prevention,, educating stakeholder makers on teen pregnancy prevention, and providing outreach, education, or T&TA to partner organizations on how to effectively impact or implement adolescent reproductive health strategies on a state or local level?
- Does the work plan include activities to be completed; persons to complete activities; timeline and desired outcomes for all T&TA on Component 4? Do applicant activities include providing T&TA to community-based clinical service providers and youth serving organizations to build sustainability of the community-wide initiative and the organizations participating in the initiative? Did applicant describe providing T&TA in the areas of organizational identity, long-range strategic plan, annual operational plan, financial and other systems administration, long-range funding raising plan, board development plan, and staff development and organizational culture?
- Did the applicant describe anticipated challenges to implementing the multi-component approaches in the target community(ies), as well as how these challenges will be addressed?

## **5. Partnerships and Collaboration (10 Points)**

- To what extent did the applicant describe experience collaborating with other adolescent



health/teen pregnancy organizations, minority health organizations, clinical service providers, local health and education departments and youth development organizations around the Key Components? Did applicant describe the goals, activities and results of past collaboration(s)?

- Did applicant describe process for establishing a core partner group, including purpose of the group, how many will be on the group, proposed members, diversity of members, frequency of meetings, and how applicant will evaluate success of core partner group? Does the core partner group membership include leaders and decision-makers that can make the community-wide initiative successful? Do core partner group members indicate commitment to the work in the form of MOUs and letters of commitment?
- For each Key Component, to what extent did applicant, describe local partners who will collaborate on this project? Does the applicant describe a variety of partners, including health departments, youth serving organizations and clinical service providers? Did applicant describe developing partnerships with at least five community-based clinical service providers within the proposed target community(ies)? Did applicant describe developing partnership with a minimum of ten youth serving organizations that collectively reach large numbers of youth in the target community(ies) and serve predominantly African American and/or Latino youth? Applicant will provide strong justification for any work plans that do not include reaching the minimum number of community-based clinical service providers and youth serving organizations described above. Did applicant demonstrate the collective ability of their selected partners to reduce teen pregnancy rates in the target community(ies) through direct interventions to

youth? Did applicant provide letters of commitment from current or recently past collaborations with these organizations?

- Did applicant describe active partnerships with at least three state or local level agencies that fund local youth-serving organizations in the proposed target community? Are partnerships with departments of education and clinical service organizations included?
- Did applicant describe process for establishing a community advisory group? Does applicant include description of proposed community advisory group?
- Did applicant describe process for establishing a youth advisory panel? Does applicant include description of proposed panel members?
- Will the proposed partnerships and community and youth input into the initiative combine to produce a multi-component community-wide effort that will result in decreased teen birth rates for the target community?

#### **6. Evaluation Plan (10 Points)**

- Did applicant fully complete an evaluation plan using SMART objectives? Did the applicant include a description of how the proposed evaluation plan will support the goals and measurable outcomes associated with this program?
- Does the evaluation plan measure/document the process involved in carrying out each activity described for each of the objectives?
- Does the plan describe intermediate outcomes as part of the plan, including 1) changes in behavior or pregnancy risk among youth participating in intervention programs or receiving additional/enhanced clinical services, 2) changes in the structure, referral systems or availability of clinical services for youth, 3) changes in the capacity of local

organizations to select, implement, evaluate, and sustain evidence based and/or evidence-informed programs, and 4) community strategy changes?

- To what extent did the applicant describe existing data sources that may be useful for examining community level changes?
- Did the applicant indicate willingness to participate as needed in a federal level evaluation of community-wide outcomes?
- Did the applicant describe how evaluation findings, as well as any results from needs assessments, will be utilized for project planning and improvements?

## **7. Budget (SF 424A) and Budget Narrative**

**Budget is not a scored item, however, budget considerations are included in the overall evaluation of application.**

- Did applicant provide a detailed budget and line item justification for all operating expenses that are consistent with proposed program objectives and activities for each activity? Does budget seem reasonable?
- Did applicant include budget for key project staff to attend a Year 1 orientation meeting; and annual grantee meetings in Atlanta (Years 1-5)?

## **Criteria for Part B National Organizations**

### **1. Experience with Training and Technical Assistance (T&TA) (30 Points)**

- To what extent did applicant address each of the Key Components in descriptions of their organization's experience in providing T&TA to state/territorial health departments, community-based organizations, and federal entities to build

organizational capacity within the last 5 years?

- To address Component 1, to what extent did applicant describe experience providing T&TA to other organizations on evidence-based and/or evidence-informed teen pregnancy prevention programs? To what extent did applicant include past approaches, processes, and results of T&TA efforts to increase the capacity of youth serving organizations and clinical services providers to select, implement and evaluate evidence-based and/or evidence-informed programs to prevent teen pregnancy and/or related risk behaviors? Did applicant include a description of past training development and delivery of T&TA specifically as it relates to the concepts and processes included in the planning/implementation/evaluation framework? To what extent did applicant describe any experience developing and implementing training of trainers (TOTs) and subsequent proactive follow-up TA to ensure fidelity and quality of training of educators/facilitators was achieved?
- To address Component 2, to what extent did applicant describe experience providing T&TA to other organizations on strategies to increase youth's access and use of culturally competent and youth friendly clinical services and improve the availability of the full range of clinical services to teens? Did this include any partnerships that have been created between the applicant and state or local health departments, state or local education agencies, community-based advocacy organizations, youth-serving organizations, clinical service providers, and other entities to develop and implement strategies for increasing access for youth to clinical services and for increasing

the use of the full spectrum of services?

- To address Component 3, to what extent did applicant describe past experiences providing T&TA on teen pregnancy prevention issues? Did applicant describe the specific strategies or issues on which T&TA was provided; to whom it was provided; the scope of the efforts; and the results of providing T&TA to other organizations on the approach and implementation of national, state or local efforts to improve and promote strategies that address adolescent reproductive health issues? Did applicant describe any experience providing T&TA on strategy change initiatives? Did applicant describe T&TA efforts to support or build capacity of partner organizations to address state and local strategy change in these areas?
- To address Component 4, to what extent did applicant describe specific strategies employed to build organizational sustainability of a community-wide initiative and the organizations within the initiative; what T&TA was provided; to whom it was provided; and the results of these efforts? How well did applicant describe T&TA on organizational sustainability in the following seven areas: organizational identity, long-range strategic plan, annual operational plan, financial and other systems administration, long-range funding raising plan, board development plan, staff development, and organizational culture?
- To what extent did applicant describe experience developing, supporting or coordinating community-wide efforts to teen pregnancy prevention, or experience providing T&TA to partner organizations on the coordination and implementation of community-wide efforts

for teen pregnancy prevention? How well did applicant describe the community-wide efforts; partner organizations involved; specific strategies used to gain support from communities and partner organizations; and the results of such efforts?

## **2. Organizational Capacity and Staffing (25 Points)**

- Does applicant have existing infrastructure to support the requirements of this cooperative agreement as well as the quality and sufficiency of the proposed staffing of the project? Does the proposed staff have experience and expertise in the four Key Component areas and experience working with the proposed target community(ies)?:
  - For existing staff, to what extent did applicant provide position descriptions and include qualifications for performing the roles and FTE of each position? Do the qualifications and experience seem appropriate for each position? Are résumés included?
  - For staff to be hired, did applicant provide position descriptions, including timelines for staffing, qualifications and FTE for each position, and methods for recruiting qualified applicants? Does the position description seem appropriate for recruiting qualified and experienced staff to carry out all activities of the FOA?
- Did applicant provide an organizational chart as an appendix that identifies lines of authority, including who will have management authority over the project and all proposed sub-contractors?
- Did applicant identify the staff person who will take the lead on the project's evaluation as well as evaluation capacity building T&TA? Did applicant include a job description or

statement of work, CV, and letter of commitment [or a position description if to be hired] that will both conduct evaluation activities under this award as well as provide cost-effective evaluation capacity building T&TA, when needed, to Parts A grantees?

### **3. Work Plan (25 Points)**

- To what extent did applicant describe project goals and objectives for each of the Key Component areas? Does this include specific, measurable, achievable, realistic and time-phased (SMART) objectives to support the project goal(s)?
- Does applicant provide a detailed work plan that supports the goals and objectives proposed and include, at a minimum, the following three elements: Development of T&TA Materials/Training Plan; T&TA Implementation Plan; and Dissemination Plan?
- To what extent does the applicant describe the development of T&TA Materials and Training Plan for this effort? Does the applicant describe activities to be completed, person(s) to complete activities and desired outcomes of activities? Does applicant provide a description of needed materials such as strategy briefs, research syntheses, TOTs for evidence-based and/or evidence-informed programs and proactive follow-up TA, training to build capacity of staff on the concepts included in the planning/implementation/evaluation framework, organizational development tools or strategies, and the like? Did applicant provide adequate and relevant justification and rationale for all materials and/or trainings proposed for development?
- To what extent does applicant provide a proposed T&TA implementation plan for supporting Part A grantees as they conduct multi-component community-wide teen pregnancy prevention initiatives? Does the applicant describe activities to be completed,

person(s) to complete activities and desired outcomes of activities? Does applicant provide a description of the T&TA strategies to be implemented for each of Key Component areas; the method of delivery; potential trainers and TA providers; the T&TA objectives; the length of training; and curriculum materials to be used?

- To what extent does the applicant describe the translation and dissemination plan for materials, curricula, synthesized/translated research evidence, project lessons learned, and other information resulting from this project? Does the applicant describe activities to be completed, person(s) to complete activities and desired outcomes of activities?

#### **4. Collaboration (10 points)**

- To what extent does applicant describe experience collaborating, including activities and results of the collaboration(s), with other national adolescent health/teen pregnancy organizations and minority health organizations around the Key Components, as well as with community-wide initiatives to promote adolescent health?
- Does applicant demonstrate ability and intent to partner with at least one national health organization dedicated to serving primarily African American or Latino persons and at least one national youth development organization during this project? Is a letter of commitment included? Does applicant describe methods to formalize partnerships? Did applicant fully describe the nature of the partnerships, persons involved, and provide rationale for the selection of these partners in support of this project?
- Did applicant indicate willingness to fully partner with other Part B grantees and CDC in the assessment of the capacity needs of the state organizations (Part A grantees) and the



development and implementation of coordinated T&TA plans for each Part A and B grantee?

### **5. Evaluation Plan (10 Points)**

- To what extent did applicant provide an evaluation plan for this project that links to the goals and SMART objectives proposed for this project? To what extent did applicant describe how needs assessment and evaluation results will be utilized for project planning and improvement?

### **6. Budget (SF 424A) and Budget Narrative**

**Budget is not a scored item, however, budget considerations are included in the overall evaluation of application.**

- Did applicant provide a detailed budget and line item justification for all operating expenses that are consistent with proposed program objectives and activities for each activity? Does budget seem reasonable?
- Did applicant include budget for key project staff to attend a Year 1 orientation meeting; annual grantee meetings in Atlanta (Years 1-5); and annual coordinated T&TA planning meetings at the first of each project year (Years 1-5)?

If the applicants requests indirect costs in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement should be less than 12 months of age. The indirect cost rate agreement should be uploaded as a PDF file with “Other Attachment Forms” when submitting via Grants.gov.

## **Funding Restrictions**

Restrictions, which should be taken into account while writing the budget, are as follows:

- Part B recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Awardees may not generally use HHS/OAH/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Reimbursement of pre-award costs is not allowed.
- Funds may not be used for construction.

The applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>.

## **Application Review Process**

All eligible applications will be initially reviewed for completeness by the CDC Procurement and Grants Office (PGO) staff. In addition, eligible applications will be jointly reviewed for responsiveness by the CDC National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) and PGO, CDC. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will be notified the application did not meet eligibility and/or published submission requirements.

An objective review panel will evaluate complete and responsive applications according to the criteria listed in Section VI. Application Review Information, subsection entitled “Evaluation Criteria.” The objective review will be conducted by CDC employees from outside the Division of Reproductive Health, NCCDPHP.

### **Application Selection Process**

Applications will be funded in order by score and rank determined by the objective review panel. OAH will make final decisions on grant awards under Part A after consultation with CDC. CDC will make final decisions on grant awards under Part B after consultation with OAH. Final decisions regarding grant awards may deviate from score rankings and awards funded out of order based on the following factors:

- A. Geographic distribution to ensure non-duplication of efforts within the geographically defined target community(ies). Urban and rural distribution will be considered.
- B. Target and comparison communities with very high teen birth rates in 2006 (NCHS). Communities located in states with teen birth rates above the 2006 national average (NCHS).
- C. Ability to reach large numbers of African American and/or Latino adolescents within the target community(ies).
- D. The availability of funds.
- E. Feasibility of evaluation plan including well-matched comparison community(ies).

OAH will provide justification for any decision to fund out of rank order for awards made under Part A. CDC will provide justification for any decision to fund out of rank order for awards made under Part B.

## **VII. AWARD ADMINISTRATION INFORMATION**

### **Award Notices**

Successful applicants under Part A and Part B will receive a Notice of Award (NoA) from the CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer and e-mailed to the program director. A hard copy of the NoA will be mailed to the recipient fiscal officer identified in the application. Unsuccessful applicants will receive notification of the results of the application review by mail.

### **Administrative and National Policy Requirements**

Successful applicants must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92. The following additional requirements apply to projects funded under Part B of this FOA and apply to Part A projects as applicable:

- AR-4            HIV/AIDS Confidentiality Provisions
- AR-5            HIV Program Review Panel Requirements
- AR-6            Patient Care
- AR-8            Public Health System Reporting Requirements
- AR-9            Paperwork Reduction Act Requirements
- AR-10          Smoke-Free Workplace Requirements
- AR-11          Healthy People 2010
- AR-12          Lobbying Restrictions
- AR-14          Accounting System Requirements

- AR-15 Proof of Non-Profit Status
- AR-21 Small, Minority, and Women-Owned Business
- AR-23 States and Faith-Based Organizations (Compliance with 45 CFR Part 87)
- AR-24 Health Insurance Portability and Accountability Act Requirements
- AR-25 Release and Sharing of Data

Additional information on the requirements can be found on the CDC Web site at the following Internet address: [http://www.cdc.gov/od/pgo/funding/Addtl\\_Reqmnts.htm](http://www.cdc.gov/od/pgo/funding/Addtl_Reqmnts.htm).

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address:

<http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

CDC Assurances and Certifications can be found on the CDC Web site at the following Internet address: <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>

## **TERMS AND CONDITIONS**

### Reporting Requirements

Each funded applicant must provide CDC with an annual Interim Progress Report submitted via [www.grants.gov](http://www.grants.gov):

1. The interim progress report is due no less than 90 days before the end of the budget period. The Interim Progress Report will serve as the non-competing continuation application, and must contain the following elements:
  - a. Standard Form (“SF”) 424S Form.

- b. SF-424A Budget Information-Non-Construction Programs.
- c. Budget Narrative.
- d. Indirect Cost Rate Agreement.
- e. Project Narrative.

Additionally, funded applicants must provide CDC with an original, plus two hard copies of the following reports:

- 2. Financial Status Report (SF 269) and annual progress report are due no more than 90 days after the end of the budget period.
- 3. Final performance and Financial Status Reports are due no more than 90 days after the end of the project period.

These reports must be submitted to the attention of the Grants Management Specialist listed in the Section VIII below entitled “Agency Contacts.”

### **VIII. AGENCY CONTACTS**

CDC encourages inquiries concerning this announcement.

For general questions, contact:

Technical Information Management Section  
Department of Health and Human Services  
CDC Procurement and Grants Office  
2920 Brandywine Road, MS: E-14  
Atlanta, GA 30341  
Telephone: 770-488-2700

For programmatic technical assistance, contact:

Teresa Powell-Robinson

Department of Health and Human Services

Centers for Disease Control and Prevention

4770 Buford Hwy, NE MS: K-22

Atlanta, GA 30341

Telephone: 770-488-6251

E-mail: [tap5@cdc.gov](mailto:tap5@cdc.gov)

For financial, grants management, or budget assistance, contact:

Stephanie Lankford, Grants Management Specialist

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS: E-14

Atlanta, GA 30341

Telephone: 770-488-2936

E-mail: [fzi8@cdc.gov](mailto:fzi8@cdc.gov)

CDC Telecommunications for the hearing impaired or disabled is available at: TTY 770-488-2783.

### **Other Information**

Other CDC funding opportunity announcements can be found on the CDC Web site, Internet  
address: <http://www.cdc.gov/od/pgo/funding/FOAs.htm>.

## Appendices

Appendix A - -Organizational Sustainability Definitions

Appendix B – Guidance for grantee level, Independent Evaluation Plan

Appendix C – References



## **APPENDIX A**

### **Organizational Sustainability Definitions**

#### **Organizational Identity**

Organizational Identity is made up of an organizations' vision, mission, and values. It tells the 'story' of the organization and why it exists. Identity can also be distinguished by the organization's look (branding) and message.

#### **Long-Range Strategic Plan**

For an organization to be successful it must have a strategic plan that speaks to its mission, vision, goals and niche of the organization. A strategic plan will provide the organization with a four-to-five year road map, identifying the goals toward which the organization will work to meet its mission and realize its vision. Organizations will use the strategic plan to create an annual operational plan.

#### **Annual Operational Plan**

The annual operational plan identifies the work the organization will undertake in the coming year. The operational plan is a practical one-year plan of action that includes objectives, activities and timelines. The operational plan should move the organization toward meeting the goals and objectives identified in the strategic plan.

#### **Financial and Other Systems Administration**

The annual financial plan is the organizations fiscal plan of action. It includes the creation of an organizational budget as well as the conduct of a number of processes to monitor the financial health and well-being of the organization. Components of an annual plan include: the annual budget, cash flow analysis, an annual audit, and IRS reporting requirements.

#### **Long-Range Fund-Raising Plan**

The long-range fund-raising plan includes steps to identify the funding needs of the organization and the organization's potential sources of income and support. The long-range fund-raising plan helps the staff and board to ensure that the organization will have the funding necessary to conduct its annual operational plan and to fulfill its long-term strategic plan. This plan requires staff to identify and cultivate potential donors, apply/ask for funding and report on the organization's accomplishments on an on-going basis.

#### **Board Development Plan**

A board development plan can help the organization keep its current board members engaged while cultivating new board members to fir the changing needs of an organization. The Board Development Plan should include: an annual needs assessment of the organization, an annual evaluation of its effectiveness, recruitment of new members, an organizational orientation and team building and training opportunities.

#### **Staff Development and Organizational Culture**

Staff development is the on-going process of investing in the individuals that make up the organization and ensuring that each individual has the confidence and skills necessary to succeed

at their work. Staff development also means building an organizational culture that values each staff member and creates cohesion and a feeling of team among staff members. The components of good staff development include the conduct of a needs assessment, an annual employee evaluation and review, staff training, and team building.

*Adapted from:*

*Hauser, D., Huberman, B. and Alford, S. "The Seven Components of Organizational Sustainability: A Guide for State Teen Pregnancy Prevention Organizations". Advocates for Youth, 2008.*

## APPENDIX B

### Guidance for Grantee-level, Independent Evaluation Plans

Evaluation plans should be developed using the following guidance:

- (1) The evaluation plan clearly states the specific goals and objectives of the project. Objectives quantify goals the program will achieve and align with the Evaluation and Performance Measurement expectations under this grant. Objectives should be described fully and in S.M.A.R.T. terms. The objectives should be clearly supported by the program activities.
- (2) Evaluation plan includes a clear description of a process evaluation. This entails a clear description of process objectives, including activities, timeline, process indicators and data sources. A high quality process evaluation should be reported every year. For Part A grantees, the process evaluation will result in detailed descriptions of the implementation of activities associated with all components of the community-wide initiative. For Part B grantees, the process evaluation will result in detailed descriptions of the implementation of activities associated with building the capacity of Part A grantees.
- (3) Application includes a clear description of the outcome evaluation. This plan should describe both intermediate and long-term outcomes and how they will be monitored. For Part A grantees, outcomes will likely include 1) change in behavior or pregnancy among youth participating in intervention program or receiving additional/enhanced clinical services, 2) changes in the number of youth exposed to evidence-based and/or evidence-informed programs to prevent teen pregnancy, 3) changes in the number of youth referred to appropriate clinical services, as well as youth utilizing clinical services, 4) changes in community strategies supportive of adolescent reproductive health, 5) changes in the capacity of local organizations to select, implement, evaluate and sustain evidence-based and/or evidence-informed programs, and 6) changes in the capacity of target community partners to deliver clinical services. Evaluations should examine these changes over time. Where evidence-based and/or evidence-informed programs are implemented, evaluations should address outcomes of all or a sample of these programs using a control or comparison group, where possible. Outcome evaluations should include primary outcome evaluation questions, timeline, outcome indicators and data sources.
- (4) Applicants should propose using instruments that are relevant to the specific outcomes of interest. Information on the validity and reliability of the additional instruments and/or surveys is provided, if available. If measures are not available and the applicant will be developing new measures, the grantee is expected to outline the development process that will be used. Proposed pre-developed measures, surveys, or focus group questions should be included in clearly marked appendices.
- (5) Evaluations include a detailed data collection plan. A data collection schedule should directly align with program activities and specify person(s) responsible. Participant data need to be kept confidential (names linked to data are kept private and secure) and detailed plans for maintaining confidentiality must be provided. Evaluations should include evaluation training activities for program staff and specific data collection procedures for other staff, if applicable.
- (6) Evaluations include a detailed quantitative and qualitative data analysis plan that includes a description of the statistical approaches proposed to assess program effects. Statistical approaches should be matched to the characteristics of the evaluation design and the data being collected. The analysis should describe methods for handling attrition and missing data. Analysis plan should also include when and how data will be collected and analyzed and who will be responsible for each aspect of analysis plan.

(7) Timeline - The first 6 to 12 months should be used for evaluation development that may include any or all of the following: planning, instrument development, and/or piloting the intervention. During this period, evaluation plans will be reviewed and approved by CDC. Evaluations in their first year will focus on process evaluation.

(8) Evaluations include a plan to disseminate and publish findings and a plan describing how evaluation findings will be used for project planning and improvements. Preparation for publishing and dissemination should occur throughout the life of the cooperative agreement with direct attention taking place in the 4<sup>th</sup> and 5<sup>th</sup> years. CDC must be acknowledged as a funding source in all disseminated materials and presentations resulting from this project, with copies of published papers forwarded to CDC.

## APPENDIX C

### References

- Lesesne, C., Lewis, K., White, C., Green, D., Duffy, J., Wandersman, A. (2008). Promoting Science-based Approaches to Teen Pregnancy Prevention: Proactively Engaging the Three Systems of the Interactive Systems Framework. *American Journal of Community Psychology, 41*, 379-92.
- Kirby, D. (2007). *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*. Washington DC: National Campaign to Prevent Teen and Unplanned Pregnancy.
- Manlove, J, Terry-Human, E., Papillo, A., Franzetta, K, Williams, S., Ryan, S. (2002). *Preventing Teen Pregnancy, Childbearing and Sexually Transmitted Diseases: What the Research Says*. Child Trends.
- National Research Council. (1987). *Risking the Future: Adolescent Sexuality, Pregnancy and Childbearing, Vol 1*. National Academy Press.
- Oringanje C, MeremikwuMM, Eko H, Esu E,Meremikwu A, Ehiri JE. (2009). Interventions for preventing unintended pregnancies among adolescents. *Cochrane Database of Systematic Reviews*, Issue 4. Art. No.: CD005215. DOI:10.1002/14651858.CD005215.pub2.
- Philliber, S. & Nolte, K. (2008). Implementation Science: Promoting Science-Based Approaches to Prevent Teen Pregnancy. *Prevention Science, 9*, 166-77.