

ADDENDUM # 2

**RFA # 1506151029 / Grants Gateway # DOH01-PREP-2015**

**New York State Department of Health**

*Center for Community Health/Division of Family Health  
Bureau of Women, Infant and Adolescent Health*

**Request for Applications**

***Personal Responsibility Education Program (PREP)***

4/20/16

*The following has been updated/modified in the RFA. Strike-through indicates deleted text; underlined text is new.*

Revised instructions for entering the performance measure and a revised Attachment 10

**RFA Page 23, V., A, 7 and page 35**

**AMENDED TO:**

This RFA has a Grant Opportunity Defined work plan set in the Grants Gateway. The Objectives and Tasks cannot be removed from the work plan. The applicant will adhere to the implementation of work plan activities per the standardized work plan. In the ~~Task Work Plan Properties~~ section of the Grants Gateway on line application, to enter a performance measure, click on the view/add button under performance measures. This will bring up a new screen that has 2 boxes. The first box is called Performance Measure Name; enter the Task number as listed in the revised Attachment 10 (contained in this addendum – Pages 2-4) in the box. For the second box called Narrative enter the following statement: “The applicant agrees to complete the performance measures as listed in the revised Attachment 10 of the RFA.” ~~please include the required performance measures for each work plan objective as listed in Attachment 10. Please note, the performance measures may not necessarily match each task listed in the work plan. However, due to system limitations this is the preferred option for entering the required performance measures.~~

## WORK PLAN PERFORMANCE MEASURES

RFA# 1506151029 / Grants Gateway # DOH01-PREP-2015

### Personal Responsibility Education Program (PREP)

Applicants must complete the “Performance Measures” contained in the Grants Gateway on line Work Plan. This guidance provides the performance measures that applicants are required to complete related to the objectives and tasks.

#### 1. Objective Name: Implement evidence-based programs (EBPs)

##### Objective Description:

Recruit EBP sites; execute written agreements with sites to obtain their agreement that all components of EBP(s) are implemented with fidelity. EBPs have been explained to key officials at sites and they have had the opportunity to review the EBP(s).

##### **Tasks and Performance Measures:**

##### Task 1:

Recruit multiple EBP sites. Written agreements with sites are completed and signed by authorized officials at these sites. Agreements include commitments that EBP will be implemented in its entirety.

##### **Performance Measure:**

- Written agreements are in place with all EBP sites prior to EBP implementation. All of the components of the EBP core curriculum have been approved without changes.
- Increase the number of sites for implementation of EBPs throughout initiative, as needed.

##### Task 2:

Select and implement approved EBP(s) from Attachment 4 of RFA.

##### **Performance Measure:**

- Implement EBPs with fidelity. No component that is part of the core curriculum can be changed or removed. Any adaptations that are needed will be approved by the ACT COE prior to the change(s) being made.
- **EBP fidelity checklists will be completed following implementation of EBP(s). Fidelity checklists will be submitted electronically to the ACT COE within two weeks of the last session.**
- **Implement PREP required entrance and exit surveys with EBP participants.**

##### Task 3:

Ensure EBPs meet the needs of target population including culture, ethnicity, race, religion, language, ability, gender, and sexual orientation. Target population include youth ages 10-20. Pregnant youth or mothers, may include youth to age 21.

**Performance Measure:**

- 100% of youth attending EBPs will complete at least 75% of the EBP sessions.

**Task 4:** During the first year, develop a master list of adaptations that is approved by the ACT COE.

Performance Measure: Although this is a required activity no performance measure is necessary.

**Task 5:** Hire qualified health educators that meet minimum standards as listed in Attachment 2 of RFA: Bachelor's Degree in Health Education or related field; have a knowledge of adolescent development/sexual health and prior experience working with youth.

Performance Measure: Although this is a required activity no performance measure is necessary.

**Task 6:**

Ensure that health educators who deliver the EBP(s) have the experience and knowledge to implement the EBP appropriately.

**Performance Measures:**

- 100% of health educators implementing EBPs will complete the mandatory on-line implementation course prior to facilitating EBP(s). Certificates of completion must be printed and kept in personnel file for review by DOH, if requested.
- 100% of health educators meet minimum training standards prior to implementation of EBPs.
- 100% of health educators will attend mandatory facilitation skill training within the first six months of Year 1.
- Health educators complete the *Educator Reflection Form* within one week following implementation of EBP. This form is reviewed with the Health Educator Supervisor.

**Task 7:** Participate in PREP monthly calls with DOH and attend COE webinar/training activities, and participate in educational needs assessments and other surveys conducted by DOH/COE.

Performance Measure: Although this is a required activity no performance measure is necessary.

**Task 8:**

Hire qualified Health Educator Supervisor(s) that meet minimum standards listed in Attachment 2 of RFA: degree requirement; knowledge of adolescent development/sexual health, experience working with youth; program management and supervision of professional staff.

**Performance Measure:**

- Orients new educator staff to the PREP initiative and the ACT COE website and PREP tools. Ensures training for educators as needed.

**Task 9:**

Conduct observation of all PREP educators implementing EBPs at least twice a year. Provides guidance and direction for improvement as needed.

**Performance Measure:**

- Health Educator Supervisor(s) conducts observations of all PREP health educators using appropriate tool developed by DOH/COE at least twice a year. Additional observations are done if improvement is needed. Observations are available for review by DOH.

Task 10:

Promote EBPs and adolescent sexual health in the community; participate in PREP monthly calls with DOH; attend COE webinar/training activities; and participate in educational needs assessments and other surveys conducted by DOH/COE.

Performance Measure: Although this is a required activity no performance measure is necessary.

**2. Objective Name: Ensure access to reproductive health services**

**Objective Description:** Ensure access to reproductive health services and other necessary services for youth participants in PREP program activities

**Task 1:**

If not an Article 28 provider, obtain letter of agreement from one or more Article 28 family planning provider(s) who serve targeted zip codes to accept referrals.

Performance Measure: Although this is a required activity no performance measure is necessary.

**Task 2:**

Letter is signed by authorized official and indicates provider's willingness to accept referrals of Medicaid clients; appropriate assessment and referral; ability to provide full range of medical family planning services and follow-up.

**Performance Measure:**

- Letter of agreement for referral for reproductive health care and family planning services are completed and signed by authorized individuals. Letters of agreement are updated each year. These are available to DOH for review, if requested.

**Task 3:**

Develop activities to ensure access to reproductive health care and family planning services.

**Performance Measure:**

- Activities need to be based on evidence-based or best practice strategies.

ADDENDUM # 1

**RFA # 1506151029 / Grants Gateway # DOH01-PREP-2015**

**New York State Department of Health**

*Center for Community Health/Division of Family Health  
Bureau of Women, Infant and Adolescent Health*

**Request for Applications**

***Personal Responsibility Education Program (PREP)***

**4/7/16**

*The following has been updated/modified in the RFA. Strike-through indicates deleted text; underlined text is new.*

The phone number and participant code for the conference call on April 12 has changed (see below)

**RFA Page 11, IV., D, Applicant Conference**

**AMENDED TO:**

An Applicant Conference Call **will** be held for this project.

This conference call will be held on the date and time posted on the cover sheet of this RFA. The Department requests that potential applicants register for this conference by sending an e-mail to [PREPRFA@health.ny.gov](mailto:PREPRFA@health.ny.gov) with the subject line of Applicant Conference, to insure that adequate accommodations be made for the number of prospective attendees. Applicants are directed to call: ~~1-844-633-8679~~, 1-866-776-3553 then press the Participant code: ~~49174739~~, 34295438 then # to participate in this call. A maximum number of two representatives from each prospective applicant will be permitted to attend the Applicant Conference if calling from different phones. Failure to attend the Applicant Conference will not preclude the submission of an application. Deadline for reservations is posted on the cover page of this RFA.

**RFA # 1506151029 / Grants Gateway # DOH01-PREP-2015**

**New York State Department of Health**  
*Center for Community Health/Division of Family Health*  
*Bureau of Women, Infant and Adolescent Health*

**Request for Applications**

***Personal Responsibility Education Program (PREP)***

***KEY DATES***

<b>Release Date:</b>	<b>March 18, 2016</b>
<b>Letter of Interest/Intent Due:</b>	<b>April 5, 2016</b>
<b>Questions Due:</b>	<b>April 12, 2016</b>
<b>Applicant Conference Registration Deadline:</b>	<b>April 11, 2016</b>
<b>Applicant Conference:</b>	<b>April 12, 2016</b>
<b>Questions, Answers and Updates Posted (on or about):</b>	<b>April 26, 2016</b>
<b>Applications Due:</b>	<b>May 11, 2016 by 6:00 PM</b>
<b>DOH Contact Name &amp; Address:</b>	<b>Eric Zasada NYS Department of Health Bureau of Women, Infant &amp; Adolescent Health 859 Corning Tower, Empire State Plaza Albany, N.Y. 12237 PREPRFA@health.ny.gov</b>

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## **I. Introduction**

This Request for Applications (RFA) represents the continued commitment of the New York State Department of Health (NYSDOH) to support comprehensive programming that fosters the prevention of adolescent pregnancy, sexually transmitted diseases (STDs) and Human Immunodeficiency Virus (HIV).

The Personal Responsibility Education Program (PREP) Initiative will support the implementation of programs that replicate effective evidence-based program (EBP) models that have been proven on the basis of scientific research to change behavior, such as delaying sexual activity, increasing condom or contraceptive use for sexually active youth, or reducing pregnancy among youth; and activities to ensure access for youth to comprehensive reproductive health care and family planning services.

The PREP initiative is funded by Federal Title V funds awarded to NYSDOH by the U.S. Department of Health and Human Services, Administration for Families and Children (ACF). PREP funds must be used to implement EBPs to educate adolescents on both abstinence and contraception to prevent pregnancy and STDs/HIV, and on at least three adulthood preparation subjects, which are defined later in Section III.

### **A. Adolescent Pregnancy**

NYS has been a leader in adolescent pregnancy prevention efforts and has made significant progress in reducing teen pregnancy. NYS's teen pregnancy rate has declined by 61% from its peak in 1993 of 95.3 pregnancies per 1,000 15 to 19 year olds to 36.8 in 2013 (most recent data available). However, consistent with national trends, NYS continues to have striking racial/ethnic and regional disparities in adolescent pregnancy rates although these rates have also declined over time. Pregnancy rates are consistently almost three times higher for black and Hispanic teens than for white teens. In 2013, the white teen pregnancy rate was 7.5 per 1,000 females age 15-17, which was much lower than the rate for black (38.5) and Hispanic (31.6) females of the same age.

The 2013 NYS Youth Risk Behavior Survey indicated an average of 37.9% of all high school students in 9<sup>th</sup> through 12<sup>th</sup> grades (9<sup>th</sup> grade 27.0%, 10<sup>th</sup> grade 35.2%, 11<sup>th</sup> grade 46.4% and 12<sup>th</sup> grade 60.9%) have had sexual intercourse. In 2013, 63.3% of students used condoms at last intercourse. However, among students who were currently sexually active, 89.3% of all high school students in 9<sup>th</sup> through 12<sup>th</sup> grade did not use both a condom and a contraceptive method to prevent pregnancy and STDs.

Several hundred individual, family, and community level factors influence teen sexual behavior and understanding these factors is necessary not only for changing behavior, but for identifying teens who are most at risk of early sexual activity and unprotected sex. Factors that influence teens' sexual decision making and behavior include both factors that encourage sexual and non-sexual risk behaviors, and protective factors that discourage risky behaviors. Being behind in school or having problems in school; or older age of peer group, close friends, and romantic partners are examples of behaviors that place teens at risk for early sexual activity. Teens who live in communities with higher rates of substance abuse, violence, and poverty are more likely to begin having sex early and to have a child. Examples of protective factors include a positive connection between youth, family, school, and the community, which has been found to be

critical in fostering a sense of self-worth and a promising future in motivating adolescents to avoid risky behaviors. Research indicates that the longer youth wait to initiate sexual intercourse, the lower their risk of experiencing the negative consequences related to sexual activity.

Research conducted by the Search Institute demonstrates that the greater the number of assets a young person has, the more likely he/she will experience positive outcomes, and the less likely he/she will engage in risky behaviors. Adolescents who are pregnant and/or parenting may need additional supports to continue with their normal adolescent development. Among adolescents with disabilities, physical and sexual maturation usually parallels that of their peers without disabilities. Yet, delayed emotional and cognitive development may require additional supports and approaches to enable achievement of critical developmental tasks related to sexuality.

### *Youth with Disabilities*

According to NYS data from the 2013 American Community Survey, 4.0% of people under age 18 years report having a disability. Persons with disabilities are commonly viewed as asexual, unable to engage in sexual activity or lacking sexual desire. Consequently, the interactions and learning experiences that promote healthy sexual identity and practices are often limited or non-existent for individuals with disabilities. These views, interactions and experiences extend to adolescents with disabilities.

Youth with disabilities face a host of social and familial situations that may put them in precarious situations related to sexual activity, including but not limited to overprotective parents or guardians, abusive caretakers, and lack of control that increases risk of rape and/or sexual abuse. According to the United Nations Secretary General's *Report on Violence against Disabled Children* issued by UNICEF in 2013, estimates of risk indicated that children with disabilities were at a significantly greater risk of experiencing violence than peers without disabilities: 3.7 times more likely for combined measures of violence, 3.6 times more likely for physical violence and 2.9 times more likely for sexual violence. This violence may take the form of physical violence, or sexual, emotional or verbal abuse in the home, the community, or institutional settings, or in the workplace.

Physical and sexual maturation of adolescents with disabilities usually parallels that of their peers without disabilities; therefore, it is critical that they have access to the same information, counseling and activities to support healthy sexual identity and responsible sexual behavior. An analysis of the National Longitudinal Study of Adolescent Health conducted by Cheng and Udry (2002) demonstrated that, on average, 43.2% of students with disabilities in grades 7 through 12 were sexually active. While their maturation usually parallels that of their peers, adolescents with disabilities may face delayed emotional and cognitive development, creating the need for additional supports and approaches to enable achievement of critical developmental tasks related to sexuality. However, peer, provider, and societal attitudes have lagged in the recognition and support of these individuals.

### **B. Purpose**

The NYSDOH is issuing this RFA to announce the availability of approximately \$2,000,000 in funding for community-based programs to implement the PREP initiative to provide services for youth as described in this RFA. All organizations that meet the minimum eligibility requirements outlined in Section II., A. are eligible to apply for funding. Organizations that are currently funded through PREP or other adolescent pregnancy prevention initiatives may apply for this

funding. The anticipated period of funding will be from 1/1/2017 through 12/31/2021. Applicants that propose to provide services in upstate communities may apply for annual funding up to \$225,000 and those that propose to provide services in downstate communities may apply for annual funding ranging up to \$325,000. Downstate communities include the following counties: Bronx, Kings, New York, Nassau, Queens, Richmond, Suffolk and Westchester. Upstate communities include all other New York State counties. It is anticipated that between six to ten awards will be made through this initiative.

This initiative supports comprehensive, high-quality interventions and services that rely on the best available research evidence to inform and guide practice. The purpose of the PREP initiative is to educate youth on both abstinence and contraception through the implementation of effective EBPs that also include at least three adult preparation subjects (see Section III., page 7).

PREP programs are strongly encouraged to serve youth populations (ages 10-19) living in high need communities that lack social and economic opportunities to enable teens to develop to their full potential. This would include youth from racial and ethnic minorities, all youth from socioeconomically disadvantaged communities, and/or otherwise have special circumstances such as youth living in foster care, homeless youth, youth involved in the juvenile justice system, youth with HIV/AIDS, and pregnant youth who are under 21 years of age. The needs of lesbian, gay, bisexual, transgender, and questioning youth need to be considered and organizations need to identify how their programs will be inclusive of and non-stigmatizing toward such participants. Youth are defined as those who have attained age 10 up to and including age 19, except in the case of pregnant youth or mothers, which may include youth under 21 years of age.

DOH will promote a trauma-sensitive approach at the program and organizational level by, building capacity for assessing and responding to trauma, building capacity for recognizing and coping with secondary trauma, and developing policies for trauma informed organizations. DOH will provide training on trauma informed care and work with PREP providers to integrate this approach into PREP programs.

PREP community-based programs are part of the statewide adolescent primary prevention initiatives that utilize a youth development framework (Attachment 1) and implement evidence-based practices in order to promote health and reduce risk in high-need communities. PREP programs will be located in high-need areas that have the highest teen pregnancy and birth rates based on the 2013 data (most recent available) from the NYS Vital Statistics web site at: <http://www.health.ny.gov/statistics/chac/perinatal/>. Using this data, applicants are expected to serve one or more ZIP codes in a specific county that have the highest teen pregnancy and birth rates to implement their PREP program.

## **II. Who May Apply**

### **A. Minimum Eligibility Requirements**

- Applications will only be accepted from New York State local government entities (such as city and county health departments, school districts, and youth bureaus); and from not-for-profit 501(c)3 organizations, including, but not limited to: Article 28 healthcare providers, community-based health and human service providers, and local health and human service agencies.

- Applicants not approved under Article 28 of the NYS Public Health Law (PHL) to provide family planning services, must submit a letter with a referral arrangement with at least one family planning provider who is willing to accept the contractor's referrals for Medicaid or uninsured patients and able to provide a full range of medical family planning services of intent from one or more family planning providers serving the targeted community stating their intent to collaborate with the PREP applicant organization.
- Applicants propose to serve youth in ZIP codes with the highest rates for teen pregnancy and birth rates as per NYS Vital Statistics at: <http://www.health.ny.gov/statistics/chac/perinatal/>.

## **B. Project Requirements:**

- Applicants **are expected** to meet the staff health education standards listed in Attachment 2.
- Applicants will need to ensure that all EBPs conducted with PREP funds be implemented with fidelity.<sup>1</sup> All elements of EBP(s) that are being implemented using PREP funds must be implemented in their entirety. No component that is part of the core curriculum can be changed or removed. If condom demonstrations are part of the EBP, then this component cannot be removed.
- Applicants will be expected to execute written and signed agreements with the organizations (schools, foster care agencies, youth detention facilities, community-based organizations, etc.) where they plan to implement EBPs. The curriculum should be reviewed with the appropriate official at the selected venue to obtain their agreement in writing to ensure that all components of EBP(s) are implemented with fidelity. If condom demonstrations are part of the EBP program that is chosen, then this component cannot be removed.
- Applicants will need to ensure that programming is held in fully accessible spaces and project modifications and accommodations for participants with disabilities are ascertained and provided. Applicants will need to attest to this requirement on the Statement of Assurances (Attachment 3).
- Applicants will need to ensure that all youth will be eligible to participate in program services without regard to race, ethnicity or sexual identity. Applicants will need to attest to this requirement on the Statement of Assurances, (Attachment 3).
- All awardees will be required to participate in all Federal and State evaluation requirements, and must give their assurance that they will participate. Applicants will need to attest to this requirement on the Statement of Assurances (Attachment 3).
- All awardees will be required to strictly maintain professional and legal standards of client confidentiality per Public Health Law.
- All awardees must provide access to the NYSDOIH to conduct site visits, as necessary.

## **III. Project Narrative/Work Plan Outcomes**

Applicants are expected to develop and implement specific activities based on the needs and resources of the communities and the developmental, socio-economic, racial, ethnic and cultural needs and perspectives of the population(s) to be served. Topics, messages and teaching methods

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1. Fidelity refers to the degree to which an intervention is delivered as designed; that is, how well the program is implemented without compromising its core content which is essential for the program effectiveness.

must be suitable to specific age groups of youth, based upon varying capacities of cognitive, emotional and behavioral development.

Programs need to describe informational and supportive activities that will be utilized to educate youth who are sexually active regarding responsible sexual behavior with respect to both abstinence and the use of contraception. The information and activities carried out under the program must be provided in the cultural context that is most appropriate for individuals in the particular population group to which they are directed. Programs must place substantial emphasis on both abstinence and contraception for the prevention of pregnancy and STDs/HIV among youth. In selecting EBP models, applicants need to assure that the selected EBP(s) address both abstinence and contraception and incorporates at least three of the adult preparation subjects that are included within the curricula content. Applicants that identify a need to include education on adolescent development, which includes anatomy, prior to implementation of the EBP(s) may propose to do so in their application. The additional session would need to be negotiated with the EBP venues to allow for the additional timeframe involved.

The following list includes the adulthood preparation subjects. At least three of these must be incorporated in the EBP(s) that are selected:

- Healthy relationships, such as positive self-esteem and relationship dynamics, friendships, dating, romantic involvement, marriage, and family interactions.
- Adolescent development, such as the development of healthy attitudes and values about adolescent growth and development, body image, racial and ethnic diversity, and other related subjects.
- Financial literacy.
- Parent-child communication.
- Educational and career success, such as developing skills for employment preparation, job seeking, independent living, financial self-sufficiency, and work-place productivity.
- Healthy life skills, such as goal-setting, decision making, negotiation, communication and interpersonal skills, and stress management.

The EBP model(s) proposed by the applicant must be medically accurate and complete. Medically accurate and complete programs are 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 recognized as accurate, objective, and complete. The selected EBP(s) need to provide medically accurate and complete contraceptive information, and inform youth about the responsibilities and consequences of being a parent, and how early pregnancy and parenthood can interfere with educational and other goals, and the risks associated with STDs/HIV.

The applicant's proposed program needs to include the implementation of the following activities:

- Provide EBPs that are comprehensive and provide a full range of information and skills which includes abstinence (not abstinence only), comprehensive sexual health education; methods to reduce risky behaviors, prevent pregnancy, STDs and HIV.
- In order to assure the requirement for use of evidence-based educational programming is met, applicants must select one or more EBPs from the list of resources in Attachment 4 and propose a plan to implement the selection(s).

- EBP(s) need to be selected that are appropriate for the population to be served, culture (ethnicity, race, religion, language, ability, gender, and sexual orientation), setting (individual, small and/or large groups) and venue (schools, faith-based institutions, community centers, institutional settings, community organizations or other appropriate venues).
- EBP(s) that are selected need to include at least three adult preparation topics (described in Section III, page 8) that are included within the curriculum content.
- Provide realistic estimates of the overall number of program(s) participants and the number participating in the proposed project site(s). Applicants need to indicate how many youth are expected to participate and break out the types of participants by age groups, specifically ages 10 to 14 and 15 to 19, and race and ethnicity.

The use of incentives to encourage attendance at EBPs is permitted as long as the proposed incentives are within the requirements listed in Attachment 5.

Food for youth attending EBPs is also an allowable operating expense. Food and beverages that are served during PREP activities have to follow the Guidelines for Healthy Food and Beverages for Adolescent Health Programs, developed by the ACT COE. The Guidelines have been updated and can be found at:

[http://www.actforyouth.net/resources/n/n\\_adolescent\\_food\\_guidelines.pdf](http://www.actforyouth.net/resources/n/n_adolescent_food_guidelines.pdf). Food provisions may only be provided when the EBP is conducted after-school or out of school-settings.

When the EBP(s) program models are being replicated with fidelity, adaptations to the program should generally be minimal, such as revising details in a role play, updating outdated statistics, adjusting reading and comprehension levels, making activities more interactive or tailoring learning activities and instructional methods to youth culture or development level. In some cases, more significant adaptations may be needed, such as ensuring that both abstinence and contraception for the prevention of pregnancy and STDs/HIV are adequately addressed in a program. Any component that is added into an EBP must be well-integrated into the evidence-based program model, and should not alter the core components of the EBP. This type of change has to be reviewed and approved by the ACT for Youth Center of Excellence (ACT COE) prior to implementation of the EBP.

Note: Once the successful applicant is notified of their award under this RFA, NYSDOH and the DOH funded ACT COE will collaborate with the successful applicant to implement their selected EBP(s). The ACT COE provides essential support to the Department's adolescent health initiatives, specifically related to promoting optimal sexual health for all young people in the State and provides guidance in developing and implementing activities to promote and support positive youth behaviors in communities. Any potential adaptations that may need to be made to EBP(s) will be done in consultation with and approval from the ACT COE prior to implementation of EBP(s) and be consistent with guidelines on project adaptation from the Administration on Children and Families, Centers for Disease Control and Prevention (CDC) and Healthy Teen Network. If adaptations are proposed, successful applicants will need to provide a justification or rationale for any proposed adaptations.

Applicants need to ensure access and provide referrals as needed to providers of comprehensive reproductive health care and family planning services, and other teenage pregnancy prevention-related health care services (e.g., substance abuse, alcohol abuse, tobacco cessation, 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 as needed. Programs should encourage the enrollment of eligible youth in the NYS Marketplace, or public assistance programs such as Medicaid, the Family Planning Benefit Program, CHIP, or any other Federal or State assistance program for which they may be eligible. While funded programs may help youth find services they need or make referrals, such health services cannot be paid for with PREP funds.

Applicants should propose activities that are evidence-based or best practice strategies, which they plan to implement to ensure access to reproductive health care and family planning services. These can include but are not limited to:

- Referral for enrollment in the Family Planning Benefit Program;
- Increase awareness among youth as to where they can find free or low cost contraceptives;
- Outreach using social media to promote how and where youth can obtain reproductive health care and family planning services in their community;
- Conduct clinic tours to inform youth on what to expect during a visit;
- Education on confidentiality concerns that youth may have in obtaining reproductive health and family planning services; and
- Provide transportation to improve youth access to services.

The PREP initiative will not fund additional budget expenses related to evaluation. Evaluation of the PREP initiative will be conducted by the NYSDOH funded ACT COE. The ACT COE will provide training and technical assistance to the organizations funded through PREP and will develop and execute evaluation of these programs, including data collection and analysis, based on relevant health outcomes and the principles of youth development.

Applicants will be required to monitor and report on program(s) 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. There are five broad categories of performance measures that all grantees will be required to track:

- Output measures (e.g., number of youth served, hours of service delivery, venue, etc.);
- Fidelity/adaptation (e.g., delivering EBPs as intended, without changing the core content);
- Dosage (100% of youth attending EBPs must complete at least 75% attendance at program sessions);
- Implementation and capacity building (e.g., completion of mandatory on-line implementation training for all PREP educators; competence in working with the identified population; and building community partnerships); and
- Outcome measures (e.g., behavioral, knowledge, and intentions).

Specific forms have been developed to meet the measures outlined above. NYSDOH requires the implementation of entrance and exit surveys with youth participants in programming. Applicant organizations that are awarded funding will receive instruction on the required elements of these surveys.

Applicants may subcontract components of the scope of work (however the lead organization must retain at least 51% of all program activities). For those applicants that propose subcontracting, it is preferable to identify subcontracting agencies during the application process.

Applicants that plan to subcontract are expected to state in the application the specific components of the scope of work to be performed through subcontracts. Applicants should note that the lead organization (contractor) will have overall responsibility for all contract activities, including those performed by subcontractors, and will be the primary contact for the DOH. All subcontractors should be approved by the Department of Health.

## **IV. Administrative Requirements**

### **A. Issuing Agency**

This RFA is issued by the NYSDOH, Division of Family Health / Bureau of Women, Infant and Adolescent Health. NYSDOH is responsible for the requirements specified herein and for the evaluation of all applications.

### **B. Question and Answer Phase**

All substantive questions must be submitted in writing via email to the attention of: Eric Zasada at [PREPRFA@health.ny.gov](mailto:PREPRFA@health.ny.gov). To the degree possible, each inquiry should cite the RFA section and paragraph to which it refers with the subject line: PREP RFA Question. Written questions will be accepted until the date posted on the cover of this RFA.

Questions of a technical nature can be addressed via e-mail to [PREPRFA@health.ny.gov](mailto:PREPRFA@health.ny.gov) or via telephone by calling Eric Zasada at 518-473-6172. Questions are of a technical nature if they are limited to how to prepare your application (e.g., formatting) rather than relating to the substance of the application.

Some helpful links for questions of a technical nature are below. Questions regarding specific opportunities or applications should be directed to the DOH contact listed on the cover of this RFA.

- [www.grantsreform.ny.gov/grantees](http://www.grantsreform.ny.gov/grantees)
- Grants Reform Videos (includes a document vault tutorial and an application tutorial) on YouTube: <http://www.youtube.com/channel/UCYnWskVc7B3ajjOVfOHL6UA>
- Agate Technical Support Help Desk  
Phone: 1-800-820-1890  
Hours: Monday thru Friday 8am to 8pm  
Email: [helpdesk@agatesoftware.com](mailto:helpdesk@agatesoftware.com)  
(Technical questions)
- Grants Team Email: [Grantsreform@budget.ny.gov](mailto:Grantsreform@budget.ny.gov)  
(Application Completion, Policy, and Registration questions)
- [www.grantsgateway.ny.gov](http://www.grantsgateway.ny.gov)

Prospective applicants should note that all clarifications and exceptions, including those relating to the terms and conditions of the contract, are to be raised prior to the submission of an application.

This RFA has been posted on the NYS Grants Gateway website at: [https://www.grantsgateway.ny.gov/IntelliGrants\\_NYSGG/module/nysgg/goportal.aspx](https://www.grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx) and the Department's public website at: <http://www.health.ny.gov/funding/>. Questions and answers, as well as any updates and/or modifications, will also be posted on these websites. All such updates will be posted by the date identified on the cover of this RFA.

### **C. Letter of Interest**

Prospective applicants are strongly encouraged to complete and submit a letter of interest (see Attachment 6). Prospective applicants may also use the letter of interest to receive notification when updates/modifications are posted; including responses to written questions. Letters of interest should be submitted via the Grants Gateway in the Pre-Submission Uploads section of the online application. A copy should also be e-mailed to the attention of Eric Zasada at [PREPRFA@health.ny.gov](mailto:PREPRFA@health.ny.gov). Please ensure that the RFA number is noted in the subject line and are submitted by the date posted on the cover of the RFA.

Submission of a letter of interest is not a requirement or obligation upon the applicant to submit an application in response to this RFA. Applications may be submitted without first having submitted a letter of interest.

### **D. Applicant Conference**

An Applicant Conference Call **will** be held for this project.

This conference call will be held on the date and time posted on the cover sheet of this RFA. The Department requests that potential applicants register for this conference by sending an e-mail to [PREPRFA@health.ny.gov](mailto:PREPRFA@health.ny.gov) with the subject line of Applicant Conference, to insure that adequate accommodations be made for the number of prospective attendees. Applicants are directed to call: 1-844-633-8679, then press the Participant code: 19174739, then # to participate in this call. A maximum number of two representatives from each prospective applicant will be permitted to attend the Applicant Conference if calling from different phones. Failure to attend the Applicant Conference will not preclude the submission of an application. Deadline for reservations is posted on the cover page of this RFA.

### **E. How to file an application**

Applications must be submitted online via the Grants Gateway by the date and time posted on the cover of this RFA. Tutorials (training videos) for use of the Grants Gateway are available at the following web address (and upon user log in): [https://www.grantsgateway.ny.gov/IntelliGrants\\_NYSGG/module/nysgg/goportal.aspx](https://www.grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx) .

To apply, log into the Grants Gateway and click on the View Opportunities button under View Available Opportunities. To get started, in the Search Criteria, enter the Grant Opportunity name listed above and select the Department of Health as the Funding Agency and hit the Search button. Click on the name of the Grant Opportunity from the search results grid and then click on the APPLY FOR GRANT OPPORTUNITY button located bottom left of the Main page of the Grant Opportunity.

In order to access the online application and other required documents such as the attachments, you **MUST** be registered and logged into the NYS Grants Gateway system in the user role of either a “Grantee” or a “Grantee Contract Signatory”.

The following table will provide a snapshot of which roles are allowed to Initiate, Complete, and Submit the Grant Application(s) in the Grants Gateway.

<b>Role</b>	<b>Create and Maintain User Roles</b>	<b>Initiate Application</b>	<b>Complete Application</b>	<b>Submit Application</b>	<b>Only View the Application</b>
Delegated Admin	X				
Grantee		X	X		
Grantee Contract Signatory		X	X	X	
Grantee Payment Signatory		X	X		
Grantee System Administrator		X	X	X	
Grantee View Only					X

For further information on how to apply, please access the Grantee Quick Start Guide under the Pre-Submission Upload Properties for this opportunity.

Reference materials and videos are also available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grants Reform website at the following web address: <http://grantsreform.ny.gov/Grantees> and select the “Grantee Quick Start Guide” from the menu. There is also a more detailed “Grantee User Guide” available on this page as well.

Applicants should submit their applications, **at a minimum**, one (1) hour prior to the submission deadline. The system will perform an application error check and all identified issues must be resolved before the application is successfully submitted. Failure to leave adequate time to address issues identified during this process may jeopardize an applicant’s ability to submit their application. The Grants Gateway will notify applicants of successful submission.

Late applications will not be accepted. **Applications will not be accepted via fax, e-mail, hard copy or hand delivery.**

#### **F. Department of Health’s Reserved Rights**

The Department of Health reserves the right to:

1. Reject any or all applications received in response to this RFA.
2. Withdraw the RFA at any time, at the Department’s sole discretion.

3. Make an award under the RFA in whole or in part.
4. Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
5. Seek clarifications and revisions of applications.
6. Use application information obtained through site visits, management interviews and the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA.
7. Prior to application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
8. Prior to application opening, direct applicants to submit proposal modifications addressing subsequent RFA amendments.
9. Change any of the scheduled dates.
10. Waive any requirements that are not material.
11. Award more than one contract resulting from this RFA.
12. Conduct contract negotiations with the next responsible applicant, should the Department be unsuccessful in negotiating with the selected applicant.
13. Utilize any and all ideas submitted with the applications received.
14. Unless otherwise specified in the RFA, every offer is firm and not revocable for a period of 60 days from the bid opening.
15. Waive or modify minor irregularities in applications received after prior notification to the applicant.
16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer's application and/or to determine an offerer's compliance with the requirements of the RFA.
17. Negotiate with successful applicants within the scope of the RFA in the best interests of the State.
18. Eliminate any mandatory, non-material specifications that cannot be complied with by all applicants.
19. Award grants based on geographic or regional considerations to serve the best interests of the state.

## **G. Term of Contract**

Any contract resulting from this RFA will be effective only upon approval by the New York State Office of the Comptroller.

It is expected that contracts resulting from this RFA will have the following five-year multi-year term: January 1, 2017 – December 31, 2021

Continued funding throughout this five-year time period is contingent upon availability of Federal budget appropriations. DOH also reserves the right to revise the award amount as necessary due to changes in the availability of funding.

## **H. Payment & Reporting Requirements of Grant Awardees**

1. The Department may, at its discretion, make an advance payment to not for profit grant contractors in an amount not to exceed 25% percent.
2. The grant contractor will be required to submit *QUARTERLY* invoices and required reports of expenditures through the Grants Gateway (in the future) to the State's designated payment office:

Bureau of Administration  
Division of Family Health  
NYS Department of Health  
Corning Tower Building  
Room 859  
Empire State Plaza  
Albany, New York 12237-0657

Grant contractors must provide complete and accurate billing invoices in order to receive payment. Billing invoices submitted to the Department must contain all information and supporting documentation required by the Contract, the Department and the Office of the State Comptroller (OSC). Payment for invoices submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with OSC's procedures and practices to authorize electronic payments. Authorization forms are available at OSC's website at: <http://www.osc.state.ny.us/epay/index.htm>, by email at: [epayments@osc.state.ny.us](mailto:epayments@osc.state.ny.us) or by telephone at 855-233-8363. CONTRACTOR acknowledges that it will not receive payment on any claims for reimbursement submitted under this contract if it does not comply with OSC's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

Payment of such claims for reimbursement by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be:

Contractor will be reimbursed for actual expenses incurred as allowed in the Contract Budget and Work plan.

3. The grant contractor will be required to submit through the Grants Gateway (in the future) the following periodic reports:

Biannual Report due 30 days after the end of the report period.

All payment and reporting requirements will be detailed in Attachment D of the final NYS Master Grant Contract.

## **I. Minority & Woman-Owned Business Enterprise Requirements**

Pursuant to New York State Executive Law Article 15-A, the New York State Department of Health (“DOH”) recognizes its obligation to promote opportunities for maximum feasible participation of certified minority- and women-owned business enterprises and the employment of minority group members and women in the performance of DOH contracts.

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" (“Disparity Study”). The report found evidence of statistically significant disparities between the level of participation of minority- and women-owned business enterprises in state procurement contracting versus the number of minority- and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that DOH establish goals for maximum feasible participation of New York State Certified minority- and women-owned business enterprises (“MWBE”) and the employment of minority groups members and women in the performance of New York State contracts.

### **Business Participation Opportunities for MWBEs**

For purposes of this solicitation, the New York State Department of Health hereby establishes a goal of **30%** on any subcontracted labor or services, equipment, materials, or any combined purchase of the foregoing greater than \$25,000 under a contract awarded from this solicitation. The goal on the eligible portion of this contract will be 15% for Minority-Owned Business Enterprises (“MBE”) participation and 15% for Women-Owned Business Enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified MWBE firms). A contractor (“Contractor”) on the subject contract (“Contract”) must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that DOH may withhold payment pending receipt of the required MWBE documentation. For guidance on how DOH will determine “good faith efforts,” refer to 5 NYCRR §142.8.

The directory of New York State Certified MWBEs can be viewed at: <https://ny.newnycontracts.com>. The directory is found in the upper right hand side of the webpage under “Search for Certified Firms” and accessed by clicking on the link entitled

“MWBE Directory”. Engaging with firms found in the directory with like product(s) and/or service(s) is strongly encouraged and all communication efforts and responses should be well documented.

By submitting an application, a grantee agrees to complete an MWBE Utilization plan as directed in **Attachment 7** of this RFA. DOH will review the submitted MWBE Utilization Plan. If the plan is not accepted, DOH may issue a notice of deficiency. If a notice of deficiency is issued, Grantee agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt. DOH may disqualify a Grantee as being non-responsive under the following circumstances:

- a) If a Grantee fails to submit a MWBE Utilization Plan;
- b) If a Grantee fails to submit a written remedy to a notice of deficiency;
- c) If a Grantee fails to submit a request for waiver (if applicable); or
- d) If DOH determines that the Grantee has failed to document good-faith efforts to meet the established DOH MWBE participation goals for the procurement.

In addition, successful awardees will be required to certify they have an acceptable Equal Employment Opportunity policy statement.

#### **J. Limits on Administrative Expenses and Executive Compensation**

On July 1, 2013, limitations on administrative expenses and executive compensation contained within Governor Cuomo’s Executive Order #38 and related regulations published by the Department (Part 1002 to 10 NYCRR – Limits on Administrative Expenses and Executive Compensation) went into effect. Applicants agree that all state funds dispersed under this procurement will, if applicable to them, be bound by the terms, conditions, obligations and regulations promulgated by the Department. To provide assistance with compliance regarding Executive Order #38 and the related regulations, please refer to the Executive Order #38 website at: <http://executiveorder38.ny.gov>.

#### **K. Vendor Identification Number**

Effective January 1, 2012, in order to do business with New York State, you must have a vendor identification number. As part of the Statewide Financial System (SFS), the Office of the State Comptroller's Bureau of State Expenditures has created a centralized vendor repository called the New York State Vendor File. In the event of an award and in order to initiate a contract with the New York State Department of Health, vendors must be registered in the New York State Vendor File and have a valid New York State Vendor ID.

If already enrolled in the Vendor File, please include the Vendor Identification number on the application cover sheet. If not enrolled, to request assignment of a Vendor Identification number, please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be found on-line at:

[http://www.osc.state.ny.us/vendor\\_management/issues\\_guidance.htm](http://www.osc.state.ny.us/vendor_management/issues_guidance.htm).

Additional information concerning the New York State Vendor File can be obtained on-line at: [http://www.osc.state.ny.us/vendor\\_management/index.htm](http://www.osc.state.ny.us/vendor_management/index.htm), by contacting the SFS Help Desk at 855-233-8363 or by emailing at [helpdesk@sfs.ny.gov](mailto:helpdesk@sfs.ny.gov).

## L. Vendor Responsibility Questionnaire

The New York State Department of Health recommends that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at [http://www.osc.state.ny.us/vendrep/vendor\\_index.htm](http://www.osc.state.ny.us/vendrep/vendor_index.htm) or go directly to the VendRep system online at <https://portal.osc.state.ny.us>.

Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller's Help Desk at 866-370-4672 or 518-408-4672 or by email at [ciohelpdesk@osc.state.ny.us](mailto:ciohelpdesk@osc.state.ny.us).

Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website at: [http://www.osc.state.ny.us/vendrep/forms\\_vendor.htm](http://www.osc.state.ny.us/vendrep/forms_vendor.htm) or may contact the Office of the State Comptroller's Help Desk for a copy of the paper form.

Applicants should complete and submit the Vendor Responsibility Attestation (Attachment 8).

## M. Vendor Prequalification for Not-for-Profits

All not-for-profit vendors subject to prequalification are required to prequalify prior to grant application and execution of contracts.

Pursuant to the New York State Division of Budget Bulletin H-1032, dated July 16, 2014, New York State has instituted key reform initiatives to the grant contract process which requires not-for-profits to register in the Grants Gateway and complete the Vendor Prequalification process in order for applications to be evaluated. Information on these initiatives can be found on the [Grants Reform Website](#).

**Applications received from not-for-profit applicants that have not Registered and are not Prequalified in the Grants Gateway on the application due date listed on the cover of this RFA cannot be evaluated. Such applications will be disqualified from further consideration.**

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. The [Vendor Prequalification Manual](#) on the Grants Reform Website details the requirements and an [online tutorial](#) are available to walk users through the process.

### 1) Register for the Grants Gateway

- On the Grants Reform Website, download a copy of the [Registration Form for Administrator](#). A signed, notarized original form must be sent to the Division of Budget at the address provided in the instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway.

If you have previously registered and do not know your Username, please email

[grantsreform@budget.ny.gov](mailto:grantsreform@budget.ny.gov) . If you do not know your Password, please click the [Forgot Password](#) link from the main log in page and follow the prompts.

## 2) Complete your Prequalification Application

- Log in to the [Grants Gateway](#). **If this is your first time logging in**, you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.
- Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the State agency you have the most grants with. This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page.
- Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional Documents are not required unless specified in this Request for Application.
- Specific questions about the prequalification process should be referred to your agency representative or to the Grants Reform Team at [grantsreform@budget.ny.gov](mailto:grantsreform@budget.ny.gov).

## 3) Submit Your Prequalification Application

- After completing your Prequalification Application, click the *Submit Document Vault Link* located below the Required Documents section to submit your Prequalification Application for State agency review. Once submitted the status of the Document Vault will change to *In Review*.
- If your Prequalification reviewer has questions or requests changes you will receive email notification from the Gateway system.
- Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with New York State.

**Vendors are strongly encouraged to begin the process as soon as possible in order to participate in this opportunity.**

## N. General Specifications

1. By submitting the "Application Form" each applicant attests to its express authority to sign on behalf of the applicant.
2. Contractors will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.

3. Submission of an application indicates the applicant's acceptance of all conditions and terms contained in this RFA, including the terms and conditions of the contract. Any exceptions allowed by the Department during the Question and Answer Phase (Section IV.B.) must be clearly noted in a cover letter attached to the application.
4. An applicant may be disqualified from receiving awards if such applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.
5. Provisions Upon Default
  - a. The services to be performed by the Applicant shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the contract resulting from this RFA.
  - b. In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFA, the Department acting for and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.
  - c. If, in the judgement of the Department, the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate any contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

## **V. Completing the Application**

### **A. Application Format/Content**

Please refer to the Quick Start Guide for assistance in applying for this procurement through the NYS Grants Gateway. This guide is available on the Grants Reform website at: [www.grantsreform.ny.gov/Grantees](http://www.grantsreform.ny.gov/Grantees).

**ALL APPLICATIONS SHOULD CONFORM TO THE FORMAT/CONTENT PRESCRIBED BELOW. POINTS WILL BE DEDUCTED FROM APPLICATIONS WHICH DEVIATE FROM THE PRESCRIBED FORMAT.**

#### Pre-Submission Uploads

1. **Grant Application Cover Page Sheet** (0 points)

The Grant Application Cover Sheet, Attachment 9, needs to be completed and uploaded with the application and is to provide relevant information about the applicant organization, target ZIP codes, organizations that will serve as referral sources for reproductive health care and family planning services, and the amount of funding requested.

**2. Statement of Assurances** (0 points)

Complete, sign and upload the Statement of Assurances, Attachment 3. The form should be signed by an individual authorized to sign for the applicant organization.

Program Specific Questions

**3. Program Summary** (10 points)

The purpose of this section is to summarize the entire proposed project.

- a. Identify health disparities for the selected population(s) and community(ies) that are related to race, ethnicity, disability, and socioeconomic status and discuss the impact of these disparities on the selected population to be served.
- b. Describe the populations to be served, including age range, gender, cultural, racial and ethnic composition.
- c. Include critical issues or unmet needs contributing to initial and subsequent unintended teen pregnancy and teen births, and STDs/HIV in the communities to be served. Identify the incidence and prevalence of adolescent pregnancy and births, and STDs/HIV in the target ZIP codes that will be served.

**4. Organizational Experience and Capacity** (20 points)

The purpose of this section is for the applicant to describe the current services of the applicant organization and proposed subcontractor's, if applicable, and their capacity to implement and administer the proposed project. Evidence of prior success with similar initiatives that have included serving: racial, ethnic and/or cultural minorities' high risk, and disconnected youth should be included.

- a. Describe how the organization will support the successful implementation of the PREP initiative.
- b. Describe the applicant organization's experience in providing educational programming for adolescents and services to youth from the communities to be served. Include this information also for proposed subcontractor(s), if applicable.
- c. Describe how the Board of Directors, and current staff, including senior management staff, represent the racial, ethnic and/or cultural populations the proposed project intends to reach and serve.
- d. Describe proposed PREP staff, qualifications, and previous experience working with youth. Please see required job duties, responsibilities, and qualifications for Health Educators and Health Educator Supervisors as detailed in the Personal Responsibility Education Program Health Education Standards (Attachment 2).
  - e. Indicate the agency's length of experience with administrative, fiscal, and programmatic oversight of government contracts, including timely and accurate submission of fiscal and project reports. Indicate any present/prior collaborations

with the NYSDOH.

## 5. Community Resources and Needs Assessment

(20 points)

The purpose of this section is to determine local health and human services needs and available resources impacting adolescent pregnancy and STD/HIV in the community. The population(s) and community(ies) to be served should be clearly reflected in the community's needs and resources assessment.

- a. Discuss the identified community resources currently available for adolescents in the proposed project communities. This should include resources that provide protective factors to decrease unintended initial and subsequent adolescent pregnancies, STDs and HIV; and to support adolescents through developmental milestones for a transition into a healthy, productive, connected adulthood.
- b. Discuss the identified needs in the proposed communities that pose an increased risk for unintended adolescent initial and subsequent pregnancies, STDs and HIV. Include a description of the common sexual risk taking behavior(s) among youth in the proposed communities.
- c. Indicate which stakeholders had any direct participation in providing information related to the Community Needs and Resource Assessment and/or the application for the PREP program.

## 6. Description of Project Narrative

(30 points)

The purpose of this section is to describe the design and structure of the proposed PREP program including the activities that will be implemented for adolescent pregnancy prevention in ZIP codes based on high rates of teen pregnancy and birth rates as per NYS Vital Statistics at: <http://www.health.ny.gov/statistics/chac/perinatal/>

- a. Indicate the proposed EBP(s) from Attachment 4 to be implemented. Describe the rationale for choosing the evidence-based program(s) proposed for replication and how this was based upon the population(s) chosen, and their needs, as identified in the Community Resources Needs Assessment.
- b. Describe the process the applicant will use to assure that the EBP(s) selected are ones likely to be effective in achieving the program goals with the population to be served and in the setting to be used.
- c. Provide realistic estimates of the overall number of program participants annually and the number participating by proposed project site(s).
- d. Discuss why the proposed population was chosen. Describe the data or other correlating variables that were used to substantiate the need to serve specific priority populations.
- e. Identify how the proposed program will be inclusive of and non-stigmatizing toward the needs of lesbian, gay, bisexual, transgender, and questioning youth.
- f. Describe how the applicant will ensure that all EBPs conducted with PREP funds be implemented with fidelity.<sup>2</sup>
- g. Identify the process that will be used to recruit EBP sites.
- h. If not approved under Article 28 of the PHL applicant must include a letter from one or more Article 28 family planning providers who serve the targeted ZIP codes and intend to

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2. Fidelity refers to the degree to which an intervention is delivered as designed; that is, how well the program is implemented without compromising its core content which is essential for the program effectiveness.

collaborate with the PREP applicant organization to accept referrals. The letter needs to be signed by an individual authorized to sign for the Article 28 organization, and indicate the provider's willingness to accept referrals, including referrals of Medicaid clients; appropriate assessment and referral; ability to provide a full range of medical family planning services; and follow-up agreements. Letters will need to be included as uploads in Grants Gateway to the appropriate Program Specific Question.

- i. Describe the proposed activities that the applicant plans to implement, which are evidence-based or best practice strategies to ensure access to reproductive health care and family planning services. Please see examples provided in Section III., on page 9/10.

Please Note: For all funded projects, the ACT COE will work with each individual project and NYSDOH to develop and conduct an evaluation for their local project and for the overall PREP initiative. Please note all proposed educational programming will be subject to initial and ongoing review by the NYSDOH and ACT COE for appropriateness.

**7. Work Plan** (0 points)

This RFA has a Grant Opportunity Defined work plan set in the Grants Gateway. The Objectives and Tasks cannot be removed from the work plan. The applicant will adhere to the implementation of work plan activities per the standardized work plan. In the Work Plan Properties section of the Grants Gateway on line application, please include the required performance measures for each work plan objective as listed in **Attachment 10**. Please note, the performance measures may not necessarily match each task listed in the work plan. However, due to system limitations this is the preferred option for entering the required performance measures.

**8. Budget** (20 points)

- a. Complete Year 1 of the budget in the Grants Gateway (Refer to Attachment 11 for instructions on completing the online budget) assuming a start date of January 1, 2017. Budgets for Years 2-5 need to be completed and uploaded using Attachment 12. (Excel workbook) located under Pre Submission Uploads. All costs must be related to the provision of PREP, and consistent with the scope of services, reasonable and cost effective. Justification for each cost should be submitted in narrative form. For all existing staff, the Budget Justification must delineate how the percentage of time devoted to this initiative has been determined.

For Years two through five budgets, please be sure to complete all required budget pages included in **Attachment 12**. The budgets for years two through five should be labeled as listed below and combined into one .pdf document, then uploaded to the Grants Gateway. Complete the budget forms as directed for a 12-month period.

Budget Year 2 – January 1, 2018 – December 31, 2018  
Budget Year 3 – January 1, 2019 – December 31, 2019  
Budget Year 4 – January 1, 2020 – December 31, 2020  
Budget Year 5 – January 1, 2021 – December 31, 2021

- b. Include travel expenses for an annual two day provider meeting in Albany, NY.
- c. Adhere to the duties, responsibilities and qualifications for Health Educators and Health Educator Supervisors as detailed in the Personal Responsibility Education Program

- Health Education Standards (Attachment 2).
- d. Percentage of staff time should be commensurate with their role in the implementation of the PREP program.
  - e. Non-personal services expenses can include the use of incentives to encourage attendance at EBPs as long as the proposed incentives are within the requirements listed in Attachment 5.
  - f. Food for youth attending EBPs is also an allowable operating expense. [Food provisions may only be provided when the EBP is conducted after-school or out of school-settings.](#)

**PREP GRANT FUNDS MAY NOT BE USED TO SUPPLANT EXISTING FUNDS FOR CURRENTLY EXISTING STAFF OR ORGANIZATION ACTIVITIES, AND ALLOCATION OF COSTS TO GRANT FUNDS SHOULD BE PROPORTIONATE ACROSS REVENUE STREAMS.**

Any ineligible budget items will be removed from the budget prior to contracting. The budget amount requested will be reduced to reflect the removal of the ineligible items.

- g. Administrative costs will be limited to a maximum of 10% of total direct costs, fringe benefit limitations, etc.
- h. Expenditures will not be allowed for the purchase of major pieces of depreciable equipment (although limited computer/printing equipment may be considered), or remodeling or modification of structures.
- i. The initiative will not fund other direct clinical/medical/laboratory services and supplies, including, but not limited to: case management, mental health counseling, crisis intervention, pap smears (supplies or laboratory costs), pregnancy test supplies or laboratory costs, contraceptives including condoms, and STD test supplies and associated laboratory costs.
- j. This project will also not include GED preparation, job placement and child care or services that are available through other resources.

Note: Please refer to Attachment 13 for information on completing the budget(s).

It is the applicant's responsibility to ensure that all materials to be included in the application have been properly prepared and submitted. Applications must be submitted via the Grants Gateway by the date and time posted on the cover of this RFA. The value assigned to each section is an indication of the relative weight that will be given when scoring your application.

## **B. Freedom of Information Law**

All applications may be disclosed or used by DOH to the extent permitted by law. DOH may disclose an application to any person for the purpose of assisting in evaluating the application or for any other lawful purpose. All applications will become State agency records, which will be available to the public in accordance with the Freedom of Information Law. **Any portion of the application that an applicant believes constitutes proprietary information entitled to confidential handling, as an exception to the Freedom of Information Law, must be clearly and specifically designated in the application.** If DOH agrees with the proprietary claim, the designated portion of the application will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

### C. Review & Award Process

Applications meeting the guidelines set forth above will be reviewed and evaluated competitively by the NYSDOH, Division of Family Health, Bureau of Women, Infant and Adolescent Health, Adolescent Health Unit.

- Applications will be reviewed and scored by a NYSDOH team of trained reviewers using a standardized review tool developed specifically for this RFA.
- An application must have a minimum score of 65 to be considered for funding. Awards will be ranked by score and the top scoring applications will be funded.
- Applicants will be deemed to fall into one of three categories: (1) not approved, 2) approved but not funded due to resources, and 3) approved and funded. Approved but not funded applications may be funded should additional funds become available.
- In the event of a tie score, a higher score in Section V. A. 5. Community Needs and Resources Assessment breaks the tie.
- Applicants must propose to serve adolescents in high-risk ZIP codes that have the highest teen pregnancy and birth rates based on the 2013 data (most recent available) from the NYS Vital Statistics web site at:  
<http://www.health.ny.gov/statistics/chac/perinatal/>.
- Applicants that propose to provide services in downstate communities may apply for annual funding amount up to \$325,000 for the anticipated period of funding from 1/1/2017 through 12/31/2021 contingent upon satisfactory performance and availability of funds. Downstate communities include the following counties: Bronx, Kings, New York, Nassau, Queens, Richmond, Suffolk and Westchester.
- Applicants that propose to provide services in upstate communities may apply for annual funding up to \$225,000 for the anticipated period of funding from 1/1/2017 through 12/31/2021 contingent upon satisfactory performance and availability of funds. Upstate communities include all other NYS counties.
- The requested funding needs to be consistent with the proposed scope of services and be reasonable and cost effective.
- If changes in funding amounts are necessary for this initiative or if additional funding becomes available, funding will be modified and awarded in the same manner as outlined in the award process described above.
- Applications failing to provide all response requirements or failing to follow the prescribed format may be removed from consideration or points may be deducted.
- All applications will be pre-screened to ensure that the minimum eligibility requirements are met. Minimum eligibility requirements are listed in Section II, A.
- Applications will be evaluated on a 100-point scale outlined below based on responses to Section V. A. 1-8.

Title	Maximum Score
Project Summary	10 points
Organizational Capacity	20 points
Community Needs and Resources	20 points
Project Narrative	30 points
Budget and Justification	20 points

Once an award has been made, applicants may request a debriefing of their application.

Please note the debriefing will be limited only to the strengths and weaknesses of the subject application and will not include any discussion of other applications. Requests must be received no later than ten (10) business days from date of award or non-award announcement.

In the event unsuccessful applicants wish to protest the award resulting from this RFA, applicants should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found on the OSC website at <http://www.osc.state.ny.us/agencies/guide/MyWebHelp>.

## **VI. Attachments**

Please note that certain attachments can be accessed in the “Pre-Submission Uploads” section of an online application. In order to access the online application and other required documents such as the attachments, prospective applicants must be registered and logged into the NYS Grants Gateway in the user role of either a “Grantee” or a “Grantee Contract Signatory”.

- Attachment 1: Youth Development Framework
- Attachment 2: Personal Responsibility Education Program Health Education Standards
- \*Attachment 3: Statement of Assurances
- Attachment 4: Selection Worksheet for Evidence-Based Programs
- Attachment 5: Guidance for Use of Incentives for EBP Participants
- \*Attachment 6 Letter of Interest Format
- \*Attachment 7: Minority & Women-Owned Business Enterprise Requirement Forms
- \*Attachment 8: Vendor Responsibility Attestation
- \*Attachment 9: Application Cover Sheet
- Attachment 10: Work Plan Performance Measures
- Attachment 11: Year 1 Budget Instructions
- \*Attachment 12: Excel Workbook for Budget Years 2-5
- Attachment 13: General Budget Instructions

\*These attachments are located/included in the Pre Submission Upload section of the Grants Gateway on line application.

## Youth Development Framework

Youth development is defined as the philosophy that guides how we organize supports, networks, and opportunities for young people within a community to enable them to develop to their full potential. This philosophy embraces six key principles:

- *Focus on positive youth outcomes:* Shifting from a reactive approach of preventing problem behavior to a proactive approach of preparing young people for adulthood by building on their strengths and developing skills and values. What do young people need to become productive, healthy, and happy adults? Positive outcomes include competencies (i.e., social, emotional, vocational, academic), self-confidence, connectedness (attachment to community, family, friends), character, compassion, and contribution.
- *Youth involvement/voice:* Youth should as much as possible participate in planning and decision-making. We need to identify and develop meaningful roles for young people in the community that encourage their active participation.
- *Inclusiveness:* Youth development strategies are generally provided to all young people. This does not mean that young people with greater needs do not receive additional support. There is a need to blend universal approaches with approaches that are serving youth facing extra challenges.
- *Long-term involvement:* Opportunities, services, and projects have to be available for a long period of time to be effective. They have to accompany young people throughout their growing up years and reflect their changing developmental needs.
- *Community involvement:* It is important to engage the larger social environment that influences how young people grow up and develop. This includes family and friends, but also the community in which they live. Community is more than social service and youth organizations, schools, law enforcement agencies; it involves business, faith and civic groups, and private citizens who are not attached to any organization.
- *Collaboration:* Youth development requires people from various agencies and community groups to work together. Collaboration can express itself in different forms e.g., agencies coming together to write a grant proposal to community groups forming a coalition to achieve one common goal by sharing resources and expertise.

Karen Pittman (1996) relates youth development to public health, which deals with prevention at three levels: treating those who already have the problem (treatment or tertiary prevention); reducing the risks among those most likely to have the problem (secondary prevention in high-risk groups); and trying to reduce the likelihood that others will encounter the problem, usually through education (primary prevention). She points to the limitations of this approach when applied to complex youth issues such as violence, unemployment, and early pregnancy and advocates instead for an approach that builds on strengths to help youth achieve their potential rather than avoid problems. The slogan capturing this approach is, “Problem free is not fully prepared.” The focus on development of projects, policies, and research agendas designed to promote positive outcomes, or what might be termed thriving behavior, is the core tenet of the youth development approach.

## **Personal Responsibility Education Program Health Education Standards**

The Personal Responsibility Education Program initiative will support staffing for a team of Health Educators and Health Educator Supervisor.

### **Health Educator**

Under the supervision of the Health Educator Supervisor, the Health Educator duties and responsibilities include:

- Completes orientation and trainings including mandatory on-line implementation training prior to delivering evidence-based programming. This training is available on the ACT for Youth website at [www.actforyouth.net](http://www.actforyouth.net).
- Completes training for the specific evidence-based programming, if defined by the model developer.
- Delivers evidenced-based program with fidelity to youth in a variety of settings.
- Conducts community outreach and education.
- Completes required reporting accurately and timely as designated.
- Provides assistance and/or referrals for youth to obtain comprehensive family planning services, health services or other essential support services as identified.

Health Educator Qualifications:

- Minimum: Bachelor's degree in health education or health related field.
- Ability to facilitate discussion /teach classes to youth in a variety of settings on reproductive health topics such as reproductive anatomy, contraceptive methods, STDs, and HIV/AIDS.
- Experience working with youth and demonstrated ability to be inclusive and non-stigmatizing in their role.
- Knowledge of or experience with priority population to be served and community.
- Ability to work flexible hours, including evenings and/or weekends.
- Bilingual skills, depending on the community and youth being served.

### **Health Educator Supervisor**

A full-time supervisor will be responsible for the supervision of each team of 4-6 health educators. Projects that are utilizing teams with less than 4-6 health educators are expected to prorate the efforts of the supervisor to the size of the team. Duties and responsibilities include:

- Oversight of project activities for implementation of educational program delivery; including planning, implementation, budget development and monitoring.
- Participation in ACT for Youth COE program evaluation and trainings; as required by NYSDOH.
- Provides supervision of health educators which includes orientation and on-going assessment of training needs, educational opportunity and professional development, that includes:
  - Direct on-site observation of educational program delivery;
  - Regularly scheduled supervisory meetings with individual health educators;
  - Staff development plans to address professional development needs; and

- Accessibility to health educators to deal with urgent concerns that may occur during programming.
- Serves as principle representative in targeted community(ies) to provide community and public education on comprehensive sexuality education and awareness of family planning services.
- Identifies venues for delivery of evidence-based programming, including reviewing all components of the evidence-based program and securing their commitment to implement the program with fidelity.
- Identifies barriers and ensures access to comprehensive reproductive healthcare and family planning services and other essential support services for teens.
- Establishes relationships with other community health and human service providers and develops referral mechanisms.

#### Health Educator Supervisor Qualifications:

- Minimum: Bachelor's degree in health education or health related field (Master's degree preferred), with at least 3 years of experience with provision of comprehensive sexuality education to an adolescent population.
- Experience working with youth and demonstrated ability to be inclusive and non-stigmatizing of youth in their role.
- Ability to facilitate discussion /teach classes to youth in a variety of settings on reproductive health topics such as reproductive anatomy, contraceptive methods, STDs, and HIV/AIDS.
- Knowledge of reproductive health, anatomy and physiology, and family planning.
- Knowledge of or experience with priority population to be served and community.
- Ability to work flexible hours, including evenings and/or weekends.
- Bilingual skills, depending on the community and youth being served.

## Projects to Prevent Pregnancy, STDs, and HIV Among Adolescents: Selection Worksheet for Evidence-Based Programs

Information in this document is based on:

U.S. Department of Health & Human Services, Office of Adolescent Health. (2010). *Programs for Replication – Intervention Implementation Reports*. <http://www.hhs.gov/ophs/oah/prevention/research/programs/index.html>

Massachusetts Alliance on Teen Pregnancy. (2009). *Programs to Prevent Pregnancy, STIs and HIV Among Adolescents: Selection Worksheet for Science-Based and Promising Programs*.

Suellentrop, K. (2010). *What Works 2010: Curriculum-based programs that prevent teen pregnancy*. <http://www.thenationalcampaign.org/resources/pdf/pubs/WhatWorks.pdf>

Advocates for Youth (2008). *Science and Success, Second Edition: Sex Education and Other Programs that Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections*.

<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>

Additional source material: see Information links for each program.

<p><b>Adult Identity Mentoring (Project AIM)</b></p> <p>HHS settings:</p> <ul style="list-style-type: none"> <li>✓ Middle school</li> <li>✓ Community-based organization</li> </ul>	<p><b>Cost:</b> Annual licensing fee (\$2,000). Two facilitators and a project manager are required, and must attend training. Additional materials for youth must be purchased. See “Developing a Budget” in the Project AIM Starter Kit: <a href="http://www.chla.org/atf/cf/%7B1cb444df-77c3-4d94-82fa-e366d7d6ce04%7D/PROJECT-AIM-STARTER-KIT.PDF">http://www.chla.org/atf/cf/%7B1cb444df-77c3-4d94-82fa-e366d7d6ce04%7D/PROJECT-AIM-STARTER-KIT.PDF</a></p> <p><b>Audience:</b> Youth age 11-14, especially those from families with low income. (Note: evaluated only with African American 7<sup>th</sup> grade students.) Available in English and Spanish.</p> <p><b>Main Message:</b> Designed to promote abstinence, delay the initiation of sex, and decrease the intention to engage in sex. Helps adolescents form their “adult identity” by articulating their future goals and considering how risky behavior choices might jeopardize those goals.</p> <p><b>Length:</b> Twelve 50-minute sessions, 1-2 days per week over 6 weeks. NYS DOH requires an add-on module to address pregnancy prevention. Developed jointly with the developer, the adapted curriculum has 13 modules</p> <p><b>Group Size:</b> Classroom; optimal size 10-18 participants.</p> <p><b>Components:</b> 4 units with role plays, goal setting, group discussions, guest speakers, small group activities, skill-building.</p> <p><b>Training:</b> Facilitators required to participate in 3-day training; training for Health Educator Supervisor also required.</p> <p><b>Evaluation findings:</b> At 19-week follow-up, participants less likely to report having had sexual intercourse. At 1-year follow-up the effect held for boys only. (Group evaluated was 98% African American.)</p> <p><b>Information:</b> HHS fact sheet: <a href="http://tppevidencereview.aspe.hhs.gov/document.aspx?rid=3&amp;sid=11&amp;mid=1">http://tppevidencereview.aspe.hhs.gov/document.aspx?rid=3&amp;sid=11&amp;mid=1</a> Developer’s website (Children’s Hospital Los Angeles): <a href="http://www.chla.org/site/c.ipINKTOAJsG/b.8757409/k.9781/Project_AIM.htm">http://www.chla.org/site/c.ipINKTOAJsG/b.8757409/k.9781/Project_AIM.htm</a></p>
<p><b>Be Proud! Be Responsible!</b></p> <p>HHS settings:</p>	<p><b>Cost:</b> \$505 implementation kit (written curriculum, activity set, videos). Developer requires 2-day training.</p> <p><b>Audience:</b> Diverse adolescents age 13-18 (Note: evaluated primarily with younger African Americans, but has been used with diverse groups).</p>

<ul style="list-style-type: none"> <li>✓ Community-based settings</li> <li>✓ After-school</li> <li>✓ Middle schools</li> <li>✓ High schools</li> <li>✓ Health clinic or medical facility</li> </ul>	<p><b>Main Message:</b> Curriculum is intended to delay initiation of sex among sexually inexperienced youth, to reduce unprotected sex among sexually active urban youth, and to help young people make proud and responsible decisions about their sexual behaviors. Emphasizes sense of community, accountability, and pride: protecting families and community. Focus was originally on HIV/AIDS, however the 2012 edition has been updated to address pregnancy, STD and HIV prevention.</p> <p><b>Length:</b> Six 50-minute modules.</p> <p><b>Group Size:</b> Designed for 6-8 participants; use additional facilitators with larger groups.</p> <p><b>Components:</b> Multi-media, interactive curriculum addressing information, perceptions, beliefs, skills. Includes small group discussions, brainstorming, videos, games, role play, demo and practice handling condoms.</p> <p><b>Training:</b> 2-day facilitator training required. (See HHS fact sheet link below).</p> <p><b>Selected evaluation findings:</b></p> <ul style="list-style-type: none"> <li>• Philadelphia 1988 study, pub 1992 (all urban African American males, mean age 14-15): at 3-month follow-up, participants reported fewer female sexual partners, greater use of condoms, reduced sexual intercourse, reduced heterosexual anal sex.</li> <li>• Trenton study, pub 1999 (all urban African Americans, mixed gender, mean age 13): At 6-month follow-up, participants reported reduced unprotected sex, and anal intercourse with fewer sexual partners.</li> <li>• Large CBO study, pub 2010 (primarily African Americans age 13-16): increased condom use.</li> <li>• Large school-based study conducted 2000-2002, pub 2009 (urban and suburban Midwestern 9<sup>th</sup> and 10<sup>th</sup> grade students): improved knowledge, efficacy; no impact on sexual initiation, frequency of intercourse, or condom use.</li> </ul> <p><b>Information:</b> HHS fact sheet: <a href="http://tppevidencereview.aspe.hhs.gov/document.aspx?rid=3&amp;sid=21&amp;mid=1">http://tppevidencereview.aspe.hhs.gov/document.aspx?rid=3&amp;sid=21&amp;mid=1</a> Select Media: <a href="http://www.selectmedia.org/programs/responsible.html">http://www.selectmedia.org/programs/responsible.html</a></p>
<p><b>Be Proud! Be Responsible! Be Protective!</b></p> <p>HHS settings:</p> <ul style="list-style-type: none"> <li>✓ Middle schools</li> <li>✓ High schools</li> <li>✓</li> </ul>	<p><b>Cost:</b> \$645 implementation kit (curriculum, activity set, DVDs). Two-day training required by developer.</p> <p><b>Audience:</b> Pregnant and parenting teens in 7-12 grade. (Note: evaluated primarily with Latina [78%] and African American [18%] pregnant or parenting teens)</p> <p><b>Main message:</b> An adaptation of <i>Be Proud! Be Responsible!</i>, this curriculum emphasizes maternal protectiveness as well as sexual responsibility and accountability. Increases awareness of effects of HIV/AIDS on communities and children.</p> <p><b>Length:</b> Eight 60-minute modules.</p> <p><b>Group Size:</b> 6-15 participants.</p> <p><b>Components:</b> HIV, STD, and pregnancy prevention information; negotiation and problem-solving skills; facilitator modeling, role playing with feedback, films, group discussion, demo and practice handling condoms.</p> <p><b>Training:</b> Two 8-hour days required. (See HHS fact sheet link below for more information.)</p> <p><b>Evaluation findings:</b> At the 6-month follow-up, participants reported having significantly fewer sexual partners in the previous 3 months.</p> <p><b>Information:</b> HHS fact sheet: <a href="http://tppevidencereview.aspe.hhs.gov/document.aspx?rid=3&amp;sid=22&amp;mid=1">http://tppevidencereview.aspe.hhs.gov/document.aspx?rid=3&amp;sid=22&amp;mid=1</a> Select Media: <a href="http://www.selectmedia.org/programs/protective.html">http://www.selectmedia.org/programs/protective.html</a></p>
<p><b>¡Cuídate!</b></p> <p>HHS settings:</p> <ul style="list-style-type: none"> <li>✓ Community-based settings</li> <li>✓ After-school</li> <li>✓ Middle schools</li> <li>✓ High schools</li> </ul>	<p><b>Cost:</b> \$265 implementation kit (curriculum, activity set, DVD and CD set). Facilitator training required by developer.</p> <p><b>Audience:</b> Latino teens 13-18 years/ grades 8-11. Available in English and in Spanish.</p> <p><b>Main Message:</b> ¡Cuídate! incorporates salient aspects of Latino culture, including the importance of family and gender-role expectations (e.g., machismo, which is described as the man's responsibility in caring for and protecting one's partner and family). These cultural beliefs are used to frame abstinence and condom use as culturally accepted and effective ways to prevent STDs, including HIV. The 2012 edition has been updated to address pregnancy, STD and HIV prevention.</p> <p><b>Length:</b> Six 60-minute modules delivered over two or more days.</p> <p><b>Group Size:</b> Small (6-10) mixed-gender groups.</p>

	<p><b>Components:</b> Learning activities such as small group discussions, videos, games, music, hands-on practice demonstrations (including condom practice), and role-plays. May be conducted in either English or Spanish.</p> <p><b>Training:</b> 2½ day training required. See HHS fact sheet, linked below.</p> <p><b>Evaluation Findings:</b> Averaged across the 3-, 6-, and 12-month follow-up surveys, participants were less likely than control group to have had sex in the past three months, multiple partners, or unprotected sex, and more likely to have used condoms consistently. Program is most effective with Spanish-speaking teens.</p> <p><b>Information:</b> HHS fact sheet: <a href="http://tppevidencereview.aspe.hhs.gov/document.aspx?rid=3&amp;sid=273&amp;mid=1">http://tppevidencereview.aspe.hhs.gov/document.aspx?rid=3&amp;sid=273&amp;mid=1</a> Select Media: <a href="http://www.selectmedia.org/programs/cuidate.html">http://www.selectmedia.org/programs/cuidate.html</a></p>
<p><b>Making Proud Choices!</b></p> <p>HHS settings:</p> <ul style="list-style-type: none"> <li>✓ Middle schools</li> <li>✓ Community-based settings</li> <li>✓ After school</li> </ul> <p><i>(Making Proud Choices, cont.)</i></p> <p>New editions developed for:</p> <ul style="list-style-type: none"> <li>✓ Middle schools</li> <li>✓ Out-of-home care</li> </ul>	<p><b>Cost:</b> \$648 (4<sup>th</sup> edition curriculum, activity set, DVDs, and sample student workbook). Developer requires 2-day facilitator training.</p> <p><b>Audience:</b> African American, Hispanic, and white adolescents, ages 11–13. (Note: evaluated only with African American urban youth age 11-13.)</p> <p><b>Main Message:</b> Goal is to empower young adolescents to change their behavior in ways that will reduce their risk of becoming infected with HIV and other STDs, and their risk for pregnancy. The curriculum emphasizes that adolescents can reduce their risk for STDs, HIV, and pregnancy by using a condom, if they choose to have sex.</p> <p><b>Length:</b> Eight 1-hour modules. School edition: Fourteen 40-minute modules. Adaptation for Youth in Out-of-Home Care (foster care, juvenile justice, independent and transitional living facilities): Ten 75-minute modules</p> <p><b>Group Size:</b> 6-12 participants. Additional facilitators needed for larger groups.</p> <p><b>Components:</b> Knowledge about HIV, STDs, unintended pregnancy and contraceptive methods; behavioral beliefs, attitudes, and perception of risk; skills and self-efficacy. Includes role plays, small group activities, and videos (including condom use animation).</p> <p><b>Training:</b> 2-day facilitator training required. See HHS fact sheet, linked below.</p> <p><b>Evaluation Findings:</b> At 6- and 12-month follow-ups, sexually experienced youth reported lower frequency of sexual intercourse and higher frequency of condom use than control group.</p> <p><b>Information:</b> HHS fact sheet: <a href="http://tppevidencereview.aspe.hhs.gov/document.aspx?rid=3&amp;sid=102">http://tppevidencereview.aspe.hhs.gov/document.aspx?rid=3&amp;sid=102</a> Select Media: <a href="http://www.selectmedia.org/programs/choices.html">http://www.selectmedia.org/programs/choices.html</a> Select Media, school edition: <a href="http://www.selectmedia.org/programs/mpcschooledition.html">http://www.selectmedia.org/programs/mpcschooledition.html</a> Select Media, out-of-home care edition: <a href="http://www.selectmedia.org/programs/mpc_adaptation.html">http://www.selectmedia.org/programs/mpc_adaptation.html</a></p>
<p><b>Reducing the Risk</b></p> <p>HHS settings:</p> <ul style="list-style-type: none"> <li>✓ In school</li> </ul>	<p><b>Cost:</b> \$250 basic set (teacher’s guide, 30 student workbooks, activity kit, pamphlets); \$350 enhanced set (basic set plus posters, LGBTQ supplement, “How to Use a Condom” DVD). Workbooks are required: additional student work books \$90/set of 30.</p> <p><b>Audience:</b> Can be used in grades 9-12 or with youth age 13-18; evaluated primarily with students in grades 9-10. Evaluated in both rural and urban settings. Workbooks available in English and Spanish.</p> <p><b>Main Message:</b> This is a sex-education curriculum that includes information on abstinence and contraception, and offers experiential activities to build skill refusal, negotiation, and communication.</p> <p><b>Length:</b> Sixteen 45-60 minute sessions, conducted 2-3 times per week.</p> <p><b>Group Size:</b> 10-30</p> <p><b>Components:</b> Topics include HIV prevention, abstinence, contraception, refusal skills, delaying tactics, etc. Activities include role plays, brainstorming, mini-lectures, worksheet activities, condom demonstration, and more.</p> <p><b>Training:</b> Developer recommends 3-day training of educators. See ETR Associates link below.</p> <p><b>Evaluation Findings:</b> Eighteen months after the intervention, students who were sexually inexperienced at baseline were more likely to delay sexual initiation and more likely to use condoms than comparison group. Especially effective among girls and lower-risk youth.</p>

	<p><b>Information:</b>  HHS fact sheet: <a href="http://tppevidencereview.aspe.hhs.gov/document.aspx?rid=3&amp;sid=182&amp;mid=1">http://tppevidencereview.aspe.hhs.gov/document.aspx?rid=3&amp;sid=182&amp;mid=1</a>  ETR Associates: <a href="http://www.etr.org/ebi/programs/reducing-the-risk/">http://www.etr.org/ebi/programs/reducing-the-risk/</a></p>
<p><b>Teen Outreach Program (TOP)</b></p> <p>HHS settings:</p> <ul style="list-style-type: none"> <li>✓ In school</li> <li>✓ After-school</li> <li>✓ Community settings</li> <li>✓ Systems/institutions</li> </ul>	<p><b>Cost:</b></p> <p><b>Audience:</b> Middle and high school youth at risk of teen pregnancy, academic problems, and school drop-out; grades 6-12. Evaluated with high-risk high school students. Available in English, Spanish, and Mongolian.</p> <p><b>Main Message:</b> This youth development program is designed to prevent problem behaviors by helping adolescents develop healthy behaviors, life skills, and a sense of purpose. Engages young people in a high level of community service learning that is closely linked to classroom-based discussions of future life options.</p> <p><b>Length:</b> Weekly club meetings over 9 months.</p> <p><b>Group Size:</b> Classroom</p> <p><b>Components:</b> “Changing Scenes” curriculum and community service learning. Curriculum topics include relationships, communication, goal-setting, human sexuality, and more.</p> <p><b>Training:</b> Facilitator training required.</p> <p><b>Evaluation Findings:</b> Female participants were less likely to have become pregnant during the 9-month program than girls in the comparison group.</p> <p><b>Information:</b>  HHS fact sheet: <a href="http://tppevidencereview.aspe.hhs.gov/document.aspx?rid=3&amp;sid=237&amp;mid=1">http://tppevidencereview.aspe.hhs.gov/document.aspx?rid=3&amp;sid=237&amp;mid=1</a>  Wyman Center: <a href="http://teenoutreachprogram.com/top/">http://teenoutreachprogram.com/top/</a></p>

**Personal Responsibility Education Program (PREP)**

**Contractor Guidance for Use of Incentives for Evidence Based Program (EBP) Participants**

Evidence-based programs (EBPs) are those that have been proven effective on the basis of rigorous scientific research and have been shown to bring about changes in the behaviors that lead to adolescent pregnancy and STDs/HIV, including delaying the initiation of sexual activity, increasing the use of condoms or contraception among those who are sexually active, and/or reducing the number of sexual partners. Monetary incentives were used during the initial evaluation of the EBPs to increase participant attendance.

The goal of the incentive program for adolescent pregnancy prevention programs (PREP) is to encourage or acknowledge EBP participation. Incentives will be provided for participants of EBPs that complete 75% or 100% of an EBP.

- Incentives may be used for EBPs conducted in out-of-school settings and/or after-school settings. Incentives should be used judiciously and strategically, in a direct effort to support EBP retention. Excessive or indirect use of incentives will not be approved by DOH Program Specialist.
- Incentives are allowable for EBP participants who complete 75% of program sessions or for participants who complete 100% of program sessions. The amount of incentive for attendance at EBPs can be determined by the contractor however, the amount cannot exceed \$25. Incentives should not be distributed until all program sessions are complete.
- The number of sessions that are included in EBPs should be considered when determining incentives.
- Examples of incentives can include: gift cards to businesses that do not sell tobacco and alcohol products, movie tickets, or a social/recreational activity. Cash payments are not permitted. Give-away items such as key chains, pens, bracelets, T-shirts, etc. are not permitted.
- Incentives will be approved as part of the annual budget. The allocation for incentives are to be included in the budget under the Program Supplies section with a description of how the incentives will be used for approval by contract management and administrative staff. If a contractor proposes to use an incentive after the original budget/justification has been approved, the contractor must obtain approval from DOH Program Specialist and submit a budget modification.
- Incentives are considered non-offering and arranging costs.
- Written policies and procedures concerning participant incentives must be incorporated into your agency's fiscal and program policies and procedure manual. The policy should include how the incentives will be safeguarded prior to distribution and include a system for ensuring that the criteria for incentives are known to the program participants and adhered to.
- An incentive tracking log must be maintained, by the agency. The log is to include the name of the youth receiving the incentive, name of EBP, and the number of sessions the youth participant attended. Participants that receive incentives must sign a log when the incentive is received. Two staff persons must be involved in the process of accounting for and distributing participant incentives.
- Program staff are to indicate on the EBP fidelity checklist that incentives were provided to participants for the EBP cycle. Please add \*\*\* USED INCENTIVES FOR CYCLE\*\*\*\* in the "Additional Comments Re Program Implementation" section at the end of the fidelity check list.

## WORK PLAN PERFORMANCE MEASURES

**RFA# 1506151029 / Grants Gateway # DOH01-PREP-2015**

### Personal Responsibility Education Program (PREP)

Applicants must complete the “Performance Measures” contained in the Grants Gateway on line Work Plan. This guidance provides instruction on the performance measures that applicants need to include in each section related to the objectives and tasks in the work plan.

#### **Objective 1, Task a:**

##### **Performance Measure:**

- Written agreements are in place with all EBP sites prior to EBP implementation. All of the components of the core curriculum have been approved without changes.

#### **Objective 1, Tasks b-d:**

##### **Performance Measures:**

- 100% of youth attending EBPs will complete at least 75% of the EBP sessions.
- Implement EBPs with fidelity. No component that is part of the core curriculum can be changed or removed. Any adaptations that are needed will be approved by the ACT Center of Excellence (ACT COE) prior to the change(s) being made.
- EBP fidelity checklists will be completed following implementation of EBP(s). Fidelity checklists will be submitted electronically to the ACT COE within two weeks of the last session.
- Implement PREP required entrance and exit surveys with EBP participants.

#### **Objective 1, Tasks e:**

##### **Performance Measures:**

- 100% of health educators implementing EBPs will complete the mandatory on-line implementation course prior to facilitating EBP(s). Certificates of completion must be printed and kept in personnel file for review by DOH, if requested.
- 100% of health educators will attend mandatory facilitation skill training within the first six months of Year 1.
- Health educators complete the *Educator Reflection Form* within one week following implementation of EBP. This form is reviewed with the Health Educator Supervisor.
- 100% of health educators meet minimum training standards prior to implementation of EBPs.

### **Objective 1, Task f:**

#### **Performance Measures:**

- Recruit multiple EBP sites. Written agreements with sites are completed and signed by authorized officials at these sites. Agreements include commitments that EBP will be implemented in its entirety.
- Orients new educator staff to the PREP initiative and the ACT COE website and PREP tools. Ensures training for educators as needed.
- Health Educator Supervisor(s) conducts observations of all PREP health educators using appropriate tool developed by DOH/ACT COE at least twice a year. Additional observations are done if improvement is needed. Observations are available for review by DOH.
- Increase the number of sites for implementation of EBPs throughout initiative, as needed.

### **Objective 2, Task a:**

#### **Performance Measure:**

- Letter of agreement for referral for reproductive health care and family planning services are completed and signed by authorized individuals. Letters of agreement are updated each year. These are available to DOH for review, if requested.

### **Objective 2, Task b:**

#### **Performance Measure:**

- Activities need to be based on evidence-based or best practice strategies.

## ATTACHMENT # 11

### Gateway Expenditure Budget Instructions – Year 1

Complete the online Budget for Year One of the project.

Please refer to Section 6.2.9.1 – Expenditure Budget of the Grantee User Guide (available at: <http://grantsreform.ny.gov/Grantees> and clicking on “Grantee User Guide” in the Quick Links Menu) for instructions on how to complete the online Budget.

Please refer to the training video – Grantee Tutorial: Apply for Funding (available at: <http://grantsreform.ny.gov/youtube> and clicking the appropriate link) for detailed instructions on how to complete the online budget with examples. This content begins approximately nine minutes into the video. Online training opportunities are also available at: <http://grantsreform.ny.gov/training-calendar>. Below is a quick summary:

- Click on each applicable detail budget form you need to include in your budget. Enter all required information.
  - Be sure to Click on the “SAVE” button after all information is entered.
  - Additional expenses may be included in each budget category form by clicking the “Add” button in the blue toolbar near the top of your screen.
- After you save each detail budget form, hover over the Forms Menu and click on the associated Narrative form. Use this form to provide a detailed justification for each budget line. Provide sufficient detail to demonstrate that specific uses and amounts of funding have been carefully considered, are reasonable and are consistent with the approaches described in the Workplan. Budget lines that are not well-justified will negatively impact the application score.
  - Starting with personnel, **fully justify** amounts requested in each budget category and budget line. Regardless of whether financial support is requested, describe and substantiate the roles and essential contributions to the project of the PI, mentor(s), applicant fellow and other staff involved in the project.
  - Provide a **detailed** justification for each ‘Non Personal Service’ (e.g., travel, supplies and other expenses).
- Once your detail pages have been completed, click on the Expenditure Summary and SAVE.

## ATTACHMENT 13

### General Budget Instructions

#### **NEW YORK STATE DEPARTMENT OF HEALTH PERSONAL RESPONSIBILITY EDUCATION PROGRAM EXPENDITURE BASED BUDGET INSTRUCTIONS**

##### Summary

Grant Funds: This is the amount requested for each category. The total of this column is your grant amount.

Match Funds/Match %: Leave these columns blank, they do not apply.

Other Funds: This is the total amount of other funds, if any, (in-kind, third party, HCRA, and any other source of funds) supporting the program.

TOTAL column: Total of Grant Funds + Other Funds.

SUBTOTAL's lines for Personal Service (PS) and Non-Personal Service (NPS): Please cross check numbers and ensure all amounts add correctly.

TOTAL line = Grant funds + Other Funds. Please cross check numbers and ensure all amounts add correctly.

##### *Personal Services Detail*

Position Title: Include title and incumbent name. Contracted or per diem staff is not to be included in personal services; these expenses should be shown as contractual services under non-personal services.  
Annualized Salary per Position: Include the total annual salary per position *regardless* of the amount of time spent on the program.

Standard Work Week (Hours): Include the standard hours in a work week for the organization, i.e., the # of hours that would be worked by a salaried employee.

Percent of Effort Funded: Total funding requested divided by annual salary.

Number of Months Funded: Enter the total number of months each position is funded.

TOTAL: Will reflect what is being requested based on the # of months worked and percent of effort.

Subtotal: Calculate the personal service subtotal.

Fringe: Enter the fringe type/description and rate. Total Fringe amount is shown in the Total column just above the Personal Services Total line.

Personal Services TOTAL: includes personal service and fringe. Please ensure all amounts add correctly.

##### *Non-Personal Services Detail*

##### Contractual Services – Type/Description

Provide a delineation of the items of expense and estimated cost of each. This category should be used to budget for specific services which cannot be accomplished by existing staff as well as for any services/expenses which will be provided by a subcontractor. Include contracted staff and per diems. Include the time frame for the delivery of services. Contractors may be required to submit subcontracts to the Department for review and approval prior to execution of the subcontract. The contractor remains fully responsible for all work performed by the subcontractor.

Travel – Type/Description

Provide a delineation of the items of expense and estimated cost (i.e., travel costs associated with conferences, including transportation, meals, lodging, registration fees; as well as general travel costs for administrative and program staff). Costs should be based upon a travel reimbursement policy and are limited to the established travel reimbursement guidelines and rates for state employees as issued by the Office of the State Comptroller (OSC).

Equipment – Type/Description

Delineate each piece of equipment and the estimated cost for each. For the purposes of inventory, equipment is defined as any item which costs \$300 or more and has a life expectancy of at least two (2) years. Items which cost less than \$300 should be included under “other”.

Space/Property Expenses: Rent – Type Description

Include methodology used to determine expense charged to the grant. Will be reviewed for appropriateness against the grant.

Space/Property Expenses: Own – Type Description

Include methodology used to determine expense to be charged to the grant. Will be reviewed for appropriateness against the grant.

Utility Expenses – Type/Description:

Include methodology used to determine expense charged to the grant. Will be reviewed for appropriateness against the grant.

Operating Expenses – Type Description:

This category of expense should be broken out to include any NPS categories not identified or listed above. For example: office supplies, educational materials, etc. Note: “Other” or “Miscellaneous” categories within the main “OTHER” budget category will not be accepted. All line items must be identified and include a description and cost detail on the forms provided.

Other – Type/Description:

Delineate each operating/administrative expense used to support the program, and include methodology used to determine expense to be charged to grant. All NYS funded administrative costs may not exceed ten percent (10%) of your STATE grant, and must be broken out into individual items of expense.