

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Working with Publicly Funded Health Centers to Reduce Teen Pregnancy among Youth from Vulnerable Populations

CDC-RFA-DP15-1508

Application Due Date: 05/15/2015

Working with Publicly Funded Health Centers to Reduce Teen Pregnancy among Youth from Vulnerable Populations

CDC-RFA-DP15-1508

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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-DP15-1508. Applicants also must provide an e-mail address towww.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

B. Funding Opportunity Title:

Working with Publicly Funded Health Centers to Reduce Teen Pregnancy among Youth from Vulnerable Populations

C. Announcement Type: New - Type 1

This announcement is only for non-research domestic activities supported by CDC. If research is proposed, the application will not be considered Research for this purpose is defined at http://www.cdc. gov/od/ science/ integrity/ docs/cdc- policy- distinguishing- public- health- research- nonresearch. pdf.

D. Agency Funding Opportunity Number:

CDC-RFA-DP15-1508

E. Catalog of Federal Domestic Assistance (CFDA) Number:

93.946

F. Dates:

1. Due Date for Letter of Intent (LOI):	**N/A**
2. Due Date for Applications:	**05/15/2015**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.
3. Date for Informational Conference Call:	**04/02/2015**

CDC/DRH will host one webinar for prospective applicants. This webinar will provide information about the FOA and will answer questions pertinent to preparing applications in response to this FOA. The conference line can hold up to 100 callers.

- Webinar Date: April 2, 2015 at 1:00pm (EST)
- Call-in Number: 1-888-790-3525 passcode: 5823026
- URL: https://www.mymeetings.com/nc/join/
- Conference number: PW1977435
- Audience passcode: 5823026

G. Executive Summary:

1. Summary Paragraph:

This program is a new five-year initiative to 1) enhance publicly funded health centers' capacity to provide youth-friendly sexual and reproductive health services and 2) increase the number of youth accessing sexual and reproductive health services by (a) working with youth-serving systems to develop strategies to refer and link vulnerable youth to care and (b) increasing awareness of the health centers' services in the local community through communication efforts. All proposed strategies and approaches should contribute to the long-term outcomes of reduction in teen pregnancy and births. Sexual and reproductive health services includes services such as sexual health assessment, contraceptive and/or sexual health counseling, health exams (e.g. pelvic exam, pap test), insertion of or prescription of contraception or IUD, STD screening and/or treatment and HIV testing.

Vulnerable youth include those at risk of health disparities due to low socioeconomic status (SES), race/ethnicity, exposure to social determinants negatively affecting health (e.g., poor housing, poor education, stressful neighborhood environment, high community unemployment, etc.), being out of school, living in foster care, homelessness, having experienced trauma or abuse, geography (e.g., remote rural areas with limited services, marginalized urban communities), involvement with juvenile justice, substance abuse, being a pregnant/expecting teen or a teen parent. Thus, vulnerability is not limited to race/ethnicity.

This funding opportunity announcement (FOA) supports: 1) the implementation of evidence-based clinical recommendations and youth-friendly best practices; and 2) the development and institutionalization of referral and linkage mechanisms from systems serving vulnerable youth to publicly funded health centers providing sexual and reproductive health services. Applicants will develop and implement strategies within a network of publicly funded health centers and youth-serving systems.

a. Eligible Applicants:	Open Competition
b. FOA Type:	Cooperative Agreement
c. Approximate Number of Awards:	3
d. Total Project Period Funding:	$9,750,000
e. Average One Year Award Amount:	$650,000
f. Number of Years of Award:	5
g. Estimated Award Date:	09/30/2015
h. Cost Sharing and / or Matching Requirements:	N

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

There has been significant progress in teen pregnancy prevention in all 50 states and among all racial/ethnic groups. However, U.S. rates of teen childbearing remain far higher than in other comparable countries. In 2013, there were 274,641 births to teen girls aged 15-19 (26.6 births per 1,000 girls), representing a 10% drop from the 2012 rate. Although birth rates have dropped for all races and ethnicities, the rates for African American, Hispanic and Native American teens are over twice the rates of white and Asian American youth. In addition, geographic differences exist. Birth rates are highest in the southern and southwestern states and lowest in the Northeast; rates have been declining in rural area, but not as quickly as in suburban and urban areas.

Increased access to and use of quality youth-friendly sexual and reproductive health services among sexually active teens could significantly reduce teen pregnancy. However, sexual and reproductive health services are often not youth-friendly. A key barrier noted by youth is that services are often not delivered in a 'youth-friendly' manner. Many teens are concerned about lack of confidentiality and the high cost of services, or they have limited education on and access to contraception. Recent studies have also found wide variation in practices regarding providing contraceptive services to younger clients in publicly funded family planning facilities. Common challenges to providing contraceptive and long-acting reversible contraceptives (LARCs) to younger clients include: limited trained staff, high upfront costs of some contraceptive methods, inconvenient clinic hours, staff concerns about the safety of IUD or implant use among teens, and limited availability of provider training on LARC insertion.

Organizations such as the American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) recommend providing adolescents with youth-friendly care and ensuring reproductive health visits begin during early adolescence and include reproductive health counseling, screening for sexual activity, anticipatory guidance/delay counseling when appropriate, the provision of contraception, and screening for sexually transmitted infections (STIs). Nevertheless, recent research and lessons learned

through two current cooperative agreements, one cooperative agreement with CDC and the Office of Adolescent Health and another cooperative agreement with CDC and the Office of Population Affairs (OPA)) demonstrate that many clinics serving adolescents in communities with high teen birth rates are not adhering to these new recommendations. Health system-level changes focused on ensuring that publicly funded clinics provide adolescents with accessible, affordable, and evidence-based reproductive health care are necessary to improve utilization of sexual and reproductive health services by adolescents (youth aged 15-19).

In addition to the work needed to improve the quality of sexual and reproductive health care at publicly funded health centers, connecting youth from youth-serving systems (e.g., juvenile justice, foster care, and other social services) with quality care is also important. Studies show that youth who become involved with systems such as juvenile justice and foster care are at high risk for early sexual debut, inconsistent use of condoms and other contraceptives, pregnancy, and sexually transmitted diseases (STDs). Barriers to these youth accessing reproductive health services include 1) the absence of reproductive health-related policies within the youth-serving systems or the failure to fully implement such policies (e.g. screening/evaluation upon entry into juvenile justice facility), 2) lack of collaboration between different youth-serving systems and health care, and 3) limited information provided to youth on sexual health and development. Coordinated efforts, partnerships with health centers, and system-level changes within youth-serving systems are needed to develop sustainable interventions that will link vulnerable youth to quality sexual and reproductive health services on an ongoing basis.

b. Statutory Authorities

This program is authorized under Section 317K of the Public Health Service Act, 42U.S.C. 247b-12 and Section 301(a) of the Public Health Service Act, 42 U.S.C. 241(a).

c. Healthy People 2020

This cooperative agreement supports Healthy People 2020 objectives related to: Family Planning (FP) and Sexually Transmitted Disease (STDs).

FP-3 Increase the proportion of publicly funded family planning clinics that offer the full range of FDA-approved methods of contraception, including emergency contraception, onsite
FP-6 Increase the proportion of females at risk of unintended pregnancy or their partners who used contraception at most recent sexual intercourse
FP-7 Increase proportion of sexually experienced persons who received reproductive health services
FP-8 Reduce pregnancies among adolescent females
FP-11 Increase the proportion of sexually active persons aged 15 to 19 years who use condoms and hormonal or intrauterine contraception to both effectively prevent pregnancy and provide barrier protection against disease
STD-1 Reduce the proportion of adolescents and young adults with Chlamydia trachomatis infections
STD-6 Reduce gonorrhea rates

This site is accessible at: http://www.healthypeople.gov

d. Other National Public Health Priorities and Strategies

The mission of CDC's Division of Reproductive Health (DRH) is to promote optimal reproductive and infant health and quality of life by influencing public policy, health care practice, community practices, and individual behaviors through scientific and programmatic expertise, leadership, and support. Addressing issues surrounding teen pregnancy is an important component of this mission. Specifically, the activities to be conducted under the proposed FOA addresses two key strategic areas of focus of DRH within the priority area of Women's Reproductive Health: Teen Pregnancy Prevention and Family Planning Methods, Services, and Use. Within CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), this FOA aligns well with the goal to "Achieve equity in health by eliminating racial and ethnic disparities and achieving optimal health for all Americans," and strategy to enhance epidemiology and surveillance (provide states and communities with the necessary expertise to collect data and information and to develop and deploy effective interventions).

Teen pregnancy prevention is one of the President's priorities. The President's budget for fiscal year (FY) 2010 proposed a new Teenage Pregnancy Prevention (TPP) initiative to address high teen pregnancy rates by replicating evidence-based models and testing innovative strategies. On December 16, 2009, the President signed the Consolidated Appropriations Act, 2010 (Public Law 111-117) providing support for this teen pregnancy prevention program. In addition, teen pregnancy prevention has been named a Winnable Battle at CDC. See more information on CDC's winnable battles at: http://www.cdc.gov/about/cdcdirector/winnablebattles.html

e. Relevant Work

This Funding Opportunity Announcement (FOA) builds on CDC's existing work and expertise in the delivery of quality reproductive health services. Reproductive health services includes services such as sexual health assessment, contraceptive and/or sexual health counseling, health exams (e.g. pelvic exam, pap test), insertion of or prescription of contraception or IUD, STD screening and/or treatment and HIV testing. Through the CDC-OPA cooperative agreement and the CDC-OAH cooperative agreement, funded grantees gained experience in multiple-components of a community-wide teen pregnancy prevention initiative, including community mobilization; the implementation of evidence-based prevention programs; the establishment of strong community-clinic referral linkages for adolescents; and building the capacity of health center partners to provide quality sexual and reproductive health care for adolescents. Specifically, this FOA incorporates the lessons learned from our previous cooperative agreements, yet targets improving the quality of, and linking youth to, sexual and reproductive health services. This FOA also supports the dissemination and use of important CDC guidelines and recommendations, including the Quality Family Planning Services Recommendations, US Selected Practice Recommendations for Contraceptive Use (SPR), and US Medical Eligibility Criteria for Contraceptive Use (MEC).
http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/QFP.htm
http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/USSPR.htm
http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/USMEC.htm

2. CDC Project Description

a. Approach

Activities	Short-Term Outcomes	Intermediate Outcomes	Distal Outcomes
Plan for the initiative and conduct needs assessment Establish a key partnership team and partner with a national training and technical assistance provider Strengthen clinical services and improve the quality of care Strengthen youth-serving systems and linking youth to care Develop and implement system change	**Support and maintain an active key partnership team** • Leaders are supportive of the teen pregnancy prevention (TPP) initiative within their systems • Leaders are engaged and committed to implementing the TPP initiative • Leaders have dedicated staff time or other resources to the TPP initiative • TPP efforts are coordinated across systems • Collaborative network with other health care services **Maintain a strong health care system** • Health center leaders and staff are knowledgeable about	**Youth are reached by TPP efforts** • Receive information through health communications and outreach efforts • Receive referrals to health care networks • Participate in EBIs **Youth show increases in knowledge of and intentions to use contraceptive and reproductive health services** **More youth receive contraceptive and reproductive health services at health care network partners** **More youth receive**	Fewer teen pregnancies, teen births, and STDs among vulnerable youth* Better long-term educational and employment outcomes for youth and better outcomes for their children* Sustained efforts*

approaches Develop and implement health communication and outreach efforts	and supportive of implementation of evidence-based guidelines and youth-friendly best practices • Health center staff are knowledgeable about and support broader TPP efforts within their system • Evidence-based guidelines and youth-friendly best practices are implemented with high quality for vulnerable youth **Maintain strong youth services system integration of TPP** • Youth service providers are knowledgeable about and supportive of TPP efforts within their systems • Established formal linkages with reproductive health services • TPP referral and linkage strategies are implemented • EBIs are implemented with high quality **Maintain a strong linkage and referral system** • Established linkage and referral systems between youth-service systems and health care systems **Implement health communication efforts** across and within systems	**contraceptive methods including highly effective contraception** More youth take protective action* • Use contraception* • Delay sexual activity*	

*These outcomes are not measured during the project period.

All items in **bold** are expected to be achieved during the project period.

i. Purpose

This FOA aims to reduce teen pregnancy through increased access to and use of sexual and reproductive health services among youth aged 15 to 19 in the context of publicly funded health centers (e.g., Federally Qualified Health Centers, community health centers, health departments, Title X clinics). This will be accomplished by: 1) increasing health centers' capacity to provide youth-friendly sexual and reproductive health services; and 2) increasing the number of youth accessing sexual and reproductive health services through working with youth-serving systems to link vulnerable youth to care, and increasing awareness of the health centers' services in the community.

ii. Outcomes

Short-term

1. Stronger (or enhanced) collaborative core leadership team; supportive leadership within publicly funded health centers and youth service systems
   - Increase health center and youth service system leadership capacity to a) support the TPP initiative and b) engage and commit to implementing the TPP initiative
   - Increase coordination of TPP efforts across systems through formal partnership agreements between health centers and youth-serving systems
2. Stronger (or enhanced) health care system that offers youth friendly clinical services (e.g., FQHC, Title X clinics)
   - Establish and maintain referral and linkage systems between youth service systems and health care systems
   - Increase health center staff knowledge about, support for, and provision of youth friendly reproductive health services and for implementation of evidence-based clinical guidelines
   - Implement and maintain the use of evidence-based clinical guidelines and youth friendly best practices by clinic partners
   - Increase health center staff knowledge about and support for TPP efforts within their system
3. Enhanced youth service systems integration and coordination
   - Establish and maintain formal linkages with health care services
   - Increase youth service providers' knowledge about and support for TPP efforts within their system
   - Implement and maintain high-quality, evidence-based interventions (EBIs) for TPP for vulnerable youth
   - Implement health communication efforts within and across youth-serving systems

Intermediate outcomes

4. Increased number of youth reached by TPP efforts
   - Receive information through health communication or other outreach efforts
   - Receive referrals to health care centers
   - Participate in evidence-based teen pregnancy prevention interventions, when applicable
5. Increased number of youth who show increases in knowledge of and intentions to use sexual and reproductive health services
   - Increase knowledge of and intention to access reproductive health services among youth reached by TPP efforts
   - Increase knowledge of and intention to use contraceptive methods among youth reached by TPP efforts
6. Increased number of youth who visit health care network partners for sexual and reproductive health services

- Increase in the number of youth who visit health care network partners for sexual and reproductive health services
- Increase the number of youth who receive sexual and reproductive health services at visits to health care network partners

7. Increased number of youth who receive moderately or highly effective contraception

- Increase in the number of youth who receive moderately effective contraception (i.e., pill, depo, patch, ring)
- Increase in the number of youth who receive highly effective contraception (i.e., IUD, contraceptive implant)

8. Increasing number of youth who take protective action (will not be measured)

- Increase use of contraception (including dual method use)
- Delay sexual activity

Long-term outcomes (will not be measured)

- Fewer teen pregnancies, teen births and STDs among vulnerable youth
- Better long-term educational and employment outcomes for youth and better outcomes for their future children
- Efforts to prevent teen pregnancy and birth are sustained among awardee communities

iii. Strategies and Activities

Awardees will be responsible for designing, implementing, and evaluating strategies and activities focused on: 1) improving the capacity of publicly funded health care centers to provide quality, youth-friendly sexual and reproductive health services, including the full range of contraceptive services; 2) increasing the capacity of youth-serving systems to address teen pregnancy prevention and connect vulnerable youth needing sexual and reproductive health services to local health centers providing youth-friendly services; and 3) increasing awareness of the youth-friendly clinical services through communication efforts in the community and among partnering youth-serving systems.

The first year of the project will be dedicated to planning and assessment, and developing or strengthening partnerships, followed by four years of implementation and evaluation activities.

Activities conducted as part of this FOA will fall into the following categories: Planning and Assessment, Partnerships, Strengthening Clinical Services and Improving the Quality of Care, Strengthening Youth-Serving Systems and Linkages to Care, System Change Approaches, and Communications. All strategies and activities will be evaluated with the routine collection of performance measures and site-specific evaluation plans.

Planning and Assessment

• Staffing

- During the first three months of receiving funds, awardee must hire or subcontract with all required staff. CDC can assist awardee post-award to identify appropriate staff and subcontractors. Prior approval is required by PGO for all key personnel (PD, PI, business official) and new contract awards. The following staff will comprise the implementation team: Project Coordinator, Evaluator, Program Technical Assistance (TA) Provider, and Clinical TA Provider. (A subcontracted clinical training provider will also be required. More information on the clinical training provider below in the Partnerships section.) The implementation team will work with all partners in this project and will collaborate with other awardees and CDC program staff. A description of the qualifications required and duties for each staff member is provided below.
  - Project Coordinator: This staff person will be responsible for managing the planning, coordination, implementation, monitoring, and reporting associated with the program, and for establishing relationships with all partner organizations and health centers. This individual must have previous experience in program coordination or management, and knowledge of health care settings and policies is strongly desired. The project coordinator must be on staff at the awardee organization. 1.0 FTE required.
  - Evaluator: This individual will carry out all evaluation activities required as part of this project. At least .50 FTE will be required. The evaluator can be on staff at the awardee organization or be contracted through another organization. The evaluator will work with clinical staff and youth-serving system staff to ensure timely and accurate collection of data, to analyze data and to provide evaluation data to program staff for continuous quality improvement (CQI) purposes, and prepare reports for CDC. The evaluator will also be responsible for timely submission of performance measure data to CDC as requested.
  - Technical Assistance (TA) Providers (Program and Clinical): Within the first three months of receiving funds, awardee must identify, hire or subcontract with a Program TA provider and a Clinical TA provider. It is recommended that awardees work with the CDC Project Officer post-award to select appropriate TA providers. If applicant proposes to contract with a specific TA provider in application, a Memorandum of Understanding (MOU) must be included with the application.
    - Program TA provider (at least .50 FTE) will work with youth-serving systems and health centers. The individual will provide training and technical assistance (T&TA) on adolescent sexual and reproductive health and the development of a referral and linkage system between partnering clinics and youth-serving systems. In addition, the Program TA provider will develop annual TA plans for each youth-serving system partner; monitor linkage relationships; work with the evaluator to ensure accurate and timely data collection from youth-serving system partners; and provide ongoing TA on implementation and CQI throughout the initiative. Time dedicated to the project should decrease in Years 3-5 (less than .50FTE required) as capacity and infrastructure is built within the youth-serving systems. Program TA provider must have:
      - Previous experience working with youth-serving systems that have been proposed as partners in this application (schools, foster care, juvenile justice, housing authority)
      - Previous experience providing training and technical assistance to organizations on adolescent sexual and reproductive health and teen pregnancy prevention
      - Previous experience working with youth-serving systems to develop referral systems to link youth to health services
      - Previous experience conducting CQI and using data to enhance programs
    - Clinical TA provider (at least .50 FTE) will provide T&TA to health center or clinic staff to increase their capacity to provide youth-friendly sexual and reproductive health services; to provide access to the full range of contraceptive methods; and to ensure the implementation of youth-friendly clinical best practices. The Clinical TA provider will develop annual TA plans for each health center/or clinic partner; work with the evaluator to ensure accurate and timely data collection from health center partners; provide ongoing TA on implementation and CQI throughout the initiative. Time dedicated to the project should decrease in Years 3-5 (less than .50 FTE required) as capacity and infrastructure is built within the health center. Clinical TA provider must have:
      - At least 3 years of previous experience developing and providing training and technical assistance to health centers on topics including but not limited to: youth-friendly clinical best practices, quality family planning guidelines, evidence-based clinical practices, expanding clinic capacity to serve larger numbers of youth, delivering culturally and linguistically competent care and billing practices to maximize reimbursement for contraceptive services
      - Previous experience providing TA to a variety of practice settings, including but not limited to Title X clinics, FQHCs, community health clinics, pediatricians, school-based health centers and health departments.

• Needs Assessment

- During the first 6 months of the project period, awardee must develop, implement, and analyze results of a comprehensive needs assessment of the local community where health center and youth-serving system partners reside. For quality assurance and improvement purposes, assessments of health centers and youth-serving systems must be conducted within three months of partnership establishment and annually thereafter (specific timeframes determined by CDC). Results of needs assessments will inform T&TA provided by the grantee to health center and youth-serving system partners.
  - Community needs assessment should contain information including but not limited to data on: demographics and number of youth in the community, teen pregnancy and birth rates, STD/HIV rates, community knowledge of clinical services and the range of contraceptive services available to youth, community perception of teen pregnancy as an issue in their community, etc. Awardee can work with CDC project officer to determine level and method of data collection for needs assessment purposes.
  - Assessment of health centers will be completed using a CDC-developed needs assessment tool and will assess the range and quality of services provided to adolescents at a given health center. Assessment tool will be developed and receive approval from the Office of Management and Budget (OMB), under the Paperwork Reduction Act (PRA).
  - Assessment of youth-serving systems should include: number and demographics of youth within the system, current pregnancy prevention activities, knowledge of sexual and reproductive health services, knowledge of youth-friendly clinical services as well as clinical services available in the area for referral, assessments of current referral and linkage strategies and opportunities to establish new referrals and linkages. An assessment tool with core questions will be developed by CDC. Assessment tool will be developed and receive approval from OMB, under the PRA. Focus groups with youth and staff in the system(s) are examples of methods that might be used to collect this information.

• Development of Technical Assistance Plans, Tools, and Training material

- By the start of Year 2, awardee must develop a detailed implementation plan, based on needs assessment results, and determine necessary tools and trainings to use, adapt or develop to meet the needs of the partners. By the start of Year 2, awardee must:
  - Subcontract with trainers that can provide training on evidence-based teen pregnancy prevention strategies and programs, if the expertise is not available internal at the awardee

organization and is needed by partner organizations.
- Adapt or develop training and technical assistance materials to build the capacity of health center partners and youth-serving systems (can be done in collaboration with subcontractor).
- Develop an individualized technical assistance plan (TA plan) for each health center and youth-serving system partner. TA plans must be updated annually and based on annual assessments.

• Continuous Quality Improvement (CQI)

- Awardee must continuously monitor progress through continuous quality improvement processes (e.g., Plan-Do-See-Act (PDSA), Getting to Outcomes (GTO)).

Partnerships

- Within 6 months of receiving funding, awardee must establish a key partnership team with 1) a network of publicly funded health centers that provide sexual and reproductive health services to youth in the community, and 2) youth-serving systems that serve large numbers of vulnerable youth. Health center(s) and youth-serving system(s) should be located in geographic proximity to each other to ensure effective referral and linkages between the two systems. Each partner should have at least two representatives committed to this project.
  - A leader with decision-making capacity must be a part of the key partnership team and must participate in leadership meetings and trainings as appropriate.
  - A designated staff person/coordinator at each partnering agency must have time dedicated to this project and be a key contact for awardee agency. Awardee funds can be used to support staff time at each of these agencies, including evaluation and data collection activities.
- Awardee must submit a Memorandum of Understanding (MOU) with each proposed partner at time of application submission. MOU must include 1) specific roles and responsibilities of each partner, 2) names and titles of individuals who will be committed to this project, 3) a description of how progress will be measured, and 4) the amount of funding that will be included in these sub-awards. MOU must explicitly state that partner will collect and submit data required for evaluation purposes.
- Throughout the project, awardee must:
  - Host meetings between health centers and youth-serving systems so all participating staff are aware of services and staff at each organization to facilitate more effective referral and linkage relationships.
  - Host annual partnership meeting/training with leaders and key staff from the health centers and youth-serving systems
- Awardee must partner with a national or regional organization with expertise in adolescent sexual and reproductive health that has the ability to provide training and on site TA to clinical TA providers and health center partners on topics including but not limited to: evidence-based clinical guidelines, youth-friendly clinical best practices, tiered contraceptive counseling, electronic medical records, data collection, and CQI processes. The regional or national organization must have previous experience developing and providing training and TA to a range of health centers, including Title X clinics, FQHCs, and health departments. Funds from this cooperative agreement must be used to subcontract training and technical assistance provision from this training organization as needed. The selection of this organization will be subject to CDC approval.

Strengthen Clinical Services and Improve the Quality of Care

- By the start of year 2, awardee must form and develop leadership teams within each health center partner to 1) ensure implementation of youth-friendly clinical best practices, 2) regularly review and monitor data (at least every two months), and 3) encourage buy-in from frontline and clinical staff.
- Awardee must provide T&TA to leaders and staff on youth-friendly clinical best practices and evidence-based guidelines. Evidence-based guidelines include the latest guidance from the US SPR, the US MEC, and the recommendations for providing quality family planning services. A list of youth-friendly clinical best practices will be provided by CDC. Training to health center partners will be facilitated by the clinical TA provider and the contracted training organization. Training and TA provided will cover topics including but not limited to:
  - Evidence-based, youth-friendly clinical best practices supported by CDC. Example practices include:
    - Same day, next day, or walk-in appointments are available for adolescents
    - Appointments available at times convenient for adolescents (after school, weekends)
    - Sexual health assessment done at every visit
    - Wide range of contraceptives available, including LARCs, without barriers
    - Quick start method for initiating hormonal contraception and IUD
    - Provide contraception without unnecessary prerequisite exams or testing
    - Provide STD and HIV testing
    - Low- or no-cost services are available for adolescents
    - Confidential sexual and reproductive health care is available to adolescents without need for parental or caregiver consent, as applicable by jurisdiction
    - Have systems in place to facilitate billing third-party payers for sexual and reproductive health care services provided
    - Have a counseling area that provides both visual and auditory privacy
    - Have an examination room that provides visual and auditory privacy
  - Increasing health center staff knowledge, skills, and attitudes in tiered contraceptive counseling, sexual health history taking, and working with youth. Contraceptive counseling should include providers and youth working together to select a method that best fits the youth's current needs.
  - Increasing staff capacity to deliver culturally and linguistically competent care.
  - Increasing capacity of the health center to increase patient load and to serve additional youth referred from youth-serving systems
  - Increasing provider knowledge, skills, and comfort in all contraceptive methods, including LARC insertion procedures
  - Working with management and fiscal staff to review billing procedures and reimbursements from third-party payers
  - Conducting evaluation and CQI processes
  - Clinic-based evidence-based teen pregnancy prevention programs (EBPs). EBPs can be found at: http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/programs.html#.U5iV2HbD-70

Strengthen Youth-Serving Systems and Linking Youth to Care

- Identify potential opportunities and staff in positions to create and improve opportunities to assess sexual health history and to provide referrals and linkages to care. Youth-serving systems will be required to provide referrals to youth to health center partners for sexual and reproductive health services, including but not limited to contraceptive services and STD testing and/or treatment.
- Provide T&TA to leaders of youth-serving systems to implement teen pregnancy prevention efforts, including conducting sexual health assessments and referring and linking youth to youth-friendly sexual and reproductive health services.
- Provide T&TA to identified staff who work directly with the youth in the youth-serving systems (i.e., case workers, social workers, probation officers, nurses, health education teachers) on basic sexual and reproductive health, sexual and reproductive health services provided in the community, cultural competency, adolescent development, and how to make an effective referral to health centers partners.
- Provide T&TA to implement teen pregnancy prevention evidence-based interventions (EBI) if implementation of an EBI is feasible and appropriate for the youth-serving system partner. Awardee may contract with a training organization for EBP specific trainings if internal capacity is not available. EBPs can be found at: http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/programs.html#.U5iV2HbD-70
- If youth-serving system has an existing health center, T&TA on strengthening the clinical services and quality of care provided at the on site health center are expected. See activities above in Strengthen Clinical Services and Improve the Quality of Care.

System Change Approaches

- Enhance health centers' infrastructure and capacity for the institutionalization of evidence-based guidelines and youth-friendly clinical best practices. This may include the development or strengthening of clinical standard operating procedures, the development or reinforcement of policies to ensure youth sexual and reproductive health needs are addressed at every visit, or supporting and implementing environmental changes such as extended clinic times to accommodate youths' schedules.
- Develop youth-serving systems' infrastructure and capacity to assess and address the sexual and reproductive health needs of youth in their population to effectively refer and link youth to care and to ensure continuity of care. This may include the development or strengthening of policies and standard operating procedures to conduct a sexual health assessment of all youth within the system, the development of a referral and linkage system to permit partnering health centers, and supporting and providing staff training on sexual and reproductive health.

- Build the infrastructure for implementing and evaluating a referral and linkage system between health center partners and youth-serving systems, with the ability to track youth who are linked to care.

Communications

- Develop, implement, and evaluate focused health communication efforts. Health communication efforts, including targeted communications campaigns, should be designed to promote the youth-friendly services of the partner clinics; raise awareness of teen pregnancy prevention and the range of contraceptive methods, including LARC; and increase the number of youth accessing sexual and reproductive health services. Communication activities include but are not limited to development of marketing materials (including social media) for health center partners, patient education materials, and parent education materials. Communication materials must be approved by CDC and should undergo audience testing prior to dissemination.
- Communication activities should support strategies and activities in this FOA, but will not be the focus of this cooperative agreement. No more than 10% of funding should go toward communication efforts.

1.Collaborations

Required partnerships are listed above under Partnerships in the Strategies and Activities section.

Awardee will be required to collaborate with other awardees under this cooperative agreement.

a. With CDC-funded programs:

Awardees are encouraged to collaborate with other CDC-funded programs in their jurisdiction that serve the target audience and that have a role in achieving the outcomes sought through this FOA. Awardees must plan their activities so that their efforts complement other CDC-funded programs operating within the community. These partnerships are optional. Other CDC-funded programs include programs funded by:
• CDC Division of Adolescent and School Health
• CDC Division of HIV/AIDS Prevention
• CDC Division of Violence Prevention
• CDC Division of STD Prevention

b. With organizations external to CDC:

Awardees are encouraged to collaborate with other federal agencies and their grantees, if appropriate. These partnerships are optional and include but not limited to the following:
• Centers for Medicare and Medicaid Services (CMS)
• Grantees of the HHS Office of Adolescent Health (OAH)
• Office of Population Affairs (OPA) Title X grantees
• HRSA federally qualified health centers

Other collaborations may include state or local teen pregnancy prevention organizations, state and local health departments, departments of juvenile justice, social service agencies, foster care agencies, departments of education, national organizations with a focus on teen pregnancy prevention, community health clinics, faith-based organizations, organizations serving LGBT youth, health insurers, state primary care associations, university/academic institutions, or non-traditional partners (e.g., parks and recreation, transportation, public safety, housing, workforce development).

2. Target Populations

Strategies and activities in this cooperative agreement will target youth accessing or eligible for publicly funded health centers and those in youth-serving systems. Publicly funded health centers include health departments, community health centers, federally qualified health centers, and Title X clinics. Youth-serving systems participating in the project should serve large numbers of vulnerable youth. System types include but are not limited to juvenile justice, foster care, education, or social services.

Vulnerable youth are at risk of health disparities due to low socioeconomic status (SES), race/ethnicity (with respect to high pregnancy rates among teens who are Black or African-American, Hispanic or Latino, Native Hawaiian or other Pacific Islander, American Indian and Alaska Native), exposure to social determinants negatively affecting health (e.g., poor housing, poor education, stressful neighborhood environment, high community unemployment, etc.), being out of school, living in foster care, homelessness, experiencing trauma or domestic violence, geography (e.g., remote rural areas with limited services, marginalized urban communities), involvement with juvenile justice, substance abuse, being a pregnant/expecting teen or a teen parent. *(Adapted from CDC Office of Minority Health and Health Equity, HHS Office of Adolescent Health, and John Snow, Inc.)*

Applicant must demonstrate that they are located in a state with a teen birth rate higher than the 2013 national average (26.6 births per 1,000 female adolescents aged 15-19) and that health centers and youth-serving system partners are located in an area (county/city) with teen birth rates above the national average. Applicant must use data to describe the youth accessing the health centers and youth-serving systems and the need for teen pregnancy prevention strategies proposed in this FOA. Census tract or county-level data can be used to demonstrate vulnerability, as well as vital statistics data, and data from local health surveys and hospitals, among other sources.

a. Inclusion

This FOA will include all youth within a given youth-serving system and health center, which may or may not include youth with disabilities, non-English speaking youth, lesbian, gay, bisexual, and transgender (LGBT) youth, and youth with low health literacy.

iv. Funding Strategy (for multi-component FOAs only)

N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and performance measurement data will be used to demonstrate the achievement of program outcomes and to build the evidence base on efforts to refer and link vulnerable youth to sexual and reproductive health services. CDC will work with awardees to: (1) ensure accurate reporting on CDC performance and outcome measures as specified in this FOA, (2) develop and implement community-specific evaluation plan(s), and (3) finalize measures and assist with the identification of data collection approaches. The evaluation will provide data on the progress awardees are making in implementing their strategies and their progress in achieving the project-period outcomes related to reducing teen pregnancy through increased access and use of quality sexual and reproductive health services among youth aged 15 to 19.

Awardees are required to (1) collect and report on outcome measures as reflected in the FOA, (2) report on performance measures as outlined below, and (3) develop and implement an evaluation plan that addresses implementation of strategies and progress on performance measures. The performance measures described below are not exhaustive and additional performance measures will be developed as appropriate during the first 6 months of the cooperative agreement. CDC will obtain approval of all developed measures through the Office of Management and Budget and awardees will be required to report on all approved measures. Applicants should allocate at least 10% of their total funding award toward evaluation efforts and performance monitoring.

CDC will manage and synthesize the required outcome performance measure data submitted by awardees. Throughout the 4 years of the project implementation period, CDC will work individually and collectively with the awardees to answer the following evaluation questions based on the program logic model.

1. To what extent have formal agreements (MOU/MOA) been established between youth-serving systems and health care centers?

2. What resources did health center and youth-serving system partner organizations contribute to the initiative?

3. How many health center network partners have formal agreements (MOU/MOA) to participate in a health care network and on a partnership team?

4. What planned and actual procedures were used to foster partnerships between health centers and youth-serving system?

5. To what extent were planned training and technical assistance provided to health center leaders as planned?

6. What proportion of health center leaders and staff received training in youth-friendly services and best practices?

7. To what extent have health center leaders and staff knowledge about and support of evidence-based clinical guidelines, youth-friendly services and TPP strategies increased?

8. To what extent have health center partners implemented evidence-based guidelines and youth-friendly best practices?

9. Has the number of youth visits that include sexual and reproductive health services increased for health care network partners?

10. Have health care centers increased the number of youth who receive moderately effective contraceptive methods (i.e., pill, patch, ring) and highly effective methods (i.e., IUD, implants)?

11. To what extent were planned training and technical assistance provided to youth-serving systems as planned?

12. What proportion of youth-serving system leaders and staff received training in TPP strategies?

13. To what extent have youth-serving system leaders and staff knowledge about and support of TPP strategies increased?

14. To what extent have youth-serving systems implemented TPP strategies to refer and actively link youth to services?

15. What number and proportion of youth were reached by at least one TPP strategy in the youth-serving system?

16. Have youth-serving systems increased the number of youth they refer and link to health centers for reproductive health services?

17. Has the number of youth who visit health care centers for reproductive health services after referrals from youth-serving systems increased?

18. To what extent have youth-serving systems implemented evidence-based teen pregnancy prevention interventions to delay sexual activity and increase use of sexual and reproductive health services for youth? (If EBIs are implemented)

19. To what extent have youth increased their knowledge of and intentions to use contraceptive and reproductive health services?

20. What planned and actual health communication efforts were used to attract youth to the health centers?

21. What proportion of youth who received contraceptive services (i.e., moderately to highly effective contraceptive methods) were reached through health centers' communication efforts?

Process measures: CDC will work with awardees to identify, develop, and report on process measures that describe strategies that are implemented to refer and link youth to reproductive health services. Strategies and measures must be included in the awardee evaluation plan. The awardee will be required to manage the collection and reporting of process measure data to CDC for all health centers and youth-serving systems.

Outcome and Performance measures: Applicants must report on measures for all strategies. These measures reflect the bolded short-term and intermediate outcomes included in the FOA logic model. Awardees will be required to manage and synthesize the required outcome and performance measure data submitted by the health centers and youth-serving systems for submission to CDC as part of the Annual Performance Report. Select performance measures will be reported quarterly as indicated in the performance measure table below. CDC will work with awardees to identify, develop, and report on outcome measures for all strategies that are implemented to demonstrate progress in strategy implementation. As indicated below, some outcome measures are collected and reported as performance measures. Performance targets will be established for each grantee based on initially reported (baseline) data.

Within the evaluation plan, awardees are expected to include plans for using performance measures for CQI. CDC will use performance measure data to develop and provide recommendations for improvement to awardees annually. Awardees will disseminate information on project activities and results to health care centers and youth-serving systems. Awardees will use findings to inform training & technical assistance for health care centers and youth-serving systems to support and improve program efforts. Findings will also be disseminated via the CDC website, presentations, reports, and media events.

Required Performance Measures (PM)

Process PM	*Short-term PM*	*Intermediate PM*
Establish a key partnership team and partner with a national training and technical assistance provider		
• Partnership team plan developed	• Amount of partner organization resources contributed to the TPP initiative	
	• Number of health center network partners with a formal agreement to participate in a health care network and on a partnership team	
Strengthen clinical services and improve the quality of care		
• Amount and type of training and technical assistance provided to health center leaders and staff on evidence-based clinical guidelines, youth-friendly services and TPP strategies	• Number of health center leaders and staff trained in youth-friendly services and best practices	• Number of youth who visit health care center and receive reproductive health services (reported quarterly)
	• Percent of health center leaders and staff who are knowledgeable about and supportive of evidence-based clinical guidelines, youth-friendly services, and TPP strategies	• Number of youth who receive contraception including moderately effective (i.e., pill patch, ring) and highly effective (i.e., IUD, implants) (reported quarterly)
	• Number, type and quality of evidence-based guidelines and youth-friendly best practices that are implemented	
Strengthen youth-serving systems and linking youth to care		

• Strategies to refer and actively link youth to reproductive health care are developed	• Number of youth-serving system leaders and staff trained in youth-friendly services and best practices
	  • Number of youth-serving system staff dedicated toward TPP efforts
	  • Number of youth-serving system hours of services dedicated towards TPP efforts
		• Number of youth who are reached by TPP strategies in youth-serving systems (reported quarterly) including youth reached through:
		  • Outreach
		  • Referrals and linkage efforts
		  • EBIs
		  • Awardee proposed strategies

• Amount and type of training and technical assistance provided on TPP strategies	• Percent of youth-serving system leaders and staff who are knowledgeable about and supportive of TPP strategies	

	• Number of formal linkages (MOU/MOA) between youth-serving system and health center	
Develop and implement health communication and outreach efforts		
• A health communication plan for increasing youth use of reproductive health services is developed	• Number of health communication strategies implemented	• Estimated number of youth or other target audiences who are reached by TPP-related health communication efforts
		• Number of youth who visit health centers who report health communication strategy as a source of referral

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an overall evaluation and performance measurement plan that is consistent with the CDC evaluation and performance measurement strategy. The evaluation plan must clearly state the specific goals and objectives of the project. Objectives quantify goals the program will achieve and align with the evaluation and performance measurement expectations of this grant. Objectives should be described fully and in specific, measurable, achievable, realistic, and time-based (SMART) terms. Objectives should be clearly supported by the program activities.

The evaluation plan and the performance measures are integrally related. The plan should address facilitators of and barriers to achieving progress on the measures. In addition, the plan should include information relevant to the applicant's strategy-specific approach and context not addressed by the performance measures. Applicants should allocate at least 10% of their total funding award toward evaluation and performance monitoring.

The evaluation and performance measurement plan must:
• Describe how key program partners (i.e., health centers and youth-serving systems) will be engaged in the evaluation and performance measurement planning processes.
• Describe the type(s) of evaluations to be conducted (i.e., process and/or outcome)
• Describe evaluation questions to be answered.
• Describe process and outcome measures that will be used to track progress toward the outcomes that are included in the logic model.
• Describe how awardee will measure the reach of the proposed strategies.
• Describe potentially available data sources and feasibility of collecting appropriate evaluation and performance data.
• Describe how evaluation findings will be used for continuous program improvement and quality improvement.
• Include a logic model that clearly specifies activities and expected outcomes.
• Describe how evaluation and performance measurement results will be disseminated both within and beyond CDC.

c. Organizational Capacity of Awardees to Execute the Approach

Awardees should have the full capability to manage the award and must provide evidence of their capacity to successfully execute all proposed strategies and activities to meet FOA objectives. Applicants must have the:

- Ability to meet reporting requirements, as well as programmatic, financial, and management benchmarks.
- Capability in personnel management, including the authority and ability to hire or contract in a timely fashion and maintain adequate personnel resources with applicable skills and expertise.
- Program and performance management, evaluation, and performance monitoring capability.
- Capacity for complete and timely financial reporting.
- Capacity to manage travel requirements and develop staffing plans.
- Capacity to develop and implement project sustainability plan.
- Capability to manage the required procurement efforts, including the ability to write and award contracts in accordance with 45 CFR (or 74).

Applicants' proposed team (including program TA provider, clinical TA provider or clinical training partner) must have:

- At least 3 years' experience and expertise improving the capacity of health care centers to provide youth-friendly sexual and reproductive health services, including the full range of contraceptive services. Health care centers could include, but are not limited to:
  - Federally qualified health centers
  - Community health centers
  - Title X funded clinics
  - Health departments
- Previous experience and expertise increasing the capacity of youth-serving systems to address teen pregnancy prevention and refer youth needing sexual and reproductive health services to health centers
- Previous experience and expertise increasing the awareness of health services through communication efforts
- Experience conducting needs assessments, developing technical assistance and training tools and materials, implementing continuous quality improvement processes, and developing sustainability plans. Applicant must provide examples of previous work related to the proposed activities, including the impact and outcomes of these previous projects.
- Expertise in youth-friendly sexual and reproductive health services, linkage with youth-serving systems (e.g. juvenile justice, child welfare), and experience implementing communications efforts. Documentation of these capabilities must be provided in the narrative of the application as well as via CV/resumes of key staff; for staff not yet in place, position descriptions of those to be hired and ability to identify and hire/contract with staff with the aforementioned expertise in the first three months of award must be documented.
- Capacity for retaining staff and capacity for replacing key project staff if existing staff leave the awardee organization.
- Previous experience partnering with youth-serving systems focused in areas such as juvenile justice, child welfare, education, housing, mental health, and substance abuse.
- Ability to develop new partnerships with additional youth-serving systems and other community organizations that would support and enhance achievement of FOA objectives.
- Ability to secure leadership commitment to changes at the health systems level that focus on ensuring health center provision of accessible, affordable, and evidence-based reproductive health care for adolescents and to secure leadership commitment to maintaining strong partnerships with youth-serving organizations and systems such that linkage to sexual and reproductive health care services can be effectively achieved. This can be shown through a discussion of previous activities that demonstrate capability to secure leadership involvement.
- Currently existing or capacity to establish and maintain a strong and committed key partnership team to ensure successful implementation of collaborative initiatives
- Capacity for evaluation and performance monitoring and measurement (especially as related to clinical data and data from youth-serving organizations) as described in the Project Description section under Evaluation and Performance Measurement. Previous experience having successfully administered and submitted performance monitoring and measures to granting agencies must be demonstrated. Indicate how at least 10% of the funding amount will be spent on evaluation and performance measurement. This amount can include funding of evaluation personnel or contracts.

d. Work Plan

Applicants must prepare a work plan that integrates and delineates more specifically how the awardee plans to carry out achieving the project period outcomes, strategies, and activities, as well as evaluation and performance measurement.

Applicants must submit a detailed work plan that covers the first year of the five-year project period and a high-level summary of activities for Years 2 – 5. Note: CDC will provide feedback on the work plan post-award, and proposed work plan activities may be adjusted by CDC to better address priorities of the target populations. A revised work plan that is responsive to CDC feedback should be submitted within 30 days of the notice of award.

At a minimum, the work plan should:

- Desribe key strategies and activities to be conducted to meet the program outcome in each of the six categories described earlier (Planning and Assessment, Partnerships, Strengthening Clinical Services and Improving the Quality of Care, Strengthening Youth Serving Systems and Linking Youth to Care, System Change Approaches, and Communications).

- Include strategies that are based on evidence or best practices, culturally tailored, and responsive to the unique social and physical environments of vulnerable youth.
- Be well-organized and ready for implementation. All project tools and materials (e.g., T/TA documents) should be finalized no later than the end of Year 1 to support a well-executed implementation rollout.
- Discuss how the activities can be replicated so that other communities across the nation might use them in the future if they are successful.
- Be clearly aligned with the evaluation plan.
- Provide a detailed Year 1 plan describing strategies and activities, outcomes aligned with program strategies and activities, timeline, and budget and budge narrative. The Year 1 plan should include the following:
    - Activities and timelines to support achievement of FOA outcomes. These activities should be aligned with the FOA logic model and have the appropriate performance measures for tasks. Each element of the work plan must contain the following components: overall goal of the activity, target population, SMART objectives, data sources, and data collection methods.
    - Potential barriers to or facilitators of reaching each objective.
    - Staff, contracts, and administrative roles and functions to support implementation of the award.
    - Administration and assessment processes to ensure successful implementation and quality assurance.
- Provide Overview Plan for Years 2 – 5, which should include (1) intended outcomes for the years 2 – 5; and (2) a logic model with the conditions, inputs, activities, outputs, and outcomes to be achieved by the end of the project period.

A work plan template is available below. Applicants are strongly encouraged to use the template, but it is not required. The template includes the required elements that will be used in the performance monitoring system for this award, which applicants will be required to report twice per year, or when approved revisions are made.

Applicants must name this file "Work Plan" and upload it as a PDF file at www.grants.gov.

CDC Work Plan Template

Project Period Outcome: [from Outcomes section and/or logic model]	**Outcome Measure:** [from Evaluation and Performance Measurement section] **OR** **SMART Outcome Objective:** [should draw on measures in Evaluation and Performance Measurement section]		
Strategies/Activities	**Process Measure** [from Evaluation and Performance Measurement section] **OR** **SMART Process Objective:** [should draw on measures in Evaluation and Performance Measurement section]	**Responsible Position/Party**	**Completion Date**
1.			
2.			
3.			
4.			
5.			
6.			

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and awardees, site visits, and awardee reporting (including work plans, performance, and financial reporting). Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

- Tracking awardee progress in achieving the desired outcomes.
- Ensuring the adequacy of awardee systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities:

- Ensuring that work plans are feasible based on the budget and consistent with the
- intent of the award.
- Ensuring that awardees are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with awardees on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

Other activities deemed necessary to monitor the award, if applicable.

These activities may include monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk grantees.

In addition, CDC's strategy for monitoring awardee performance will primarily include using a CDC-identified electronic performance monitoring and reporting system to track overall awardee progression on outcome objectives.

If applicant submits an application that includes specified program and clinical TA providers, these TA providers will be subject to CDC approval. CDC will work with awardees on identifying appropriate TA providers to meet the requirement of the FOA.

f. CDC Program Support to Awardees (THIS SECTION APPLIES ONLY TO COOPERATIVE AGREEMENTS)

CDC will have substantial involvement that include but will not be limited to site visits and regular performance and financial monitoring during the project period. CDC activities to ensure the success of the project will include the following:

Technical Assistance and Training

• Provide post-award technical assistance
• Host monthly performance monitoring and monthly program calls
• Conduct site visits
• Provide guidance for data collection requirements
• Develop submission specifications and tools for data transmission to CDC
• Provide subject matter experts regarding implementation strategies, communication strategies, and evaluation
• Support awardee development of manuscripts
• Provide training and CDC-convened meetings
• Facilitates and shares information about other CDC partners and programs engaged in providing and linking youth to sexual and reproductive health services

Information Sharing Among Awardees

• Facilitate routine conference calls, webinars, and information exchange among awardees
• Develop mechanisms for documenting and sharing lessons learned

Additional Support
• Review and approve all pre-identified program and clinical TA providers/national trainers
• Provide guidance on selection of program and clinical TA providers/national trainers
• Review and approve all project-related manuscript submissions and presentations
• Review and approve all T&TA tools and materials
• Approve all communications materials
• Evaluate and provide feedback on work plans, evaluation plans, and reports
• Develop mechanisms for disseminating success stories

B. Award Information

1. Funding Instrument Type: Cooperative Agreement

CDC's substantial involvement in this program appears in the CDC Program Support to Awardees Section.

2. Award Mechanism:

3. Fiscal Year: 2015

Estimated Total Funding: $9,750,000

4. Approximate Total Fiscal Year Funding: $1,950,000

5. Approximate Project Period Funding: $9,750,000

6. Total Project Period Length: 5 year(s)

7. Expected Number of Awards: 3

8. Approximate Average Award: $650,000 Per Budget Period

9. Award Ceiling: $650,000 Per Budget Period

10. Award Floor: $500,000 Per Budget Period

11. Estimated Award Date: 09/30/2015

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the awardee (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total project period comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

12. Budget Period Length: 12 month(s)

13. Direct Assistance

Direct Assistance (DA) is not available through this FOA.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:

State governments
County governments
City or township governments
Special district governments
Independent school districts
Public and State controlled institutions of higher education
Native American tribal governments (Federally recognized)
Public housing authorities/Indian housing authorities
Native American tribal organizations (other than Federally recognized tribal governments)
Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education
Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education
Private institutions of higher education
For profit organizations other than small businesses
Small businesses

Government Organizations:

State (includes the District of Columbia)
Local governments or their bona fide agents
Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.
State controlled institutions of higher education
American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

Non-government Organizations:

American Indian or Alaska native tribally designated organizations

Other:

Private colleges and universities
Community-based organizations
Faith-based organizations

2. Additional Information on Eligibility

To be eligible for funding, applicant must propose implementing strategies and activities in a state that has teen birth rates higher than the 2013 national average (26.6 births per 1,000 female adolescents ages 15-19). In addition, proposed health centers and youth-serving systems should be in an area (county, city) with high teen birth rates (>26.6 births per 1,000 female adolescents ages 15-19). Applications will be reviewed for eligibility by the CDC NCCDPHP and PGO. Applications that do not meet the eligibility criteria will not advance to Phase II review. Clearly indicate your 2013 state teen birth rate in the Approach section of your narrative.

Applicant must demonstrate the ability to assemble a network of publicly funded health centers that serve vulnerable youth, such as federally qualified health centers (FQHC), health departments, Title X clinics, and/or community health centers. MOUs from proposed health centers must be included in application submission. See Strategies and Activities for information that must be included in an MOU.

Applicant must also demonstrate commitment from youth-serving systems through an MOU. MOU should indicate agreement of youth-serving system to participate in the strategies and activities required for this project and to allocate staff time to this project. See Strategies and Activities for information that must be included in an MOU.

Proposed health centers and youth-serving systems should be geographically located to facilitate successful referral and linkage relationships. Applicant must demonstrate how health centers and youth-serving systems are appropriate selections for this initiative.

The award ceiling for this FOA is $650,000. CDC will consider any application requesting an award higher than this amount as non- responsive and it will receive no further review. If a pre-application is required, then specify here and include it in the special eligibility requirements section. (http:// www.hhs.gov/ asfr/ ogapa/ aboutog/ hhsgps107.pdf)

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Required Registrations

Additional materials that may be helpful to applicants: http://www.cdc.gov/od/pgo/funding/docs/Financial ReferenceGuide.pdf.

1. Required Registrations

An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.

a. Data Universal Numbering System: All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or Internet at http:// fedgov.dnb.com/webform/displayHomePage.do. The DUNS number will be provided at no charge.If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees must provide their DUNS numbers before accepting any funds.

b. System for Award Management (SAM): The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as an awardee. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process usually requires not more than five business days, and registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.

c. Grants.gov: The first step in submitting an application online is registering your organization through www.grants.gov, the official HHS E-grant website. Registration information is located at the "Get Registered" option at www.grants.gov.

All applicant organizations must register with www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants must start the registration process as early as possible.

2. Request Application Package

Applicants may access the application package at www.grants.gov.

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this funding opportunity at www.grants.gov. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC PGO staff at 770-488-2700 or e-mail PGO PGOTIM@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.

4. Submission Dates and Times

If the application is not submitted by the deadline published in the FOA, it will not be processed. PGO personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by PGO.

a. Letter of Intent Deadline (must be emailed or postmarked by)

N/A

b. Application Deadline

Due Date for Applications: **05/15/2015**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Informational Conference Call: 04/02/2015

CDC/DRH will host one webinar for prospective applicants. This webinar will provide information about the FOA and will answer questions pertinent to preparing applications in response to this FOA. The conference line can hold up to 100 callers.

- Webinar Date: April 2, 2015 at 1:00pm (EST)
- Call-in Number: 1-888-790-3525 passcode: 5823026
- URL: https://www.mymeetings.com/nc/join/
- Conference number: PW1977435
- Audience passcode: 5823026

5. CDC Assurances and Certifications

All applicants are required to sign and submit "Assurances and Certifications" documents indicated at http://www.cdc.gov/grants/interestedinapplying/applicationprocess.html.

- Complete the applicable assurances and certifications on an annual basis, name the file "Assurances and Certifications" and upload it as a PDF file at www.grants.gov
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http://wwwn.cdc. gov/grantassurances/(S(mj444mxct51lnrv1hljjjmaa))/Homepage.aspx

  Assurances and certifications submitted directly to CDC will be kept on file for one year and will apply to all applications submitted to CDC by the applicant within one year of the submission date.

6. Content and Form of Application Submission

Applicants are required to include all of the following documents with their application package at www.grants.gov.

7. Letter of Intent

LOI is not requested or required as part of the application for this FOA.

8. Table of Contents

(No page limit and not included in Project Narrative limit): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package.

Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

(Maximum 1 page)

A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative

(Maximum of 20 pages, single spaced, Calibri 12 point, 1-inch margins, number all pages. Content beyond 20 pages will not be considered. The 20 page limit includes the work plan. For a multi-component FOA, maximum page limit is 25.)

The Project Narrative must include all of the bolded headings shown in this section. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire project period as identified in the CDC Project Description section. Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov.

a. Background

Applicants must provide a description of relevant background information that includes the context of the problem (See CDC Background).

b. Approach

i. Purpose

Applicants must describe in 2-3 sentences specifically how their application will address the problem as described in the CDC Background section.

ii. Outcomes

Applicants must clearly identify the outcomes they expect to achieve by the end of the project period. Outcomes are the results that the program intends to achieve. All outcomes must indicate the intended direction of change (e.g., increase, decrease, maintain). (See the logic model in the Approach section of the CDC Project Description.)

iii. Strategies and Activities

Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the project period outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe in the Applicant Evaluation and Performance Measurement Plan, how these strategies will be evaluated over the course of the project period. (See CDC Project Description: Strategies and Activities section.)

1. Collaborations

Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC.

Applicants must file the MOU or MOA, as appropriate, name the file "MOUs/MOAs," and upload it as a PDF file at www.grants.gov.

Applicants must file letters of support, as appropriate, name the file "Letters of Support," and upload it as a PDF file at www.grants.gov.

2. Target Populations

Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. Refer back to the CDC Project Description section – Approach: Target Population.

Strategies and activities in this cooperative agreement will target youth accessing or eligible for publicly funded health centers and those in youth-serving systems in states with teen birth rates higher than the national average (26.5 births/1,000 females age 15-19). Publicly funded health centers include health departments, community health centers, federally qualified health centers, and Title X clinics. Youth-serving systems participating in the project should serve large numbers of vulnerable youth. System types include but are not limited to juvenile justice, foster care, education, or social services. Applicant must use data to describe the youth accessing the health centers and youth-serving systems and the need for teen pregnancy prevention strategies proposed in this FOA. Census tract or county-level data can be used to demonstrate vulnerability, as well as vital statistics data, and data from local health surveys and hospitals, among other sources.

Clearly indicate your 2013 state teen birth rate in the Approach section for eligibility determination.

c. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an overall evaluation and performance measurement plan that is consistent with the CDC Evaluation and Performance Measurement Strategy section of the CDC Project Description of this FOA. Data collected must be used for ongoing monitoring of the award to evaluate its effectiveness, and for continuous program improvement.

The plan must:

- Affirm the ability to collect the performance measures and respond to the evaluation questions specified in the CDC strategy. (For guidance regarding the Paperwork Reduction Act, please visit http://www.hhs.gov/ocio/policy/collection/infocollectfaq.html)
- Describe how key program partners will participate in the evaluation and performance measurement planning processes.
- Describe how evaluation findings will be used for continuous program quality improvement.

Where the applicant chooses to, or is expected to, take on specific evaluation studies:

- Describe the type of evaluation(s) (i.e., process, outcome, or both) to be conducted.
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information relevant to the evaluation (e.g., measures, data sources)

Refer to CDC Evaluation and Performance Measurement Strategy for guidance on overall evaluation and performance measurement plan.

Awardees will be required to submit a more detailed evaluation and performance measurement plan within the first 6 months of the project, as outlined in the reporting section of the FOA.

d. Organizational Capacity of Applicants to Implement the Approach

Applicant must address the organizational capacity requirements as described in the CDC Project Description.

The organizational capacity statement must:

- Include a clear delineation of the roles and responsibilities of project staff and their qualifications and how consultants, contractors, and partner organizations will contribute to achieving the project's outcomes
- Describe how the applicant agency (or the particular division of a larger agency with responsibility for this project) is organized, the nature and scope of its work and/or the capabilities it possesses.

Refer back to Organizational Capacity to Execute the Award in the CDC Project Description for complete details on what is to be included in this section.

Applicants must name this file "CVs/Resumes" or "Organizational Charts" and upload it at www.grants.gov. Each CV/Resume should be no more than 3 pages in length. If current positions are not filled, applicants must provide position descriptions of those to be hired and must demonstrate the ability to identify and hire/contract with staff with the required expertise in the first three months of award.

11. Work Plan

(Included in the Project Narrative's 20 page limit)

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the awardee plans to carry out achieving the project period outcomes, strategies and activities, evaluation and performance measurement.

Applicants must name this file "Work Plan" and upload it as a PDF file at www.grants.gov.

12. Budget Narrative

Applicants must submit an itemized budget narrative, which may be scored as part of the Organizational Capacity of Awardees to Execute the Approach. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Contractual costs
- Total Direct costs
- Total Indirect costs

Indirect costs will not be reimbursed under grants to foreign organizations, international organizations, and foreign components of grants to domestic organizations (does not affect indirect cost reimbursement to the domestic entity for domestic activities). The CDC will not reimburse indirect costs unless the recipient has an indirect cost rate covering the applicable activities and period.

For guidance on completing a detailed budget, see Budget Preparation Guidelines at: http://www.cdc.gov/grants/interestedinapplying/applicationresources.html .

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this FOA to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the FOA. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Grantees under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

Budget must include funds to travel to at least two conferences for professional development/training purposes. CDC will provide information about appropriate conferences upon receiving funding.

13. Tobacco and Nutrition Policies

Awardees are encouraged to implement tobacco and nutrition policies.

Unless otherwise explicitly permitted under the terms of a specific CDC award, no funds associated with this FOA may be used to implement the optional policies, and no applicants will be evaluated or scored on whether they choose to implement these optional policies.

CDC supports implementing evidence-based programs and policies to reduce tobacco use and secondhand smoke exposure, and to promote healthy nutrition. CDC encourages all awardees to implement the following optional recommended evidence-based tobacco and nutrition policies within their own organizations. The tobacco policies build upon the current federal commitment to reduce exposure to secondhand smoke, specifically The Pro-Children Act, 20 U.S.C. 7181-7184, that prohibits smoking in certain facilities that receive federal funds in which education, library, day care, health care,or early childhood development services are provided to children.

Tobacco Policies:

1. Tobacco-free indoors: Use of any tobacco products (including smokeless tobacco) or electronic cigarettes is not allowed in any indoor facilities under the control of the awardee.
2. Tobacco-free indoors and in adjacent outdoor areas: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities, within 50 feet of doorways and air intake ducts, and in courtyards under the control of the awardee.
3. Tobacco-free campus: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities or anywhere on grounds or in outdoor space under the control of the awardee.

Nutrition Policies:

1. Healthy food-service guidelines must, at a minimum, align with HHS and General Services Administration Health and Sustainability Guidelines for Federal Concessions and Vending Operations. These guidelines apply to cafeterias, snack bars, and vending machines in any facility under the control of the awardee and in accordance with contractual obligations for these services (see: http://www.gsa.gov/ graphics/pbs/Guidelines_for__Federal_ Concessions_and_Vending__ Operations.pdf).
2. Resources that provide guidance for healthy eating and tobacco-free workplaces are:

http://www.cdc.gov/ nccdphp/dnpao/hwi/ toolkits/ tobacco/index.htm

http://www. thecommunityguide.org/ tobacco/index.html

http:// www.cdc.gov /obesity /strategies /food-serv-guide.html

14. Health Insurance Marketplaces

A healthier country is one in which Americans are able to access the care they need to prevent the onset of disease and manage disease when it is present. The Affordable Care Act, the health care law of 2010, creates new Health Insurance Marketplaces, also known as Exchanges, to offer millions of Americans affordable health insurance coverage. In addition, the law helps make prevention affordable and accessible for Americans by requiring health plans to cover certain recommended preventive services without cost sharing. Outreach efforts will help families and communities understand these new options and provide eligible individuals the assistance they need to secure and retain coverage as smoothly as possible. For more information on the Marketplaces and the health care law, visit:www.HealthCare.gov.

15. Intergovernmental Review

Executive Order 12372 does not apply to this program.

16. Pilot Program for Enhancement of Employee Whistleblower Protections

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 CFR section 3.908 to the award and requires that grantees inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

17. Funding Restrictions

Restrictions that must be considered while planning the programs and writing the budget are:

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs is not allowed.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
  - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See http:// www.cdc.gov /grants /additional requirements /index.htm l#ar12 for detailed guidance on this prohibition and http://www. cdc.gov/ grants /documents/Anti- Lobbying_ _Restrictions_ for_CDC_ Grantees_July_ 2012.pdf
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Awardees may not use funds to purchase contraceptive methods, devices or medications.

18. Other Submission Requirements

a. Electronic Submission: Applications must be submitted electronically at www.grants.gov. The application package can be downloaded at www.grants.gov. Applicants can complete the application package off-line and submit the application by uploading it at www.grants.gov. All application attachments must be submitted using a PDF file format. Directions for creating PDF files can be found at www.grants.gov. File formats other than PDF may not be readable by PGO Technical Information Management Section (TIMS) staff.

Applications must be submitted electronically by using the forms and instructions posted for this funding opportunity at www.grants.gov.

If Internet access is not available or if the forms cannot be accessed online, applicants may contact the PGO TIMS staff at 770- 488-2700 or by e-mail at pgotim@cdc.gov, Monday through Friday, 7:30 a.m.–4:30 p.m., except federal holidays. Electronic applications will be considered successful if they are available to PGO TIMS staff for processing from www.grants.gov on the deadline date.

b. Tracking Number: Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt when www.grants.gov receives the application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

c. Validation Process: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a "submission receipt" e-mail generated by www.grants.gov. A second e-mail message to applicants will then be generated by www.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the FOA. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Applicant User Guide, Version 1.1, page 102.

http:// www.grants.gov /documents /19/18243 /Grantsgov ApplicantUserGuide .pdf /ce754626 -c2aa-44bc- b701 -30a75bf428c8

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@www.grants.gov. Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that www.grants.gov is managed by HHS.

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them at support@www.grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail or call CDC GMO/GMS, before the deadline, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.

An applicant's request for permission to submit a paper application must:

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be postmarked at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered. If a paper application is authorized, PGO will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

1. Review and Selection Process: Applications will be reviewed in three phases.

a. Phase I Review

All applications will be reviewed initially for completeness by CDC PGO staff and will be reviewed jointly for eligibility by the CDC NCCDPHP and PGO. Incomplete applications and applications that do not meet the eligibility criteria will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility or published submission requirements.

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.

i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach

Approach	Maximum Points: 45

Approach (45 points):

Background (5 points)

• Description of teen birth and other sexual health risk behaviors in the geographic area: Does the applicant describe teen pregnancy rates, teen birth rates, and other sexual risk behaviors of the youth in the geographic area? State and target area teen birth rate must be higher than the 2013 national rate (26.6 births per 1,000 female adolescents ages 15-19).
• Does the applicant describe the proposed health center and youth-serving system partners? Does the applicant describe demographics of target populations of the partners? Are the youth served by the youth-serving systems considered vulnerable?

Problem Statement (2 points)

- Does applicant provide a clear and concise statement of the problem to be addressed by this project if funded?

Purpose (3 points)

- Does the applicant provide a clear, concise statement of intent of project, and does this align with the intent of the 'Purpose' of the FOA?

Outcomes (5 points)

- Does applicant provide clearly stated short and intermediate outcomes that would result from this project?

Strategies and Activities (30 points)
Evaluate the extent in which the applicant:

• Presents plan to complete needs assessment within the first 6 months of the project period and to develop technical assistance plans, tools and training materials by the start of Year 2. Is the plan feasible and appropriate within the current budget? (1 point)
• Describes health center and youth-serving system partners to be included in the key partnership team, the demographics of youth within these organizations and how the organizations are geographically located to facilitate effective referral and linkage relationships. (5 points)
• Describes how the selection of, and number of youth in, the youth-serving systems are likely to have an impact on intermediate outcomes. (2 points)
• Describes strategies and activities that will improve the implementation of youth-friendly best practices among health center partners. (5 points)
• Describes the strategies and activities that will increase the capacity of youth-serving systems to assess and address the sexual and reproductive health needs of their population. (5 points)
• Describe process of developing infrastructure to develop, implement, and evaluate a referral and linkage system between health center partners and youth-serving systems. (5 points)
• Describes strategies and activities to increase awareness of youth-friendly clinical services through health communication efforts. (2 points)
• Presents a one-year work plan and high-level summary of activities for Years 2-5 that are aligned with the strategies/activities, outcomes and performance measures in the approach and is consistent with the content and format proposed by CDC. (5 points)

Evaluation and Performance Management	Maximum Points: 25

Evaluation and Performance Management (25 points):

Evaluation Support (5 points)

- Does applicant budget at least 10% of total funding award budgeted for evaluation and performance monitoring?

Evaluation capacity (5 points)

- Does applicant propose experienced staff or experienced contracted organization identified to conduct evaluation work?
- CVs of proposed evaluators should be included as an appendix.

Evaluation Plans (15 points)
Evaluate the extent in which the applicant:

- Included complete evaluation plan with SMART objectives (1 point).
- Provided a description of how the proposed evaluation plan will support the goals, strategies, and measurable outcomes associated with this program (2 points).
- Demonstrates the ability to measure the process involved in carrying out each activity described for each of the objectives (2 points).
- Describes intermediate outcomes as part of the plan, including 1) numbers of youth reached by TPP efforts, 2) changes in knowledge of and intentions to use contraceptive and reproductive health services among youth, 3) number of youth who receive reproductive health services at health care center partners, and 4) number of youth who receive contraceptive methods, including highly effective contraception (3 points).
- Describes how key program partners (i.e., health centers and youth serving organizations) will be engaged in the evaluation and performance measurement planning process (3 points).
- Describes how evaluation findings will be used for continuous quality improvement of programmatic efforts for the awardee, youth-serving organizations, and health care center partners (2 points).
- Describes how evaluation findings, as well as any results from needs assessments, will be used for project planning and improvements (1 point).
- Describes how evaluation and performance measurement results will be disseminated (1 point).

Applicant's Organizational Capacity to Implement the Approach	Maximum Points: 30

- Does applicant demonstrate capacity to manage the award, including all reporting requirements as well as programmatic, financial, and management benchmarks, and ability to hire and secure personnel in a timely manner? (3 points)
- Does applicant demonstrate relevant experience and capacity to implement the activities and achieve project outcomes? Applicant should have experience related to the strategies and activities of the FOA. Refer back to Organizational Capacity of Awardees to Execute the Approach for required experience. (10 points)
- Does the applicant provide a staffing plan and project management structure that will be sufficient to achieve outcomes and which clearly defines staff roles? Does staffing plan include a description of staff for the project or project descriptions for those positions to be hired? Does applicant have ability to hire/contract with staff within 3 months of award? Is organization chart included in appendices? (5 points)
- Does applicant demonstrate previous experience working with or successfully partnering with health centers and youth-serving systems around teen pregnancy prevention or adolescent sexual and reproductive health? (5 points)
- Does applicant demonstrate partnership ability with health centers and youth-serving systems by providing MOUs from partners that specifies the roles and activities to be implemented? Does MOU indicate leadership commitment? Does MOU state that partners will collect and submit data required for evaluation purposes? (5 points)
- Does applicant demonstrate previous experience establishing and maintaining partnership teams? (2 points)

Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

c. Phase III Review

Applications will be funded in order by score and rank determined by the review panel.

2. Announcement and Anticipated Award Dates

Successful applicants will receive a Notice of Award (NOA) from the CDC Procurement and Grants Office (PGO). Applicants not selected for this funding will recieve a letter from the programmatic contact listed in Section G. All notifications will be made by September 30, 2015.

F. Award Administration Information

1. Award Notices

Awardees will receive an electronic copy of the Notice of Award (NOA) from CDC PGO. The NOA shall be the only binding, authorizing document between the awardee and CDC.The NOA will be signed by an authorized GMO and emailed to the Awardee Business Officer listed in application and the Program Director.

Any applicant awarded funds in response to this FOA will be subject to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt or by U.S. mail.

2. Administrative and National Policy Requirements

Awardees must comply with the administrative and public policy requirements outlined in 45 C.F.R. Part 74 or Part 92 and the HHS Grants Policy Statement, as appropriate.

Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html

The HHS Grants Policy Statement is available at http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf.

*Note that 2 CFR 200 will supersede the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

For more information on the C.F.R. visit http://www.ecfr.gov/cgi-bin/ECFR?page=browse.

3. Reporting

Reporting provides continuous program monitoring and identifies successes and challenges that awardees encounter throughout the project period. Also, reporting is a requirement for awardees who want to apply for yearly continuation of funding. Reporting helps CDC and awardees because it:

- Helps target support to awardees;
- Provides CDC with periodic data to monitor awardee progress toward meeting the FOA outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the project period and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the FOA.

The table below summarizes required and optional reports. All required reports must be sent electronically to GMS listed in the "Agency Contacts" section of the FOA copying the CDC Project Officer.

Report	When?	Required?
Awardee Evaluation and Performance Measurement Plan	6 months into award	Yes
Annual Performance Report (APR)	120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	CDC program determines. Only if program wants more frequent performance measure reporting than annually in APR.	No
Federal Financial Reporting Forms	90 days after end of calendar quarter in which budget period ends	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes

Collection and submission of quarterly performance measure data is required from health center and youth-serving system partners.

a. Awardee Evaluation and Performance Measurement Plan (required)

With support from CDC, awardees must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; awardees must submit the plan 6 months into the award.

This plan should provide additional detail on the following:

- The frequency that evaluation and performance data are to be collected.
- How data will be reported.
- How evaluation findings will be used for continuous quality and program improvement.
- How evaluation and performance measurement will yield findings to demonstrate the value of the FOA (e.g., improved public health outcomes, effectiveness of FOA, cost-effectiveness or cost benefit).
- Dissemination channels and audiences.
- Other information requested as determined by the CDC program.

b. Annual Performance Report (APR) (required)

The awardee must submit the APR via www.grants.gov 120 days before the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but weblinks are allowed.

This report must include the following:

- **Performance Measures:** Awardees must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Awardees must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Awardees must update work plan each budget period to reflect any changes in project period outcomes, activities, timeline, etc.
- **Successes**
  - Awardees must report progress on completing activities and progress towards achieving the project period outcomes described in the logic model and work plan.
  - Awardees must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
  - Awardees must describe success stories.
- **Challenges**
  - Awardees must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the project period outcomes.
  - Awardees must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Awardees**

- Awardees must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving project period outcomes.

- **Administrative Reporting** (No page limit)
  - SF-424A Budget Information-Non-Construction Programs.
  - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
  - Indirect Cost Rate Agreement.

For year 2 and beyond of the award awardees may request that as much as 75% of their estimated unobligated funds be carried over into the next budget period.

The awardee must submit the Annual Performance Report via www.grants.gov 120 days before the end of the budget period.

c. Performance Measure Reporting (optional)
CDC programs may require more frequent reporting of performance measures than annually in the APR. If this is the case, CDC programs must specify reporting frequency, data fields, and format for awardees at the beginning of the award period.

Collection and submission of quarterly performance measure data is required from health center and youth-serving system partners.

d. Federal Financial Reporting (FFR) (required)
The annual FFR form (SF-425) is required and must be submitted through eRA Commons 90 days after the end of the calendar quarter in which the budget period ends. The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. Failure to submit the required information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, awardees are required to submit a letter of explanation to PGO and include the date by which the Grants Officer will receive information.

e. Final Performance and Financial Report (required)
This report is due 90 days after the end of the project period. CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire project period and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Awardees must report final performance data for all process and outcome performance measures.
- Evaluation Results – Awardees must report final evaluation results for the project period for any evaluations conducted.
- Impact/Results/Success Stories – Awardees must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the project period, and can include some success stories.
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

Awardess must email the final report to the CDC Project Officer (PO) and the Grants Management Specialist (GMS) listed in the 'Agency Contacts' section of the FOA. Specific guidance on the content of the report will be shared with awardees in Year 5 of the project.

4. Federal Funding Accountability and Transparency Act of 2006 (FFATA)
The FFATA and Public Law 109-282, which amends the FFATA, require full disclosure of all entities and organizations that receive federal funds including awards, contracts, loans, other assistance, and payments. This information must be submitted through the single, publicly accessible website, www.USASpending.gov.

Compliance with these mandates is primarily the responsibility of the federal agency. However, two elements of these mandates require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through SAM; and 2) similar information on all sub-awards, subcontracts, or consortiums for greater than $25,000. For the full text of these requirements, see:http://www.gpo.gov /fdsys/browse/ collection.action?collectionCode= BILLS.

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

Program Office Contact
For programmatic technical assistance, contact:

Trisha Mueller, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
4770 Buford Highway NE
MS-F74
Atlanta, GA 30341
Telephone: (770) 488-6395
Email: czj5@cdc.gov

Grants Staff Contact
For **financial, awards management, or budget assistance,** contact:

LaKasa Wyatt, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road
MS-E09
Atlanta, GA 30341
Telephone: (770) 488-2728
Email: lgw5@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

For all other **submission** questions, contact:
Technical Information Management Section
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
E-mail: pgotim@cdc.gov

CDC Telecommunications for persons with hearing loss is available at: TTY 1-888-232-6348.

H. Other Information

Following is a list of acceptable attachments **applicants** can upload as PDF files as part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications
- Table of Contents for Entire Submission

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Position descriptions
- Letters of Support
- Organization Charts
- Non-profit organization IRS status forms, if applicable
- Indirect Cost Rate, if applicable
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)
- Bona Fide Agent status documentation, if applicable

Other optional attachments: Draft evaluation plan

CDC Division of Reproductive Health Teen Pregnancy Prevention Program: http://www.cdc.gov/teenpregnancy/

Frequently Asked Questions

FOA-DP-15-1508 Working with Publicly Funded Health Centers to Reduce Teen Pregnancy among Vulnerable Populations National Center for Chronic Disease Prevention and Health Promotion Division of Reproductive Health

Purpose: This document provides answers to questions that have been received via email or via the webinar on April 2, 2015 regarding the FOA, Working with Publicly Funded Health Centers to Reduce Teen Pregnancy among Vulnerable Populations.

ELIGIBILITY

1. Is my state eligible to apply for funding?

Answer: Applicants are encouraged to consult the National Center for Health Statistics, National Vital Statistics Reports, Volume 64, No 1, Births: Final Data for 2013 for the 2013 teen birth rates for their state; specifically, Table 12 in the 2013 report includes the teen birth rate (15-19) for each state. http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_01.pdf

CDC will be screening applications for eligibility based on the 2013 state birth rate. Applicant must demonstrate that they are located in a state with a teen birth rate higher than the 2013 national average (26.5 births per 1,000 females aged 15-19) and that health centers and youth-serving system partners are located in an area (county/city) with teen birth rates above the national average. States with a teen birth rate lower than the national average will not eligible for funding. Clearly indicate your state 2013 teen birth rate in the Approach section of your narrative.

Eligible states and territories include: Alabama, Alaska, Arizona, Arkansas, District of Columbia, Georgia, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Montana, Nevada, New Mexico, North Carolina, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, West Virginia, Wyoming, Puerto Rico, Guam, American Samoa and Northern Marianas.

2. The overall teen birth rate in our state is below the national average, but our state teen birth rate for 18-19 year olds is higher than the national teen birth rate. Is my state eligible to apply for funding?

Answer: No. CDC will be screening applications for eligibility based on the 2013 state birth rate among 15-19 year olds. Please refer to the 2013 birth date from the National Center for Health Statistics for your teen birth rates.

3. The teen birth rate in the county that we are proposing to work with is significantly higher than the national average, but our overall state rate is lower than the national average. Will I be eligible for funding?

Answer: No. Applicant must demonstrate that they are located in a state with a teen birth rate higher than the 2013 national average (26.5 births per 1,000 females aged 15-19) AND that health centers and youth-serving system partners are located in an area (county/city) with teen birth rates above the national average.

4. Are there requirements around geographic area or reach? Is there a requirement or preference for a state-wide, regional, city, county-wide activities with clinical providers, expectations to increase number of providers reached year over year?

Answer: The only requirement related to geographic areas is related to the eligibility criteria. Health centers and youth-serving systems must be located in an area with a teen birth rate greater than 26.5 births per 1,000 females aged 15-19. In addition, health centers and youth-serving system partners must be in geographic proximity to each other to ensure effective referral relationships. Applicants with at least 3 or more health center partners will be considered stronger applicants. Additional health center partners could be added in future years to increase reach of the project.

5. We assume we can define community in any way we want, as long as we describe the boundaries and have data that aligns with the boundaries. Given the requirement for close geographic proximity among referral and clinic partners, it could be difficult to target an entire county. Can we define community and outcomes to align with high-risk census tracts that include youth-serving systems and clinics?

Answer: It is not a requirement to target an entire county or city with the intervention. The health centers and youth-serving systems that are included in the application must be from areas with teen birth rates greater than the national average (26.5 birth per 1,000 females aged 15-19). Program activities and strategies will be implemented and evaluated at the health center and youth-serving system level. This FOA will not be measuring outcomes at the community level, however, awardees may do so if feasible but this is not a requirement.

EVALUATION

6. Will CDC develop health center and youth serving systems needs assessment tools or is the grantee expected to develop these? Are these tools already developed?

Answer: CDC is currently developing health center and youth serving system assessment tools that will be required for use in the project. All assessment tools developed by CDC will require OMB review and approval. We anticipate all tools to be approved for use by the end of 2015.

7. There is much discussion about vulnerable youth in the FOA, but no mention of decrease in health disparities as potential distal outcomes. Is this something that can be examined as part of evaluation activities, or beyond the focus of the FOA?

Answer: Awardees are responsible for evaluating all short and intermediate outcomes listed in the FOA. Evaluating outcomes outside those listed in the FOA is permitted.

8. Page 23 of the FOA says that our plan must affirm the ability to collect the performance measure and respond to the evaluation questions specified in the CDC strategy. According to the FAQs on the link provided on the FOA, the process for PRA approval can take anywhere from 6-9 months.

Answer: Grantees will not be required to undergo PRA, or OMB clearance. CDC will ensure all tools and assessments used in this program have undergone OMB review . It is expected that all CDC developed assessment tools will receive OMB approval and be ready for use in early 2016.

9. What are expectations related to the tracking of referral and linkage mechanisms, specifically referrals and linkages that are made and actualized?

Answer: Awardees will be required to track the number of referrals provided to youth for health services and the number of youth that present for SRH services as a result of the referral. CDC is currently working on assessment tools to assist in the tracking of referrals and linkages.

10. Are we limited to EBIs/EBPs currently on the OAH list? There are a few references to EBIs and EBPs – are they used interchangeably or do you mean a broader/more inclusive definition with EBI?

Answer: Yes, applicants are limited to EBIs/EBPs currently on the OAH list of approved programs. Any reference to a teen pregnancy prevention evidence-based intervention or an evidence-based program refers to programs that have been approved effective and included on the HHS list of approved programs. The Department of Health and Human Services (HHS) conducts a Teen Pregnancy Prevention Evidence Review which uses a systematic process for reviewing evaluation studies against a rigorous standard in order to identify programs effective at preventing teen pregnancies, sexually transmitted infections, or sexual risk behaviors. Please see http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/ for a list of allowable evidence-based program models.

PARTNERSHIPS

11. What are expectations for involving youth (i.e., seeking their input) in the program planning and implementation process?

Answer: Applicants are encouraged to solicit youth input in the design and implementation of project activities. Focus groups with youth from the youth-serving systems and health centers during the needs assessment period are encouraged. Applicants can propose other strategies to involve youth in program planning and implementation. Assessment tools are being created by CDC that will be implemented with youth to gain important feedback on clinical visits and the referral process. This data will be important for continuous quality improvement and evaluation purposes.

12. We are a large Federally Qualified Health Center with four regionally located sites that provide reproductive health services. Will this meet the network requirement or are we required to secure participation by other FQHCs for our network?

Answer: The four sites in your FQHC would be considered a network of health centers. You can apply with just your own network, or you can apply with other partners, too.

13. Are multiple service areas (counties) allowed? If allowed, do the counties have to be contiguous?

Answer: Multiple service areas are allowed. Health centers and youth-serving systems must be located in an area (county/city) and state with teen birth rates above the national average (26.5 births/1,000 teens aged 15-19). Health center(s) and youth-serving system(s) should be located in geographic proximity to each other to ensure effective referrals and linkages between the two systems. Health centers in multiple counties would be allowed as long as there are youth-serving systems closely located with whom they are partnering. Counties do not have to be contiguous but justification would support their inclusion in the proposal.

14. Are partnerships limited to those defined in the partnerships section, or can partnerships with organizations to undertake other activities than those outlined in the partnership section be formed?

Answer: Applicants can propose additional partnerships than those currently listed in the FOA as long as the required partnerships are included and the required strategies and activities are completed.

15. How many clinics are you expecting should be included in the network of health centers?

Answer: CDC has not determined a minimum or maximum number of clinics that are required to make up the health center network in this FOA. Applicants with at least 3 or more health center partners will be considered stronger applicants.

16. Should clinical services include services to males to support teen pregnancy prevention?

Answer: Health center partners will be expected to provide male-friendly reproductive health services.

17. Our MOU process is rather lengthy – months to execute completely. Does this require a completely executed MOU, by our City government or could they be somewhat informal between the applicant and the partner?

Answer: The FOA doesn't distinguish between formal and informal MOU. Please note the following scoring criteria related to the MOU particularly with respect to leadership commitment: Does applicant demonstrate partnership ability with health centers and youth-serving systems by providing MOUs from partners that specifies the roles and activities to be implemented? Does MOU indicate leadership commitment? Does MOU state that partners will collect and submit data required for evaluation purposes? (5 points)

18. Would School Based Health Centers (SBHC) be considered youth serving systems and would we need an MOU from the school district where the SBHC is located?

Answer: School-based health centers (SBHC) can be considered as either youth-serving organizations or health partners. It is up to the applicant to determine the type of partnership best suited for SBHC(s) and to ensure that the required strategies and activities are completed. An MOU would be required from the SBHC(s).

19. Are letters of support required?

Answer: Letters of support are not required. However, MOUs are required for each proposed partner at time of application submission.

20. A group has been funded by the Department of Human Services to provide health care for all children in Department of Family and Children Services (DFCS) and Department of Juvenile Justice (DJJ) custody. They are not a "publicly funded health clinic", but receive public funds to provide these health services. Would we be able to work with them, in addition to publicly funded clinics, given that they are the health providers to these vulnerable populations?

Answer: Yes, you will be able to work with this group since they receive public funds to provide health services to DFCS and DJJ.

21. Do we need to identify a nationally recognized training organization and submit an MOU with this organization for the grant application?

Answer: If you submit your application with a nationally recognized training organization, then you must submit an MOU with this organization. However, you may want to note in your MOU with this organization that final approval will be required by CDC. If you do not come in with a nationally recognized training organization, you can work with your CDC project officer to identify such an organization upon receiving funding.

22. Is this a multi-component FOA?

Answer: No, this is not a multi-component FOA.

FUNDING 23. The OAH and the CDC FOAs seem identical. Can you give me guidance on the nature of the two? Would receiving the OAH funding in our county realistically knock us out from receiving the CDC funding?

Answer: The two FOAs are different and not duplicative. The Executive Summary in each of the FOAs provides a brief overview of the FOA. Receiving OAH funds would not disqualify you from receiving CDC funds through this cooperative agreement. If you do receive CDC and OAH funding in the same community, CDC and OAH will work with you to ensure that there is no duplication of effort between the two projects. Collaboration between the two projects would be encouraged.

24. Can a provider of technical assistance and training for state-wide networks of healthcare providers be the primary applicant for funds?

Answer: Yes. A provider of training and technical assistance for state-wide networks of health care providers can be the primary applicant for funds.

25. Can grant funds be used to purchase birth control, including LARC methods?

Answer: Funds from this cooperative agreement cannot be used to purchase contraceptive methods, devices or medications.

26. Has CDC set maximum levels for the proportion of funding that can go to health system partners to support project participation and requirements related to how funds are utilized?

Answer: CDC has not set maximum levels for the amount of funding that can go to health center partners. Applicants can decide what funding level is sufficient to support implementation at the health center level. Funds cannot be used to purchase contraceptive methods, devices or medications.

27. Is it allowable to pay for evidence-based intervention if need and budget allows?

Answer: Yes. Costs associated with the purchasing of, or training on, an evidence-based intervention are allowed.

28. Is there a floor or ceiling requirement for amount of budget and/or time associated with the required national TA partner?

Answer: There is not a floor or ceiling requirement for the amount of budget associated with the required national or regional clinical training and technical assistance provider.

29. The FOA says to budget funds to travel to at least 2 conferences. How many people should we budget to travel?

Answer: Budget at least two people for attendance at each conference.

30. In regards to the budget narrative, should the budget narrative cover year one of the application only or all five years of the project period?

Answer: The budget narrative should cover year one of the project period.

STAFFING

31. The Project Team is described in terms of minimum FTE per position. Is this a maximum?

Answer: The TA providers and evaluator are required at least .50FTE on the project In Years 1-2. It is allowable to have greater than .50FTE for these positions if appropriate.

32. Can we include communication expertise in personnel? And, would that be part of the 10% funding limit for communication efforts?

Answer: Yes. Communication expertise can be included in personnel. This would be included as part of the 10% funding for communication efforts.

33. If budget and need allow, is it permissible to pay for non-clinic, non-TA personnel, such as youth outreach workers?

Answer: Yes. Youth outreach workers would be allowed if budget allowed and their work supported the strategies and activities required in the FOA.

34. Can this grant cover salary for a Nurse Practitioner, or would that be considered "clinical care"?

Answer: The grant funds cannot cover clinical care. The nurse practitioners' salary NOT spent on clinical care could be charged to the grant (i.e., admin time, health education).

35. We would have to add staff at clinics that perform the intakes and referrals. Would the grant funds not support salaries for these positions, which provide non-billable services?

Answer: Grant funds could be used to support these staff members. Grant funds cannot be used for clinical care. Intakes, referrals, health education are not considered clinical care for purposes of this project.

36. The evaluation budget should be at least 10% of the total amount requested—does this include the costs for evaluation staff time (if the evaluation team is internal to the organization)?

Answer: At least 10% of the budget should be dedicated to evaluation activities. This would include evaluation staff time. It is possible and allowable to spend more than 10% on evaluation.

37. Is the project coordinator position, which requires 100% effort or 1.0 FTE, meant to be only one individual or if this role could be collectively filled by two people (i.e., each at 50% effort or .50 FTE)?

Answer: As stated in the FOA, 1.0 FTE is required for the project coordinator. Based on previous projects, we feel this level of effort is required to conduct a project of this size. The project coordinator is required to coordinate all aspects of the project and to ensure effective communication and implementation across clinical service providers and youth-serving system partners. Ideally, this position would be best filled by one individual although it is not a requirement.

38. In the FOA, it indicates that at least 50% effort or .50 FTE is required for the evaluator. This level of effort seems somewhat high and we did not know if there was any flexibility on this over the duration of the project.

Answer: Based on previous projects, we feel this level of effort is required to conduct a project of this size.

GENERAL

39. Is the page limit 20 or 25? The note under project narrative is a bit confusing.

Answer: The page limit for the project narrative is 20 pages.

40. What is allowed for the 20 page limit?

Answer: The project narrative is a maximum of 20 pages, single spaced, Calibri 12 point, 1 inch margins. The project narrative must include: Background, Approach, Applicant Evaluation and Performance Measurement Plan and Organizational Capacity of Applicant to Implement the Approach. Further information of what should be included in each of those sections is found on page 22 and 23 of the FOA.

41. Is there a page limit for the attachments?

Answer: There is not a page limit for attachments.

42. Would physical improvement to clinic space (if minimal and one-time) be allowable?

Answer: Funds may not use for construction purposes.

43. Is the Webinar available?

Answer: The webinar slides are available electronically upon request. Please email Trish Mueller at czj5@cdc.gov for a recording of the webinar.

44. Is there a minimum number of youth that needs to be served?

Answer: CDC has not provided a minimum number of youth that needs to be served. As per the review criteria, applicants will need to describe how the selection of, and number of youth in, the youth-serving systems are likely to have an impact on intermediate outcomes.

45. Is a Letter of Intent required prior to proposal submission?

Answer: Letter of Intent is not required for this FOA.

I. Glossary

Activities: The actual events or actions that take place as a part of the program.

Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 74 and Part 92 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the FOA; awardees must comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions, see http://www.cdc.gov/grants/additional requirements/index.html. Note that 2 CFR 200 will supersede the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

Budget Period or Budget Year: The duration of each individual funding period within the project period.Traditionally, budget periods are 12 months or 1 year.

Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

Catalog of Federal Domestic Assistance (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.

CFDA Number: A unique number assigned to each program and FOA throughout its lifecycle that enables data and funding tracking and transparency.

CDC Assurances and Certifications: Standard government-wide grant application forms.

Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established project period (i.e., extends the "life" of the award).

Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.

Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the awardees. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the awardee.

Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants /additionalrequirements /index.html.

DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.

Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The FOA evaluation plan is used to describe how the awardee and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.

Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.

Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.

Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

Healthy People 2020: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.

Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: http://www.whitehouse.gov/omb/ grants_spoc/.

Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

Notice of Award (NoA): The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.

Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.

Outcome: The results of program operations or activites; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.

Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A "program" may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

Plain Writing Act of 2010: Requires federal agencies to communicate with the public in plain language to make information more accessible and understandable by intended users, especially people with limited health literacy skills or limited English proficiency. The Plain Writing Act is available at www.plainlanguage.gov.

Program Strategies: Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

Program Official: Person responsible for developing the FOA; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

Project Period Outcome: An outcome that will occur by the end of the FOA's funding period.

Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation http://www.phaboard.org.

Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.

Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.

System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.

Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.

Work Plan: The summary of project period outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.