U.S. Department of Health and Human Services

Office of Population Affairs

Notice of Funding Opportunity

Rigorous Impact Evaluation of Programs to Prevent Teen Pregnancy and Achieve Optimal Health

Opportunity Number
AH-TP2-26-001

Application Due Date
July 23, 2026

Technical Assistance Webinar Date
June 30, 2026

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BASIC INFORMATION	
Opportunity Title Rigorous Impact Evaluation of Programs to Prevent Teen Pregnancy and Achieve Optimal Health	
Program Office Office of Population Affairs	**Application Submission and Format** Electronic application submitted via Grants.gov ONLY.
Opportunity Number AH-TP2-26-001	
Award Type Cooperative agreement	**Application Deadline** 7/23/2026
Announcement Type Initial	**Technical Assistance Webinar Date** 6/30/2026
Assistance Listing 93.297	**Technical Assistance Webinar Details** visit the OPA website at https://opa.hhs.gov/grant-programs/funding-opportunities for details
Eligible Applicants (see Section A.1 for full details) _____	
Executive Order 12372 does apply to this NOFO (see section F.3.D)	
Estimated Total Funding Available $8,300,000	**Estimated Period of Performance (months)** 60
Estimated Number of Awards 9	**Anticipated Award Date** 9/30/2026
Anticipated Award Funding Range $650,000 to $1,250,000	**Anticipated Project Start Date** 09/30/2026
QUESTIONS? **Additional contact information in Section J**	

SUMMARY

The Office of Population Affairs (OPA) announces the anticipated availability of funds for Fiscal Year (FY) 2026 grants under the authority of Division B, Title II of the Consolidated Appropriations Act, 2026 (Public Law 119-75).

This notice solicits applications for projects to rigorously evaluate promising interventions that contribute to adolescent optimal health and preventing teen pregnancy, sexually transmitted infections (STIs), behavioral risk factors underlying teen pregnancy, or other associated risk factors. OPA intends to make available approximately $8.3 million for an estimated nine (9) grant awards for a period of up to five (5) years. The actual amount available will not be determined until enactment of the FY2027 federal budget.

The goal of this initiative is to identify effective interventions focused on body literacy and ensuring transparency and protection of parental rights for future replication by adolescent health practitioners and youth-serving professionals, and to disseminate the research findings and lessons learned to inform future studies.

OPA is especially interested in expanding the evidence available in the field of Teen Pregnancy Prevention (TPP) by funding rigorous evaluations of innovative and varied interventions designed to address the ever-evolving needs of adolescents and their parents. Funded recipients will be expected to:

- Implement and evaluate a proposed intervention that promotes body literacy education and reproductive goals counseling, expanding the knowledge base of such interventions on adolescent optimal health and teen pregnancy prevention outcomes;
- Evaluate the impact of a proposed intervention that prioritizes ensuring transparency for parents and guardians, such as through advance notice of content, offering opportunity to review, and/or meaningful opt-out provisions;
- Document and package the intervention to be implementation-ready and able to be replicated if found to be effective; and
- Disseminate research findings and lessons learned to inform future studies

Applicants should propose impact evaluations that are either randomized control trials (RCTs) or quasi-experimental designs (QEDs) with a comparison condition, and meet the standards for rigorous evaluation outlined in Appendix A. All interventions proposed for evaluation under this initiative should already have compelling, positive preliminary evidence from previous research and demonstrated support from previous participants and communities.

The Office of the Assistant Secretary for Health (OASH) Grants and Acquisitions Management Division (GAM) will administer this competition.

We encourage you to review all program requirements, eligibility information, application format and submission instructions, OASH priorities, and other content of this notice to ensure your application complies with all requirements.

A. ELIGIBILITY INFORMATION

1. Eligible Applicants

You must meet all of the eligibility requirements in order for us to review your application.

a. Eligible Entities

Any public or private entity is eligible to apply.

Additional examples of eligible organizations include:

Any public or private entity located in a State (which includes one of the 50 United States, District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the U.S. Virgin Islands, American Samoa, the Marshall Islands, the Federated State of Micronesia, and the Republic of Palau (hereafter, States)) is eligible to apply for a grant under this announcement. Faith-based organizations and American Indian/Alaska Native/Native American (AI/AN/NA) organizations are eligible to apply. Examples of eligible Organizations include:

- State Governments
- U.S. territories
- 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 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
- Non-profit private institutions of higher education
- For-profit organizations, including small businesses

b. PD/PI Eligibility

There is no restriction on an individual's eligibility to be Project Director (PD)/Principal Investigator (PI) on an application. However, we will not make an award with a PD/PI who has an active government-wide exclusion, suspension, or debarment recorded in SAM.gov.

We expect that throughout the period of performance the PD/PI will be involved in, and have

substantial knowledge about, all aspects of the project. Although your organization may recognize co-PD/PIs on team-managed projects, we recognize only a single PD/PI who will be responsible for the programmatic aspects of the project.

c. Other Considerations
Submitting Multiple Applications

You may submit more than one application, but each application must be for a distinctly different project.

If you submit multiple applications for the same project, we will accept only the last application submitted with a Grants.gov timestamp that is before the due date and time. We will disqualify all other versions of the application. See Section G.1.b for all disqualification factors.

Submitting an Application as a Group or Consortium

For any given project, we will only make an award to a single eligible entity. More than one entity may choose to work together on a project under this opportunity, but only one entity may submit the application. If awarded, that entity will be the award recipient and will be responsible for conducting the project.

The other entities may participate in the project, if awarded, and would be responsible to the recipient for their respective roles, typically as subrecipients.

Groups may form a consortium, partnership, or other legally recognized entity for the purpose of applying for this opportunity and carrying out any awarded project. The resulting entity must exist and be legally recognized when it applies and must have an active registration in SAM.gov. We will conduct a risk assessment on the applying entity (Section G.4) prior to making any award.

Eligibility Documentation

Entity eligibility documentation (e.g., proof of 501(c)(3) status as determined by the Internal Revenue Service or an authorizing Tribal Resolution) must be included in the submitted application. For additional information, see Section F.4.a. It is important that your organization is correctly classified in your SAM registration (Section F.2.a).

During our review of your application, we might request additional documentation to support your eligibility. This request means only that your application is under review and not that you will receive an award.

More specific information on the type of documentation that we might request specific to this opportunity appears in Section F.4.b.

Application Disqualification

We will disqualify applications that fail to meet the eligibility, responsiveness, formatting, and submission requirements (Sections G.1.b) prior to conducting merit review. Disqualified applications will not undergo further review.

We will notify disqualified applicants at the end of the competition when we announce the award recipients.

2. Application Responsiveness Criteria

We will review your application to determine whether it meets the responsiveness criteria below. If your application does not meet the responsiveness criteria, we will disqualify it from the competition; we will not review it beyond the initial screening.

The responsiveness criteria are as follows:

- Not applicable

3. Cost Sharing or Matching

You are not required to provide cost sharing or matching in your proposed budget.

B. REQUIRED ALIGNMENT WITH OASH MISSION AND AGENCY PRIORITIES

The recipients of this award must implement any funds awarded under this NOFO to effectuate program goals and agency priorities in accordance with the Priorities of the Office of the Assistant Secretary for Health (available at https://health.gov/priorities), and when authorized by law according to the TPP statute, regulations, legislative mandates, and additional program guidance. Funded activities must advance and support OASH's mission to improve the health and well-being of Americans.

Consistent with OASH's mission, in carrying out any project that is funded under this NOFO, recipients must align program design and activities with the agency priorities, where consistent with the authority and scope of the award.

In addition, the recipient is required to administer any project that is awarded under this NOFO in accordance with the following objectives in the Teen Pregnancy Prevention Program that are authorized to advance them:

1. Promote body literacy education for making informed and healthy decisions that advance optimal health

The recipients must demonstrate ongoing compliance with these priorities, in all programs that are authorized to advance them, through program design, implementation, reporting, and evaluation. Failure to meaningfully align funded activities with the applicable requirements may result in corrective action, additional reporting requirements, or other actions consistent with federal grant regulations found at 2 C.F.R. Part 200 and the terms and conditions of this award (including termination pursuant to 2 C.F.R. 200.340(a)(4) for no longer effectuating program goals or agency priorities).

C. PROGRAM DESCRIPTION

The Office of the Assistant Secretary for Health (OASH), Office of Population Affairs (OPA) announces the anticipated availability of funds for Fiscal Year (FY) 2026 grants under the authority of Division B, Title II of the Consolidated Appropriations Act, 2026 (Public Law No. 119-75).

The primary focus of OASH is to lead Americans toward healthier lives by promoting health and well-being across the lifespan. This includes the reproductive lifespan, supported through innovative, evidence-based programs, services, partnerships, and research that strengthens family formation and assists people in achieving healthy pregnancies, while ensuring transparency and respect for parental rights through advance notice and meaningful opt-out provisions.

Grants funded through this NOFO will conduct rigorous impact and implementation evaluation of promising interventions that contribute to adolescent optimal health and prevent teen pregnancy, STIs, behavioral risk factors underlying teen pregnancy, or other associated risk factors. Through these awards, OPA aims to identify effective interventions focused on promoting body literacy, and ensuring transparency that upholds parental rights for replication by adolescent health practitioners and youth-serving professionals. The awards will also be used to disseminate the research findings and lessons learned to inform future studies, and ultimately expand the knowledge base for TPP programming.

1. Background

Teen Pregnancy Prevention Program

The Teen Pregnancy Prevention (TPP) program is a national, evidence-based program that funds diverse organizations working to give adolescents, and the adults supporting them, the knowledge and tools needed to advance optimal health, prevent teen pregnancy, and promote positive experiences, relationships, and environments to help our nation's youth thrive. Through medically accurate, age-appropriate education and counseling, the program helps young people make informed, future-oriented decisions that promote lifelong well-being. TPP emphasizes an upstream, preventative approach and prioritizes communities with the greatest needs and challenges, while ensuring transparency and protection of parental rights through advance notice and meaningful opt-out provisions. To learn more about the TPP program, please visit the OPA website https://opa.hhs.gov/grant-programs/teen-pregnancy-prevention-program/about-tpp-program.

With an annual budget of approximately $101 million for Teen Pregnancy Prevention, OPA invests in "medically accurate and age appropriate programs that reduce teen pregnancy," which includes "replicating programs that have been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors" (known as Tier 1), and "research and demonstration grants to develop, replicate, refine, and test additional models and innovate strategies for preventing teenage pregnancy" (known as Tier 2).

Eligibility of Programs to be Evaluated Under this NOFO

Under this NOFO, OPA is interested in funding rigorous evaluations of promising interventions that:

- Promote body literacy education that is medically accurate and age-appropriate for adolescents to make informed and healthy decisions that advance optimal health; and
- Ensure transparency and uphold parental rights by providing advance notice about program content, materials, and activities, and providing a clear and accessible process for parents to opt their children out of any specific content, particularly those related to sexuality, that may burden their religious exercise or conflict with sincerely held beliefs.

TPP Interventions rigorously evaluated previously under federal funding are not appropriate for this funding unless significant changes have been made to the intervention to address findings from the previous evaluation results. Interventions that are not appropriate for this funding unless significantly adapted include any interventions implemented and evaluated under the following awards:

- The TPP program currently funds a cohort of TPP grant recipients focused on new and innovative approaches. Rigorous Evaluation Cooperative Agreements (TPP23 Tier 2) – 2023-2028 (https://opa.hhs.gov/grant-programs/teen-pregnancy-prevention-program/tpp-grant-recipients/current-tpp-grant-recipients),
- Phase 2 Rigorous Evaluation of Promising TPP Interventions (TPP20 Tier 2 Phase 2) – 2020-2023 (https://opa.hhs.gov/grant-programs/teen-pregnancy-prevention-tpp-program/tpp-grant-recipients/past-tpp-grant-recipients-2020-2023),

- Rigorously Evaluating New TPP Approaches (Tier 2b) – 2015-2020 (https://opa.hhs.gov/grant-programs/teen-pregnancy-prevention-program-tpp/tpp-grantees/past-tpp-grantees-2015-2020),
- TPP FY2010 Tier 2 Research and Demonstration (https://opa.hhs.gov/sites/default/files/2020-07/summary-researchdemonstration.pdf), and
- Personal Responsibility Education Program Innovative Strategies (PREIS) funding (FY2010, FY2015, FY2019) (https://www.acf.hhs.gov/fysb/grant-funding/personal-responsibility-education-innovative-strategies-preis-grantee-profiles)

In addition, interventions already identified as effective per the criteria outlined in Appendix A – Criteria for Effective Programs are not appropriate for this funding unless significant adaptations are proposed to the intervention, ultimately creating a new intervention. Minor changes to an effective program to improve its fit and relevancy are more appropriate within TPP Tier 1 replication initiative awards. Major changes to an effective program that substantially change the model's core components, logic model, or delivery mechanism in a manner that changes the intended outcomes are appropriate for rigorous evaluation under this NOFO.

Body Literacy

Body literacy is the ability to understand how the body functions in a state of health, including knowledge of reproductive anatomy, physiology, and hormonal patterns, and to interpret biological signals to support informed decision-making, self-awareness, and long-term physical, mental, and reproductive well-being. Body literacy is also related to unplanned pregnancy. Many young women enter adolescence and early adulthood without understanding how their bodies function in a state of health or how pregnancy occurs, limiting their ability to make informed decisions about sexual behavior and prevention. Although reducing sexual risk behaviors is not the sole aim of body literacy education, research shows that adolescents who receive such education demonstrate healthier decision-making. Studies indicate that girls who receive body literacy education are much more likely to remain abstinent compared to their body-illiterate peers, suggesting that knowledge and self-understanding support protective behaviors.[1,2] Adolescents with greater understanding of their bodies may be more confident in managing changes and making informed health decisions.[3]

At present, the only formal body literacy standards in the United States are the first-of-their-kind Menstrual Health Education standards adopted in Washington, D.C. in March 2023.[4]

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[1] Manhart, L. E., Aral, S. O., Holmes, K. K., & Foxman, B. "Sex Partner Concurrency: Measurement, Prevalence, and Correlates Among Adolescents." *American Journal of Public Health*, vol. 101, no. 10, 2011, pp. 1896–1902. This study and related literature document associations between biological awareness, self-monitoring, and adolescent sexual decision-making.

[2] Sinai, I., et al. "Fertility Awareness–Based Methods of Family Planning: A Review of Effectiveness for Avoiding Pregnancy." *Journal of Midwifery & Women's Health*, vol. 57, no. 6, 2012, pp. 547–554. This review highlights the role of fertility awareness education in increasing reproductive health knowledge and self-efficacy.

[3] Hebert-Beirne, Jennifer M. et al. (2017) A Pelvic Health Curriculum in School Settings: The Effect on Adolescent Females' Knowledge. Journal of Pediatric and Adolescent Gynecology, Volume 30, Issue 2, 188 - 192

[4] Washington, D.C. is the only U.S. jurisdiction to mandate comprehensive menstrual health education beginning in 2023 for grades 4–12, with other states and territories not requiring comparable menstrual health standards in school curricula.

The absence of broader standards has left most adolescents without foundational biological knowledge needed to interpret their bodies, engage meaningfully with healthcare providers, or understand the implications of sexual and medical decisions.

As a result of body illiteracy, adolescents—particularly young women—often lack informed consent around healthcare decisions. For example, many do not receive comprehensive information about the side effects associated with widely prescribed medications in the context of sexual and reproductive health. This leads to a healthcare approach that prioritizes pain relief and symptom suppression over root-cause evaluation and treatment for reproductive health concerns. Without foundational biological education, adolescents and young adults are less likely to seek or expect comprehensive care that addresses underlying causes rather than masking symptoms.

Optimal Health

Optimal health is a dynamic balance of physical, emotional, social, spiritual, and intellectual health, and not merely the absence of disease or dysfunction. It reflects the highest level of health an individual can achieve and is supported by knowledge, skills, and behaviors that promote resilience, functioning, and long-term well-being across the lifespan.

Lifestyle change can be facilitated through a combination of learning experiences that enhance awareness, increase motivation, build skills, and provide access to environments that make positive health practices the easiest choice.[5]

To have a more significant impact on teen pregnancy and STIs and to achieve optimal health, it is crucial for communities to have the tools and resources needed to support youth and parents. Optimal health emphasizes a holistic approach that aims to move individuals towards better health by promoting healthier behaviors and not just preventing disease. This model can be applied at the individual level, encouraging people to make informed choices and prioritize their well-being.

Ensuring Transparency and Protection of Parental Rights

Fostering the relationship between adolescents and their parents or caregivers is important for the prevention of adolescent health risk behaviors including sexual activity. The TPP grant recipients should ensure transparency and respect for parental rights by providing parents or guardians advance notice of program content, materials, and activities, and offer meaningful opportunity to review such materials. Recipients should also provide a clear and accessible process for parents to opt their children out of any specific content or activities, particularly those related to sexuality, that may burden their religious exercise or conflict with sincerely held beliefs. These three main elements of providing advance notice of materials to parents and guardians; offering meaningful opportunity for parents and guardians to review first; and having in place a clear process for parents and guardians to opt their child out of content or activities should also be implemented for funded projects that occur outside school hours or in a non-school setting.

[5] O'Donnell M. Definition of Health Promotion 2.0: Embracing Passion, Enhancing Motivation, Recognizing Dynamic Balance, and Creating Opportunities. American Journal of Health Promotion. 2009;24(1): iv-iv.

This requirement is consistent with constitutional and statutory protections for religious liberty and parental rights. In *Mahmoud v. Taylor*, 606 U.S. ___ (2025), which relates to school programs during school hours, the Supreme Court reaffirmed that the government may not condition participation in a public program or receipt of a public benefit on a parent's willingness to accept a burden on their religious exercise. Similarly, in *Mirabelli v. Bonta*, No. 25A810 (U.S. 2026), the Court recognized the importance of protecting parents' ability to direct the upbringing of their children and that the state cannot override that role in a way that causes irreparable harm. In the context of federally funded adolescent health programming, these principles underscore that participation must remain voluntary and that parents must retain the ability to direct the upbringing and education of their children. Accordingly, funded programs should be implemented in a manner that avoids compelling participation in content that conflicts with protected beliefs and does not rely on or require ideological content inconsistent with these protections.

2. Expectations for Recipients

The goal of this funding opportunity is to rigorously evaluate promising interventions that contribute to adolescent optimal health and prevent teen pregnancy. OPA is interested in funding rigorous evaluations of promising interventions to prevent teen pregnancy that (1) promote body literacy for optimal health; and (2) ensure transparency and the protection of parental rights.

Evaluating promising interventions includes developing, replicating, refining, and testing additional models and innovative strategies. The goal of this initiative is to identify effective interventions for future replication by adolescent health practitioners and youth-serving professionals, and to disseminate the research findings and lessons learned to inform future studies.

We expect funded applicants to:

1. **Implement medically accurate and age-appropriate promising interventions to prevent teen pregnancy by (1) promoting body literacy for optimal health; and (2) ensuring transparency and protection of parental rights**

We expect recipients to implement interventions that are medically accurate and age-appropriate. "Age-appropriate" content assures that topics and themes are appropriate for the age group and other specific characteristics of the target audience. All program content must be suitable for the developmental stage of the intended audience and support healthy, informed decision-making, including promoting delayed sexual initiation as a behavior associated with reduced teen pregnancy.

Building on this goal, recipients are expected to incorporate sexual risk avoidance (SRA) education as a component of program delivery. SRA education provides adolescents with clear, evidence-informed information about the health and social benefits of avoiding sexual activity during adolescence, and supports young people in developing the knowledge, skills, and motivation to make risk-avoidance decisions consistent with their long-term well-being.

Programs should draw on SRA curricula and frameworks that provide developmentally appropriate instruction on the risks associated with adolescent sexual activity, the benefits of delay, and strategies for resisting social pressure. SRA content should complement body literacy education by reinforcing connections between sexual decision-making, hormonal health, emotional well-being, and future reproductive outcomes.

Medically accurate materials and instruction are expected to be grounded in current, evidence-based scientific and clinical knowledge, and be within the scope of TPP statutory requirements to prevent teenage pregnancy. When materials provide information on widely prescribed medications for sexual and reproductive health, for example, the information should reference potential health risks to support minors and their parents or guardians in informed decision-making, which may include a desire to consult with their healthcare provider. Consistent with applicable state law, recipients are expected to only provide referrals for other medical procedures with parental consent.

Interventions should have a clearly described theory of change and logic model. Projects should not duplicate interventions that have already been rigorously evaluated through previous Federal funding (see Background).

Funded interventions can use different modalities for implementation (e.g., self-paced, technology) and aim to impact not only individuals but also the communities and systems within which individuals are situated.

This opportunity is for research and demonstration projects, and not service delivery. Service delivery may be incidental or ancillary to the project, but service delivery is not the primary purpose of this initiative. Other than piloting, we do not expect recipients to implement the intervention with participants who are not in the study sample.

Within 9 months of funding, recipients must have conducted a materials review to ensure that all materials delivered to study participants are medically accurate and age appropriate. Project materials include intervention and comparison group materials, such as but not limited to curricula, facilitator manuals, participant manuals, videos, podcasts, posters, scripts, participant booklets, pamphlets, and handouts. All project materials are also expected to align with applicable OASH priorities. We expect recipients to inform OPA of their review process, findings, and plans to address any issues identified during the planning period. OPA expects recipients to submit all materials to us for a medical accuracy review prior to implementation and may request a copy of the materials for review prior to awarding funding. Recipients may not begin implementation with the materials until after OPA has approved the use of the materials. If applicable and available at the time of application, include in your appendices any formal, written agreements (e.g., MOUs) from the developer/purveyor/copyright holder of the intervention indicating that you have permission to use and to make any changes to materials. (Changes may include those to ensure medical accuracy, age-appropriateness, and alignment with applicable OASH priorities, for example.)

We expect recipients to engage the intended population in planning and implementing the project. Members of the intended audience for the intervention should also provide feedback to ensure that the intervention is relevant, a good fit, and likely to resonate with their peers. Within 10 months of funding, recipients are expected to pilot-test intervention materials to incorporate user-feedback, demonstrate desirability, and ensure fit and appropriateness.

We expect recipients to finalize all intervention materials prior to beginning the rigorous evaluation. Materials should be finalized within 12 months of funding. Once the evaluation has begun, recipients should not make major changes to the intervention materials to avoid negatively impacting the evaluation. By the end of Year 1, we expect that all recipients will be ready to begin the evaluation and implementing their proposed intervention.

Projects should not duplicate interventions that have already been rigorously evaluated through previous Federal funding (see Background).

2. **Conduct rigorous evaluation of the intervention**

We expect all recipients to conduct a rigorous impact and implementation evaluation of their proposed intervention. We expect rigorous impact evaluations to have the most robust possible design that is feasible for the intervention in the setting and with the intended population. We expect the evaluation design to meet the criteria provided in Appendix A – Criteria for Effective Programs. The criterion outlines the quality and evidence of effectiveness a study must have to be deemed effective and replicable under the TPP program. Recipients may collect additional outcomes beyond those recognized in Appendix A, as long as at least one of the study outcomes is one identified in Appendix A, and the other outcomes collected are "associated risk factors" clearly associated with teen pregnancy.

We expect recipients to conduct either randomized control trials (RCTs) or quasi-experimental designs (QEDs) with a comparison group. RCTs are experiments that randomly assign participants into different, unique groups: the treatment group and the comparison. We expect all recipients conducting randomized evaluations to use the intent-to-treat (ITT) framework for primary analyses. In an ITT framework, evaluators compare the participant outcomes between the individuals assigned to receive the intervention and those not assigned to the intervention. QEDs form intervention and comparison groups through methods other than random assignment of participants. Researchers use QEDs for impact evaluations when random assignment is not feasible. QEDs include methods such as Propensity Score Matching (PSM), Regression Discontinuity Designs (RDD), and Interrupted Time Series (ITS) (see Glossary).

Recipients may conduct either efficacy or effectiveness studies. Efficacy studies evaluate interventions under ideal conditions, often with the close involvement of the intervention developer (see Glossary), whereas effectiveness studies evaluate an intervention during routine or natural conditions (see Glossary).

Recipients may conduct supplementary analyses in addition to the rigorous impact and implementation evaluations. These additional analyses may include cost studies, qualitative data analyses, or core components analyses. We strongly encourage testing of the core components as

part of the rigorous evaluation.

Members of the intended audience should provide input into evaluation of the intervention to ensure that the project addresses their needs and fills existing gaps for the intended audience, setting, or community(ies). Recipients should ensure that the promising intervention and subsequent study does not duplicate programs or services already available and selected implementation sites are not duplicative of other TPP-funded projects. We expect you to confirm that your project does not duplicate other programming already offered within proposed sites or communities within 1 month of funding.

We expect recipients to have a detailed evaluation design and survey instruments finalized within 12 months of funding. We expect that all studies shall have a counterfactual, and there will be equivalency between the study groups at baseline. Additionally, we expect the programming received by the study groups to be different enough to allow for a meaningful test. By the end of Year 1, recipients should obtain necessary Institutional Review Board (IRB) approvals for the evaluation and be ready to begin the evaluation. We also expect recipients to register their studies with an online registry such as clinicaltrials.gov within 15 months of funding.

We expect recipients to have a data collection plan within 12 months of funding. We expect recipients to collect and analyze outcomes that are relevant to the intervention's logic model and proposed research questions. Recipients should include at least one outcome as identified in Appendix A – Criteria for Effective Programs. We expect recipients to collect all study data during the period of performance. We anticipate that recipients will collect survey data at baseline, at one short-term follow-up (e.g., between 0 months-1-year post-intervention), and at one long-term follow-up (e.g., 9 months or more post-intervention). Recipients should justify any additional data points proposed beyond these three points and discuss feasibility and necessity with us after receiving the award (i.e., during the planning period). We expect recipients to submit an analysis plan to us for review and feedback during the third year of funding; we will provide templates during that year. We expect recipients to use the final 6-9 months of the award for data analysis and reporting. We expect recipients to submit a final evaluation report to us summarizing their evaluation findings and lessons learned. We will review and provide feedback on this report.

We expect recipients to monitor and report to us on their progress recruiting, consenting, and retaining study participants. We expect recipients to make steady and consistent progress toward enrolling their study sample during each year of their award**.** A general benchmark is to enroll at least 25% of the sample by the end of year 2, at least 50% of the sample by the end of year 3, at least 75% of the sample by the end of year 4, and reach 100% of the sample size during year 5. We expect recipients to meet the standards for attrition as identified in Appendix A – Criteria for Effective Programs.

We expect recipients to address limitations, bias, and possible threats to internal and external validity within their studies. Recipients should conduct their studies through a credible and neutral process, which includes, at a minimum, evaluation staff who do not have a conflict of interest and can remain independent of the intervention. We strongly encourage use of an

independent, external evaluator.

As a condition of the award, we require recipients to participate in ongoing OPA-sponsored Evaluation Technical Assistance. Further, as a condition of the award, we expect recipients to participate in an OPA-directed Federal evaluation, if selected and funding for such an evaluation becomes available.

3. Collaborate with partners and maintain organizational capacity

We expect recipients to use partnerships to fulfill capacity needs and successfully complete the project. Within 6 months of funding, recipients are expected to have finalized formal, written agreements (memorandum of understanding/agreements, contract, etc.) with all key partners and subrecipients. Recipients and key partners should have the collective expertise necessary to successfully accomplish the goals and objectives for the overall project. We expect recipients will engage key partners in the project and maintain a collaborative environment. Each recipient is responsible for ensuring all partners meet the project expectations successfully, do not conflict with applicable OASH Priorities, and fulfill their roles.

Recipients should assess the professional development needs of project staff on a regular basis and ensure that staff have the training needed to complete their roles in the project. Within 12 months of funding, OPA expects all project staff to receive initial training needed to successfully execute the project. This should include training on the promising intervention, performance measures, data collection, and the overall study.

We expect recipients to collaborate, coordinate, and share information with other OPA recipients, as appropriate, to prevent unnecessary duplication of activities, and ensure sharing and best use of available resources across funded projects.

4. Monitor and improve the project

We expect recipients to monitor the overall project and make ongoing improvements to the project based on key findings. This could include improvements to either the evaluation or implementation procedures, for example.

We expect recipients to conduct an implementation evaluation designed to answer questions about intervention delivery during the study. At a minimum, we expect the implementation evaluation to address dosage, fidelity, quality, context, and counterfactual experience.[6] We expect recipients to conduct periodic monitoring of the programs and services offered within study sites and communities by other organizations to ensure that the project does not duplicate other services, and that the study clearly accounts for the experiences of the comparison group. In addition, recipients should monitor the progress of participant enrollment, consent, and retention within the study as described in "2. Conduct rigorous evaluation of the intervention"

[6] Office of Adolescent Health (OAH). (September 2017) Estimating Program Effects on Program Participants. Online at: https://opa.hhs.gov/sites/default/files/2020-07/estimating-program-effects-on-program-participants-brief.pdf, Accessed 4/29/2025

performance goal.

The monitoring process must include performance measures specific to the awarded project. In addition, recipients must collect uniform performance measures and report to us on a semi-annual basis. Appendix B – TPP Performance Measures includes a list of the measures (OMB #0937-0213, Expiration July 31, 2026, renewal pending). Recipients are required to obtain and document any necessary permissions to collect these data. Documentation may include written formal agreements with partners (e.g., MOUs), consent forms from parent/guardians, copies of school district approvals, citation to state law, etc. to collect these data. Recipients may be required to provide the supporting documentation for review, on request. Recipients have the responsibility to ensure they have appropriate permissions to collect all required performance measure data prior to collecting the data. There are no exceptions or waivers for this requirement.

While implementing and evaluating some non-curricular approaches, such as technological innovations, systems-level, and community-level approaches, you may find that some OPA measures or constructs (e.g., such as dosage, fidelity, and quality) are not relevant to your intervention. If you identify a need to change a measure, you will need prior approval from OPA to use alternate or proxy measures for dosage, fidelity, and/or quality. We expect recipients to develop measures that future implementors of the intervention could use to monitor fidelity, quality, and dosage, and include those in their final program package (See performance goal 5. Document and package the intervention.). There are no exceptions or waivers for this requirement.

We expect recipients to determine whether the intervention implementation occurred as originally intended in the approved project. We expect recipients to monitor the dosage of the intervention participants receive. We expect recipients to establish and implement a fidelity monitoring process for the intervention. The process should include, at a minimum, collection of data on fidelity and quality of implementation, reviewing and analyzing the data on a regular basis, and using the data to make continuous quality improvements to the implementation of the intervention. We expect recipients to collect qualitative contextual data relevant to the environment in which the intervention is being developed. Recipients should observe a minimum of 10% of all intervention sessions and 100% of intervention facilitators for fidelity and quality on an annual basis.

5. Document and package the intervention

By the end of the project period, successful projects should have documented the evaluated intervention with sufficient detail so that other organizations may replicate the intervention to scale. Recipients should consult members of the intended population when developing branding and/or packaging intervention materials for dissemination.

Recipients should provide us with a complete electronic package of the final implementation-ready intervention by the end of the project (see Section H.8 - HHS Rights to Materials and Data regarding intellectual property rights). Implementation-ready interventions must include all the necessary components that will allow someone other than the original developer to implement

the intervention. To be implementation-ready, an intervention package must include clearly defined program materials and core components, define all necessary staff supports and training needed for implementors, and specify guidelines and tools for monitoring implementation fidelity and quality (see performance goal, 4. Monitor and improve the project). We will provide guidance to recipients by Year 3 of their project.

We expect recipients to articulate the core components of the intervention(s) they are evaluating. Articulating the components of the intervention will help fill knowledge gaps about what makes an intervention effective and which components drive successful programming. We strongly encourage recipients to test the core components as part of the rigorous impact evaluation. We will provide all recipients with a TPP components checklist and instructions during the first six months of the award, and recipients must use the checklist to describe the components of their intervention and submit to OPA within the first 12 months of funding. To complete the components checklist, recipients will describe the intended content of the intervention, the delivery mechanism and format, the staff delivering the content, the dosage of the intervention, the location for implementation, and features of the group intended to receive the intervention. Additional information about the core components checklist and expectations may be found in Appendix C – Resources.

Recipients must update the checklist at the end of the project. We expect recipients and their partners to develop a plan for distributing the intervention to others who might be interested in replicating it in the future; this plan should account for any training needed.

6. Disseminate project results

We expect recipients to develop and implement a plan for widely disseminating the results of the evaluation, including implementation evaluation results, impact evaluation results, lessons learned, successes, and challenges. We expect recipients to write a final evaluation report summarizing the key findings and lessons learned from their projects. The final evaluation report should be in the format of an article for a journal of the recipient's choice. We expect recipients to disseminate their evaluation findings and lessons learned through presentations at professional conferences.

In addition to the traditional methods of dissemination, we expect recipients to work with us to share findings broadly with key project partners, community members, youth-serving professionals, researchers, other OPA recipients, the public, and policymakers. Recipients should also consult members of the intended population when developing messaging about project findings.

We expect the dissemination plan will include publication of at least one article in a peer-reviewed journal and presentations at professional conferences. When published, the article should be freely, immediately, and accessibly made available to the public. In addition to disseminating information about the evaluation results, we expect recipients to develop a plan for disseminating information about the intervention to organizations who may want to replicate the intervention in the future.

3. Federal Involvement in the Project

If you receive an award, we will encourage you to seek the advice and opinion of federal staff when problems arise. However, you would be responsible for making sound programmatic and administrative judgments. The responsibility for operating decisions will be yours and does not shift to HHS, OASH, or Office of Population Affairs.

Under a grant, the program office's involvement may include routine monitoring and technical assistance such as monthly conference calls, occasional site visits, ongoing review of plans and progress, participation in relevant meetings, provision of training and technical assistance.

Awards will be in the form of cooperative agreements with the recipient. Cooperative agreements are a form of assistance that allows for substantial involvement between federal program office and the recipient during the project period. Substantial programmatic involvement from OPA may include:

a. Approving key personnel changes, including the project director/principal investigator and lead evaluator, or others identified as essential in the proposal.

b. Reviewing and approving program materials prior to use in the project to ensure the materials are medically accurate and age appropriate.

c. Reviewing progress at stated milestones and providing approval to move forward with the study.

d. Advising on the evaluation design plan and survey instruments prior to initiating the evaluation.

e. Advising on the evaluation analysis plans prior to beginning analyses.

f. Advising on and acceptance of final evaluation report.

4. Eligibility criteria for project participants

You must not restrict participation in the project on the basis of race, color, national origin, religion, sex, disability, age, or another protected characteristic (See Section I.5).

D. AWARD INFORMATION

Budget period(s)

We expect to fund awards in five 12-month budget periods for a total period of performance up to 60 month(s). However, we may approve shorter periods of performance. Budget periods may vary from the estimated 12 months because of the timing of award issuance or other administrative factors.

For multi-year projects, recipients must submit a non-competing continuation (NCC) application for each budget period after the first. We will provide guidance generally 3 months prior to the end of the active budget period. Continuation funding is contingent upon the availability of

funds, satisfactory progress of the project, appropriate stewardship of federal funds, and the best interests of the government. Funding for all approved budget periods after the first is generally the same as the initial award amount and may be subject to any offset with funds unused in a previous budget period.

E. APPLICATION CONTENTS AND FORMAT

1.Format of the Application

You must prepare your application using the forms and information described in this NOFO. The official online application package on Grants.gov contains all necessary forms and guidance for preparing an application. This package includes but is not limited to:

- Full Text of the NOFO
- Standard forms (required) and their instructions
    - SF-424 Application for Federal Assistance
    - SF-424A Budget Information for Non-Construction Programs
    - SF-LLL Disclosure of Lobbying Activities
    - Project Abstract Summary
- Sample templates, if available.

In addition to the four standard forms in the application package, your application will consist of 3 sections of materials you prepare:

1. Project Narrative
2. Appendices to the Project Narrative
3. Budget Package.

We strongly encourage you to read all instructions for the application format and content to avoid disqualification of your application. An application checklist is available in Section K.1.

a. Project Narrative – Formatting

Following the formatting instructions below will help ensure that your application is readable for review process. Acceptable electronic file formats are in Section E.3.a.

Names of Individuals

We encourage you to use individuals' full names (first, middle, last) on the standard forms and any other documents such as résumés/curricula vitae/biographical sketches to distinguish them for verification in the SAM exclusion records. Delays may result in award processing if full names are not provided.

You should avoid submitting personally identifiable information such as personal contact information (e.g., home address and telephone number) on résumés/curricula vitae/biographical sketches. Do not submit social security numbers.

If you receive an award, only one Project Director/Principal Investigator (PD/PI) will be named on the award documents. (Section A.1.b) Avoid using a placeholder or honorary PD/PI. If you have not hired an individual to be the PD/PI, you should name an interim PD/PI, and your application should clearly identify that person as such.

We typically expect the PD/PI to be named on the SF-424 in box 8.f. Avoid naming grant writers in box 8.f unless they have the expertise to respond to technical questions about the proposed project in a timely manner.

Identify other personnel who are essential or key to the execution of the proposed project clearly in your project narrative.

If you receive an award, a request for a change in PD/PI or key personnel under any circumstance requires prior approval of the grants management officer before becoming effective. We may disallow any costs incurred as a result of that change prior to our approval. See Section I.1.c.

Page Formatting

If you submit documents that do not conform to the following instructions, GAM will disqualify your application during the review process (Section G.1.b).

Use an easily readable typeface, such as Times New Roman or Arial.

Use a 12-point font.

Use an 8.5" X 11" page size. Any other size page (e.g., A4, legal) will disqualify your application.

You must double-space the Project Narrative pages or we will disqualify your application. You may single-space tables or use alternate fonts, but you must ensure the tables are easy to read.

Do not number pages or include a table of contents. Our grants management system will generate page numbers once your application is complete.

You must submit your application in the English language and in terms of U.S. dollars (2 C.F.R. § 200.111(a).

Page Limits

Your project narrative and appendices must adhere to these page limits.

The page limits do not include the budget package (Section E)

The page limits do not include the required forms (SF-424, SF-424A, SF-LLL, and the Project Abstract Summary)

If your application exceeds the specified page limits when printed on 8.5" X 11" page, we will not review your application further.

We encourage you to print out your application before submitting it to ensure that it is within the page limits and is easy to read. Do not reduce pages to fit multiple pages on a single sheet to avoid exceeding the page limitation.

Do not hyperlink to documents or sites outside of your application to augment your application. Reviewers will not be permitted to follow links to external content during their assessment of your application. The one exception to this is a link to your internal controls as part of your budget package (Section E.2.c.3).

	Page Limit
Project Narrative	_____50____
Project Narrative plus Appendices	____100_____

Labeling Proprietary Information

Proprietary information includes patentable ideas, trade secrets, privileged or confidential commercial or financial information, the disclosure of which may harm the applicant. You should include proprietary information in your application only to the extent that it is essential to the reviewers' understanding of the project. Proprietary information should not appear in your Project Abstract Summary.

If your application contains proprietary information, you should clearly label the top of the first page of the project narrative. For example,

Contains proprietary or confidential information that [Your Organization Name] requests not be released to persons outside the government, except for purposes of review and evaluation.

Awarded applications are subject to release under the Freedom of Information Act (FOIA) with redactions as the FOIA statute permits.

b. Appendices to the Project Narrative – Formatting

Your appendices should include any specific items outlined in Section E.2.b. Your documents should be easy to read.

You should use the same formatting specified for the Project Narrative. However, documents such as résumés/curricula vitae/biographical sketches, organizational charts, tables, Memoranda of Agreement (MOAs) or Letters of Commitment (LOCs) may have formatting common to those documents, so long as the pages are easy to read. For example, resumes, MOAs and LOCs may be single-spaced.

You must upload all of your appendices as a single, consolidated file in the Attachments section of your Grants.gov application. You must use an acceptable file format (Section F.3.a). We

strongly encourage you to convert your file(s) to PDF format before uploading and review them to ensure accurate conversion.

Your Project Narrative plus the Appendices may not exceed the total number of pages for the application (Section E.1.a).

c. Budget Package - Formatting

The budget narrative should use the formatting required of the project narrative for the explanatory text. Budget tables may be single-spaced but should be laid out in an easily readable format and within the printable margins of an 8.5" x 11" page. You must use an acceptable file format (Section F.3.a). We do not accept Excel or other similar spreadsheet formats.

The application page limit does not include the SF-424A or the budget narrative (including budget tables).

We recommend you present budget amounts and computations in a columnar format: first column, object class categories; second column, federal funds requested; third column, non-federal resources; and last column, total budget.

Object Class	Federal Funds Requested	Non-Federal Resources	Total Budget
Personnel	$100,000	$25,000	$125,000

2. Content

a. Project Narrative - Content

The Project Narrative is the most important part of your application. We will use it as the primary basis to determine whether your project merits an award. The project narrative should provide a clear and concise description of your project. We recommend that your project narrative include the following components with the requested information. Labeling the sections accordingly will help the reviewers find information quickly.

> You must clearly describe the administrative, management, and clinical capability of the applicant organization and plans for delivering services that meet the expectations outlined in the NOFO. You should include all services to be provided by the project as part of the program plan. Proposed projects must adhere to all requirements of the TPP statute, applicable regulations, and legislative mandates.
>
> Successful proposals should include the following:

1. **Project Significance**

- Describe how the intervention is promising and how it addresses one or more of

OPA's priorities for this NOFO:

- Promote body literacy to make informed and healthy decisions in order to support optimal health; and
- Ensure transparency and uphold parental rights in program implementation by providing advance notice to parents or guardians that includes relevant details about program content, materials, and activities; offering opportunities for review; and providing clear, accessible processes for parental opt-out of specific content or activities, particularly those related to sexuality that may burden religious exercise or conflict with sincerely held beliefs.

- Describe how the intervention will incorporate sexual risk avoidance.
- Indicate how you will ensure that the intervention does not duplicate other programs that have already been found effective. Tell us why your proposed project is likely to prevent teen pregnancy, STIs, behavioral risk factors underlying teen pregnancy, or other associated risk factors. Describe how the project will add to the knowledge base of what works to prevent teen pregnancy.
- Identify your intervention by name and clearly and succinctly describe the who, what, when, where, why, and how of your intervention. Indicate the setting where the intervention will take place. Describe the intervention, including, but not limited to a description of participant materials, the topics and themes covered by the intervention, the duration of the intervention, and how you will deliver the intervention to participants. Tell us who implements the intervention and what qualifications or training staff need to implement the intervention.
    - If your intervention is a systems-level or community-level one, describe the boundaries of the system or community.
    - If your intervention is technology-based, note any equipment end-users need to access the intervention.
    - If your intervention is a major adaptation of a program identified as effective, explain clearly what major adaptations you have made, how the core components have changed, and demonstrate that your intervention is essentially a new one.
    - If anyone has rigorously evaluated your intervention before, and the results of previous studies did not identify evidence of effectiveness, explain why the significance of the intervention warrants additional rigorous impact evaluation of the intervention.
- Describe your theory of change for the intervention. You may reference a logic model included in your appendices (Section E.2.b) to support your narrative. You should clearly indicate the outcome measures for your evaluation, including at least one outcome identified in Appendix A – Criteria for Effective Programs. You may

also examine other associated risk factors underlying teenage pregnancy (such as increased positive relationships with peers, improved mental health, or other similar factors). If using such measures, clearly demonstrate how the outcomes are related to preventing teen pregnancy and address gaps in the TPP field. You should justify the significance of your intervention and why your intervention is well-suited to a rigorous evaluation. Your theory of change and logic model should be consistent with the intervention description.

- Summarize all previous testing, research, and evaluation done on the intervention. Specify the type of evaluation(s) done such as formative evaluation, implementation evaluation, or pre-post tests, or other types. Describe the key findings on TPP-relevant outcomes as identified in Appendix A – Criteria for Effective Programs. Explain specifically how the prior research supports your theory of change. Indicate why the research shows that the intervention has promise and merit for reducing teen pregnancy.

- Summarize any research that shows the intervention is user-centered and therefore a good fit for the participants. Describe any data that shows previous participants liked the intervention, or that the community supports the intervention. Provide evidence that the intervention will have good uptake among the intended audience. Include data that shows whether previous participants had a favorable experience, high levels of engagement, or satisfaction with the intervention. Describe any previous user testing to develop or refine the intervention and specify how you used past participant feedback to develop and refine the intervention.

- Describe any resources or processes used during the development of the intervention to ensure that materials are medically accurate, age appropriate, and aligned with applicable OASH priorities. If applicable and available at the time of submission, include in your appendices any formal, written agreements (e.g., MOUs) from the developer/purveyor/copyright holder of the intervention indicating that you have permission to use and to make any changes to materials. (Changes may include those to ensure medical accuracy, age-appropriateness, and alignment with applicable OASH priorities, for example.)

2. Impact Evaluation Design

- Provide a thorough description of your impact evaluation design in your application; an optional sample template is available under in Appendix D – Sample Evaluation Design Template for this opportunity. Propose the most robust design that is feasible for your intervention and setting and justify why that is the case. OPA expects that all proposed evaluation designs will be consistent with the study quality standards outlined in Appendix A – Criteria for Effective Programs). Your impact evaluation design should include the following:

i. *Research Questions*

- State your proposed research questions. Indicate which questions are primary and which are secondary. Focus each question on a single outcome at a single time point.
- Explain clearly how each research question aligns with the intervention and its theory of change. You may reference material you included in the proposed intervention section of your application.
- You should include at least one research question that assesses the intervention's impact on an outcome domain outlined in Appendix A – Criteria for Effective Programs for preventing teen pregnancy.
- You may propose additional research questions that address other behavioral risk factors underlying teen pregnancy or other associated risk factors for teen pregnancy (such as mental health, educational attainment, healthy relationships, intimate partner violence, substance use, etc.). The outcomes must align with your intervention's logic model. Provide supporting information that clearly links all proposed research questions and outcomes to the reduction of teen pregnancy. Clearly demonstrate how the outcomes you are testing would address gaps in the TPP field.
- Describe how answering these questions will improve programs, outcomes, and/or policies for youth and their families and promote optimal health in communities.

ii. Type of Study Proposed and Justification

- Describe the type of study proposed. Appropriate studies are either RCTs or QEDs with comparison group and are consistent with the study quality standards outlined in Appendix A – Criteria for Effective Programs). Indicate whether you would conduct an efficacy or effectiveness trial. Justify why the type of study proposed is the most robust design feasible for the intervention and setting for your project. Your evaluation should include a comparison group to meet OPA's standards of rigor.

iii. *Description of the Formation of Study Groups*

- Describe how you will form the study groups (i.e., intervention and comparison). Describe differences between your study groups, along with strategies to minimize potential contamination.
    - For RCTs, clearly state the unit of random assignment and indicate that you have aligned it with the unit of analysis. Briefly describe

the random assignment procedure, including whether you plan to use blocking/stratification and a justification for doing so.

- For QEDs, describe the method for formation of the comparison/counterfactual.

iv. Comparison Experiences and Study Context

- Describe any intervention or programming your team will provide to the individuals in the comparison group. Indicate any other TPP-relevant programming the comparison group members might receive in addition to programming provided by your project team (e.g., for example, business as usual programming provided by the study sites). Contrast the proposed comparison group experience to the experience of individuals receiving the intervention. Describe how the team will ensure that the experiences of both the intervention and comparison groups would be sufficiently different from each other.
- Confirm that the study groups will have different levels of exposure to TPP content. Describe why the proposed programming for the comparison group will not affect contrast between the groups.

v. Data Collection Plan and Outcomes

- Describe your plans for obtaining data for the study. Specify what data you will obtain and clearly state how the data aligns with the outcomes for your research questions. Indicate the timing of data collection. Most projects collect baseline data, short-term follow-up data, and either intermediate or long-term follow-up data. Describe any systems that you will use to enter and store data. Justify why your data collection plan is likely to be successful.
- If conducting surveys, describe the survey instrument(s) you will administer. Indicate how you will administer surveys to participants (e.g., by phone, in-person, web-based). Indicate whether the mode of data collection is the same for the intervention and comparison groups. Indicate the proposed timeline for participant recruitment, consent and assent, and data collection. Demonstrate that all proposed data collections will take place within the 5-year period of performance. Align this information with the project work plan. If you propose using secondary or administrative data for your analysis, describe the secondary data source(s) that you would use. Indicate how and from whom you would obtain permission for obtaining the data. Verify that the timing of the data would align with the timing of your project. Describe the variables that align with your research questions and verify that outcomes would be available for both the intervention

(treatment) and counterfactual (comparison or control) groups. Summarize your evaluator's relevant experience with the collection and analysis of the type(s) of data you propose for the study (you may reference information contained in your capacity section below).

vi. Human Subjects Protections, Data Privacy and Security

- Identify the Institutional Review Board (IRB) you will use during the study, including the Federal-wide Assurance number and IRB registration number. Include a proposed timeline for acquiring the approval of the IRB for the proposed activities. Any award based on your application does not supersede the need for IRB review, approval, or determination of an exemption. **Do not include in your application the package prepared for your IRB review.**
- Discuss your process for obtaining consent and assent from study participants. Describe the estimated rate of consent for study participants and provide a reasonable justification of the expected consent rate based on previous studies conducted by your team. Discuss the timing of the consent process relative to the formation of the study groups (for an RCT, this would be relative to the timing of random assignment). Estimate the number or proportion of sample members who will provide consent, relative to the number of individuals recruited for potential participation. Provide evidence that the evaluation team has achieved a similar consent rate in a similar evaluation. If consent must happen after random assignment, describe how your team will keep the consent process blind to treatment status.
- Describe how you will securely store any sensitive data collected from study participants.

vii. Statistical Power, and Minimal Detectable Effect (MDE) Size

- Describe how you plan to estimate the causal impact of the intervention. Show the minimum detectable effect (MDE) size needed for an impact and explain how you calculated the MDE.
- Estimate the statistical power for the study and demonstrate that the power is consistent with study design. Describe the statistical power analysis used to arrive at the sample size. Calculate a Minimum Detectable Effect (MDE) that has an 80% chance of being statistically significant at a specific alpha level, for each outcome. Describe the outcomes and assumptions used in the statistical power calculations. Provide sufficient justification as to why the study will find an effect larger than the MDE calculated.

- If you plan to conduct analyses of subgroups, present additional statistical power analyses to estimate those MDEs.

viii. Sample Size, Recruitment, and Retention

- State your proposed sample size, based on your Power calculations above. Explain the plan to recruit participants for the study and justify that your team can recruit the full sample within the period of performance at the proposed implementation sites or communities. Indicate how you will maximize the participation of individuals who are part of the evaluation sample – both treatment and comparison groups. Indicate whether the IRB is likely to approve any proposed incentives. Describe how the incentives would successfully improve participation. Describe and justify the expected survey response rates. Describe any barriers and challenges to participant recruitment and retention you expect to encounter and how you plan to address them.
- We expect most evaluation designs to be sufficiently well-powered to detect impacts for the primary research question(s) (80 percent chance of being statistically significant at the $p<.05$ level). We encourage applicants with anticipated small sample sizes (e.g., projects in juvenile justice or foster care settings) to propose Bayesian analyses to supplement their analysis or to propose other approaches suited to small samples with a and justification for the approach. Examples of relevant evaluation technical assistance resources are available in Appendix C – Resources.
- Describe how you will maintain sufficient participant contact information that will ensure the evaluation team can maintain contact with participants throughout the entire study.

ix. Readiness and Feasibility

- Describe the readiness of all study materials, processes, and procedures. The materials should include participant materials delivered to either the treatment or comparison groups, study instruments, and Institutional Review Board (IRB) application materials, etc. You should reference the timelines in your project's work plan.
- Demonstrate that your project is likely to be ready for full implementation by the end of the 12-month planning period. See Appendix E – Planning Period Deliverables for an outline of all deliverables expected within the first 12 months of funding.

x. Biases, Limitations, Threats to Validity, and Independence of Evaluation

- Explain how you will conduct the evaluation through a credible and neutral

process, including evaluation staff who do not have perceived or actual conflict of interest and can remain independent from the intervention. Tell us how you will ensure that the evaluation and the implementation of the intervention are independent from each other.

- Explain any other limitations and biases, and how you plan to address them.

xi. Supplemental analyses

- Describe and justify any supplemental or exploratory analyses you plan to complete in addition to the impact and implementation evaluation. The additional analyses may include cost studies, qualitative data analyses, core components analyses, etc. Include any exploratory analyses proposed to uncover relationships between variables.
- You may use the Treatment on Treated (TOT) Framework for supplemental analyses[7]. If you do, demonstrate that you can complete the supplemental analyses by the end of the project and with the proposed staffing level without compromising the quality of the impact evaluation.

3. Implementation Evaluation and Project Improvement

- Describe how you will monitor the implementation of the intervention throughout the study. Indicate the criteria that you will use to assess whether your intervention's implementation occurred as you intended. Indicate how you will measure the dosage (the amount of the intervention received by participants). Describe what fidelity adherence to the key project activities looks like and how you will monitor this during the study. Tell us how you will assess overall quality of implementation. You may use the TPP performance measures (see Appendix B – TPP Performance Measures) as a basis for your dosage, fidelity adherence, and quality metrics. Indicate any other implementation metrics that you intend to track.
- Describe how you will monitor the context within which the study takes place and how you would ensure that your project does not duplicate other programming already offered within proposed sites or communities.
- Tell us how you will collect and assess participant engagement. Include any benchmarks that will you set for the implementation measures to ensure successful implementation of the intervention. A general benchmark is to enroll at least 25% of the sample by the end of year 2, at least 50% of the sample by the end of year 3, at least 75% of the sample by the end of year 4, and reach 100% of the sample size

[7] Administration of Children and Families, Office of Planning, Research, and Evaluation. (2016, March 16). Common Framework for Research and Evaluation. Retrieved from https://www.acf.hhs.gov/sites/default/files/opre/acf_common_framework_for_research_and_evaluation_v02_a.p

during year 5.

- Describe how you will use the implementation data to assess and improve the project.
- Describe how you will monitor the experience of the comparison group throughout the study, including programming that comparison group members may receive outside the study. Indicate what data your team will use, and how often you will collect and assess that data.
- Describe the process for monitoring the quality of the evaluation as it is occurring. Indicate what data you will use in the monitoring process, such as sample intake, response rates at baseline and follow-up, and intervention participation rates, etc. Indicate who would collect, monitor, and review the implementation data, how often you would review the data, and to describe how you might use the data to make project improvements.
- Describe how you will obtain, review, and use feedback from the intervention participants, end users, and other key community members, on the project throughout the period of performance.
- Describe how any state and local policies at your sites may affect data collection and your plans to address any challenges, particularly in collecting the uniform TPP performance measures.

4. Organizational Capability, Partnerships, and Staffing

- Describe your organization's capability to successfully manage and implement the proposed rigorous evaluation project. You should describe the structure of your organization (or the division of a larger agency which will have responsibility for this project), the nature and scope of its work, and the relevant capabilities it possesses. Describe the relevant capabilities of your organization not included elsewhere in the project narrative. Include and refer to your organizational chart in your appendices (Section E.2.b).
- Name all the organizations that you plan to work with on the project. Indicate the roles and responsibilities of each organization on the project. The roles may include serving as study sites, recruiting study participants, implementing the intervention, or collecting data, etc. Describe clearly how each organization will contribute to achieving the project's objectives and outcomes. You should include supporting documentation for the partnerships (MOUs, Letters of Commitment (LOCs), etc.) as described in Section E.2.b. For any proposed partnerships where a written, formal agreement (e.g., MOU) will not be available when you submit your application, describe the timeline for securing the agreement.

- Identify the key personnel for the project, describe their role on the project, and include their organization of affiliation. Key personnel should include at minimum the Principal Investigator/Project Director (PI/PD) and Lead Evaluator for the project. Identify any additional project personnel whose contributions are essential to the project. Summarize the relevant skills, experience, and training for each key personnel position that demonstrates the person selected is well-suited to their role on the project.
- Describe the PI/PD's relevant experience in overseeing, leading, and implementing projects of similar size and scope, with similar populations or settings, and using similar evaluation designs as that proposed.
- Describe the Lead Evaluator's previous experience or training in conducting impact evaluations with a design similar to the design proposed; conducting implementation evaluations or process studies; working with similar interventions and populations; maintaining high sample retention and response rates; and managing and analyzing data. Show clearly that the Lead Evaluator has previous success using the methods proposed for this study and has familiarity with any administrative datasets proposed for use in the study. You may refer to the CVs/resumes/biosketches in your Appendices (Section E.2.b).
- Explain why the proposed evaluation team is capable of successfully executing the evaluation design. Explain why the staffing of the evaluation team is sufficient to successfully complete all aspects of the study, including management, oversight, evaluation monitoring, data collection, data preparation, data analysis, and report writing. Provide evidence from previous evaluations that demonstrates successful recruitment, engagement, and retention of the participants throughout the study. Describe the evaluation team's experience disseminating evaluation findings and lessons learned in peer-reviewed publications, presentations at professional meetings, and briefings with key partners.
- Describe who will be responsible for implementing the intervention and justify that the intervention team can deliver the intervention with high quality. Include any relevant, prior experience the implementation team has working with the priority population, within the proposed setting, and with the intervention (or similar interventions). Identify the team members or partner organizations responsible for implementing the intervention. Describe the successful results the intervention team has implementing interventions like the proposed project; successful results might include, for example, interventions conducted with high levels of participant engagement, attendance, participant satisfaction, or high quality. Support the information you provide with CVs/resumes/biosketches or position descriptions within your appendices.

- Indicate any additional team members or partnering organizations that will recruit participants. Describe their ability to recruit a sample of the intended audience large enough to meet the sample size estimates indicated earlier within your evaluation design.
- Indicate whether any of your project team has previous experience collecting participant feedback and using the feedback to adjust programs.
- Identify any plans to hire additional staff after the award, including a timeline for when you would hire them. You should include job descriptions in your appendices for any open positions.
- Describe how you will assess and deliver any training and professional development for project staff relevant to their role, including training in delivering the intervention. Your plan should ensure that all staff responsible for implementing and evaluating the intervention are well-trained and prepared to successfully fulfill their roles and responsibilities. Indicate how you and your partners will hire and retain staff who are qualified, well-trained, and actively engaged in the project.

5. Project Management and Work Plan

- Describe your project management approach with reference to the Work Plan and/or organizational chart submitted in your appendices (Section E.2.b). Specify who would have day-to-day responsibility for key tasks such as leadership of the overall project, monitoring the evaluation, monitoring the quality of intervention implementation, preparation of reports; dissemination activities, and communications with other partners and HHS/OASH. Describe the approach that you will use to monitor and track progress on the project's tasks and objectives.
- Clearly identify the individual who will serve as the PI/PD and that individual's qualifications, competing time commitments, and related ongoing projects. HHS/OASH expects that, throughout the award period, the PI/PD will have substantial knowledge about all aspects of the project.
- Include the time that your key project staff will spend on the project relative to their other commitments and justify that the proposed commitment to this project is sufficient for completion of all project goals, objectives, and activities described in your work plan.

b. Appendices to the Project Narrative – Content

All items described in this section will count toward the total page limit of your application. You must submit them as **a single electronic file** uploaded to the Attachments section of your Grants.gov application.

Samples and optional forms/templates for some of these items are located under the Related Documents tab for this NOFO on Grants.gov.

Your application should include the following appendices:

1) Work Plan

Include a detailed work plan that is consistent with your project narrative and budget narrative. Your work plan should cover all years of the estimated period of performance.

Applicants are expected to submit a work plan that includes the performance goals outlined in this NOFO. The work plan should reflect SMART objectives (specific, measurable, achievable, realistic, and time-framed), and activities for providing CBA to successive cohorts of organizations for the five-year project period.

The work plan should also reflect the following deliverables:

- Within 6 months of funding - have finalized formal, written agreements (memorandum of understanding/agreements, contract, etc.) with all key partners and subrecipients.
- Within 10 months of funding - pilot-test intervention materials.
- Within 12 months of funding - finalize intervention materials, have a data collection plan, finalize detailed evaluation design, obtain any necessary Institutional Review Board (IRB) approvals, and have all project staff trained to successfully execute the project.
- By the end of Year 1 - be ready to begin fully implementing and evaluating and the proposed intervention.
- Within 15 months of funding - register study with an online registry such as clinicaltrials.gov.
- In the third year of funding (Year 3) - finalize analysis plan.
- Final 6-9 months of the project period – conduct data analysis and reporting.
- End of project period – submit to OPA complete electronic package of the final implementation-ready intervention, including updated components checklist.

2) Logic Model

Submit with your application a detailed logic model that describes the inputs, objectives, activities, outputs, and short- and long-term outcomes of the intervention being tested through the proposed project. All program objectives, activities, and anticipated outcomes shall be reflected in the logic model and demonstrate that the proposed project reflects a coherent approach. The logic model should visualize how the intervention's theory of change operates on participants to achieve the TPP-relevant outcomes

3) Formal written agreements (e.g., MOUs/MOAs) and/or Letters of commitment (LOC)

If available at the time of submission, you should submit formal, written agreements such as MOUs, MOAs, LOC, contract, etc. for each partner (or one signed agreement with all partners) and include specific roles, responsibilities, resources, and contributions of partner(s) to the project. If applicable and available at the time of application, include in your appendices any formal, written agreements (e.g., MOUs) from the developer/purveyor/copyright holder of the intervention indicating that you have permission to use and to make any changes to materials. (Changes may include those to ensure medical accuracy, age-appropriateness, and alignment with applicable OASH priorities, for example.) Formal agreements must detail the specific role and resources that the partner will provide, or activities that the partner will assume, in support of the project. It should also describe the organization's expertise, experience, and access to the targeted population(s). Fully executed formal agreements will be required within 30 days following the issuance of any award made under this announcement. Letters of commitment are not the same as letters of support. Letters of support are letters that are general in nature that speak to the writer's belief in the capability of an applicant to accomplish a goal/task. Letters of support also may indicate an intent or interest to work together in the future, but they lack specificity. You should NOT provide letters of support; letters of support will not be considered during the review.

4) Organizational Chart

Include an organizational chart that reflects the management structure for the project and demonstrates where the project resides within the greater organization.

5) Curriculum Vitae/Résumés/Biosketches for Key Project Personnel

Submit with your application curriculum vitae, résumés, or biosketches of the Project Director/Principal Investigator, Lead Evaluator, and all other Key Personnel. Key Personnel includes those individuals who will oversee the technical, professional, managerial, and support functions and/or assume responsibility for assuring the validity and quality of your organization's program. This includes at a minimum Program Manager/Program Coordinator. You should use full names (first, middle, last) on these documents to distinguish them for verification in the System for Award Management exclusion records. You should use the formatting common to those documents. (See https://grants.nih.gov/grants/forms/biosketch.htm for templates and sample biographical sketches.)

6) References Cited

Include your references cited in your project narrative as an appendix. Include citations for all evidence of evaluations conducted on the proposed intervention to date. You may use any standard format that you choose as long as it will clearly lead the reader to your source of information or data.

***c.* Budget Package - Content**

A complete budget package consists of the following required components:

- SF-424A "Budget Information Non-Construction Programs"
- Budget narrative with detailed justification by cost category/object class, and

- Plan for oversight of federal funds.

You should include supporting documentation for your budget (e.g., a copy of your approved indirect cost rate) as part of the budget package, not as part of your appendices to the project narrative. There is no page limit for the budget package contents. If you are recommended for an award, you may be asked to provide additional information about your budget package.

Throughout your budget package, "Federal resources" refers only to the funds you are requesting from the program office for this project. "Non-federal resources" are all other non-HHS/OASH federal and non-federal resources. Funds from federal grant programs typically are not eligible as cost share for other federal grants. It is your responsibility to confirm with other federal agencies whether funds you receive from them are eligible resources to apply to your proposed project.

1. Standard Form SF-424A

You must enter the project budget according to the directions provided with the standard form.

You must provide costs by object class category for the first 12 months (i.e., first budget period) of the proposed project using Section B, box 6 of SF-424A. If the estimated period of performance is 12 months or less, this will be your total budget request for the entire project.

"Federal resources" refers only to the funds for which you are applying under this NOFO. "Non-federal resources" are all other resources (federal and non-federal).

Do not include costs beyond the first budget period in the object class budget in box 6 of SF-424A or box 18 of SF-424. The amounts entered in these sections should only reflect the first budget period.

If there is a discrepancy between your SF-424A and budget narrative and justification, we will rely on the narrative and justification to determine the final amounts.

2. Budget Narrative with Justification

Your budget narrative must include a detailed line-item budget and must include calculations for all costs and activities by the "object class categories" identified on SF-424A. You must provide a detailed justification for the costs by object class. The object class budget organizes your proposed costs into a set of defined categories.

Use the guidelines in Section K.4 for preparing the detailed object class budget.

Budget Periods

Your budget narrative must describe the first budget period in detail. For each proposed cost for the first budget period, provide a justification that includes explanatory text and line-item detail. You should describe how you derived your categorical costs. Your justification should show the necessity and reasonableness of the proposed costs for the project.

For subsequent budget years in an anticipated multi-year period of performance, provide a summary narrative and line-item budget for each year beyond the first. For categories or items

that differ significantly from the first budget period, provide a detailed justification explaining these changes.

Funding levels for all approved budget periods after the first are generally the same as the initial award amount and are subject to an offset with funds unused in the previous budget period. Carryover of unobligated funds from one budget period to the next requires prior approval.

Determining Proposed Costs

Your budget narrative should justify the overall cost of the project as well as the proposed cost per activity, service delivered, and/or product. For example, the budget narrative should define the amount of work you have planned and expect to perform, what it will cost, and an explanation of how the result is cost effective. If you are proposing to provide services to clients, you should describe how many clients you expect to serve, the unit cost of serving each client, and how this is cost effective.

Proposed costs must adhere to the cost principles described in 2 C.F.R. §200.416. We have provided additional information on the most common cost categories for applications for OASH awards in Section K.4.

Budget calculations must include estimation methods, quantities, unit costs, and other similar quantitative detail sufficient to verify the calculations. Carefully review Funding Restrictions (below) for specific information regarding allowable, unallowable, and restricted costs.

Describing Federal and Non-federal Share

Both federal and non-federal resources (if applicable) must be detailed and justified in the budget narrative. "Federal resources" refers only to the HHS/OASH funds for which you are applying under this NOFO. "Non-federal resources" are all other non-HHS/OASH federal and non-federal resources.

If matching or cost sharing is required or offered voluntarily, you must include a detailed listing of any funding sources identified in box 18 of SF-424 (Application for Federal Assistance).

Indirect Costs

Indirect costs for training are limited to a fixed rate of eight percent of the modified total direct costs (MTDC) exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $50,000 (2 C.F.R. § 200.414 (c)(1).

Funding Restrictions

The following restrictions apply to costs you may propose and be awarded.

Pre-Award Costs

Pre-award costs are NOT allowed. Pre-award costs (2 C.F.R. § 200.458) are those incurred prior to the effective date of the Federal award directly pursuant to the

negotiation and in anticipation of the Federal award where such costs are necessary for efficient and timely performance of the scope of work.

Salary Rate Limitation

Each year's appropriations act limits the salary rate that you may charge to the grants and cooperative agreements that we award. You must not use award funds to pay the salary of an individual at a rate in excess of Federal Executive Pay Scale Executive Level II.

As of January 2026, the Executive Level II maximum salary is $228,000. This amount reflects an individual's base salary exclusive of fringe benefits and any income that an individual working on the award project may be permitted to earn outside of the duties to the applicant organization. This salary rate limitation also applies to subawards/subcontracts under an HHS/OASH award.

An example of the application of this limitation for an individual devoting 50% of their time to this award is broken down below:

Salary Rate Limitation	
Individual's *actual* base full-time salary $350,000 with 50% of time devoted to project, i.e., 0.5 FTE	**Direct salary ($350,000 x 0.5)** = $175,000
	Fringe (25% of salary) = $43,750
	Total = $218,750
Individual's base full-time salary *adjusted* to Executive Level II: $225,700 with 50% of time devoted to the project	**Direct salary ($225,700 x 0.5)** = $112,850
	Fringe (25% of salary) = $28,212.50
	Total amount allowed = $141,062.50

Appropriate salary rate limits will apply as required by law.

Vehicle Purchase

We will not approve a vehicle purchase at the time of award even when included in your application. You must obtain prior approval before the purchase of a mobile health unit or any other vehicle with award funds. A request for prior approval must include a detailed justification of the need for the vehicle that includes an analysis of comparing purchase, lease, and other alternatives. Equipment purchases are subject to transfer to another federal project or sale at the end of the period of performance (2 C.F.R. § 200.313(e)).

Construction Costs

We will not approve construction costs. This includes major improvements to or significant renovations of facilities.

3. Plan for Recipient Oversight of Federal Award Funds

You must include a plan for oversight of federal award funds which describes:

- how your organization will provide oversight of federal funds and how award activities and partner(s) will adhere to applicable federal award and programmatic regulations. Include identification of risks specific to your project as proposed and how your oversight plan addresses these risks.
- the organizational systems that demonstrate effective control over and accountability for federal funds and program income, compare outlays with budget amounts, and provide accounting records supported by source documentation.
- for any program incentives proposed, the specific internal controls that will be used to ensure only qualified participants will receive them and how they will be tracked.
- organizational controls that will ensure timely and accurate submission of Federal Financial Reports to the OASH Grants and Acquisitions Management Division via the Payment Management System as well as timely and appropriate withdrawal of cash from the Payment Management System.

If your internal controls are available online, you may provide a link as part of your plan in the budget narrative. Although merit reviewers are not permitted to access any external materials linked in the application as part of their review, this link would facilitate review of your proposal if recommended for risk assessment (Section G.4).

Section K.5 contains questions you may find useful in preparing your Recipient Plans for Oversight of Federal Funds.

d. Project Abstract Summary Guidance

You must complete the Project Abstract Summary form. The application page limit does not include the Project Abstract Summary Form. Research projects may enter zero for "Estimated number of people to be served as a result of the award of this grant."

The abstract will serve as the application summary going forward. Do not include sensitive or proprietary information in your abstract.

If your project is funded, we will publish the abstract on TAGGS.hhs.gov and USASpending.gov as you submitted it. You may request to edit it later, or we may ask you to edit it later to reflect any negotiated changes to the project. The abstract may also appear on the program office website or other government websites.

Your abstract should contain:

- Specifics about the project purpose

- Activities that you will perform
- Expected deliverables and outcomes
- Intended project beneficiary(ies) or participant(s)

Your description of the project should be brief and use plain language an average reader can understand. You should limit abbreviations, acronyms, or jargon without definitions. The abstract should be unique to your project.

F. SUBMISSION REQUIREMENTS AND DATES

1. Obtaining an Application Package

The official complete application package is available on Grants.gov. Search either the Assistance Listing number or the NOFO number AH-TP2-26-001.

The package consists of several Adobe PDF format documents. This is a standard format widely accessible across multiple platforms including mobile devices. The Acrobat Reader application is available at https://www.adobe.com/acrobat/pdf-reader.html.

All materials will be under the Package tab on the page for this opportunity on Grants.gov. If you have problems locating the application package, contact Grants.gov Helpdesk.

2. Required Registrations

You must have an active registration in SAM.gov and Grants.gov to apply for this opportunity.

It is your responsibility to plan ahead to ensure adequate time to register in both systems before submitting your application. We recommend beginning the registration process immediately, but **no later than** 30 days prior to the application deadline with a goal of your registration being complete at least 15 days prior to the application deadline.

a. Unique Entity Identifier and System for Award Management (SAM)

Grants.gov will not accept an application unless you have an active SAM.gov registration and received a Unique Entity Identifier (UEI). There is no fee for registering in SAM.gov.

In cases where an individual is an eligible applicant (see Section A.1.a), the individual does not need a SAM.gov registration. However, the individual must still create a Grants.gov account. Grants.gov will assign a default UEI value where applicable.

We cannot make an award to your entity unless it has an active SAM registration. In accordance with 2 C.F.R. § 25.205, if you have not complied with this requirement, we may:

- determine that you are not qualified to receive an award; and
- use that determination as a basis for making an award to another applicant.

Should you successfully compete and receive an award, all first-tier subrecipients must have a UEI number at the time you make a subaward to them.

Registering in SAM

Your organization must register online in the System for Award Management (SAM). Grants.gov will reject submissions from applicants with nonexistent or expired SAM Registrations. You will find instructions on the Grants.gov website as part of the organization registration process.

Complete a SAM registration (or renewal) as soon as possible if you do not currently have an active registration that will remain active through the competitive process. Registration will include obtaining a unique entity identifier (UEI). SAM.gov provides an Entity Registration Checklist to help you prepare the necessary documentation.

You may register in SAM as an entity applying for either

- Federal Assistance Awards Only (e.g., grants and cooperative agreements) or
- All Awards (including procurement awards).

If you chose to register for All Awards, you must answer Yes to the question "Do you wish to apply for a federal financial assistance project or program, or is your entity currently the recipient of funding under any federal financial assistance project or program?" Failure to do so will require us to obtain a separate assurance document from you during our risk assessment (Section E.3) and may delay any award.

The list of representations and certifications to be certified as part of your registration is reproduced in Section K.6 with the corresponding HHS regulation citations. By submitting your application to this NOFO, your authorized representative certifies to these representations and certifications by signing Box 21 of SF-424A.

Make sure your SAM registration information is accurate, especially your organization's legal name and physical address including your ZIP+4. Should you successfully compete and receive an award, this is the legal name and address we must use on the NOA.

During your registration, your organization will need to designate an E-Business Point of Contact (EBiz POC). The EBizPOC will need to be the individual to set up your Grants.gov account.

SAM Registration Renewal

If your organization has previously registered in SAM, confirm your status and determine whether you need to update or renew it. You must renew your SAM registration each year.

If you are successful and receive an award, you must maintain an active SAM registration with current information at all times during an active award or an application or plan under consideration by an HHS agency.

Timing of Registration

It may take up to 2-3 weeks (or longer during periods of high volume) for a registration to become active in SAM. After that, it may take an additional 24-72 hours for SAM to

synchronize with Grants.gov. Grants.gov must recognize your SAM registration as active to accept your application. We strongly encourage confirming your registration status well before you are ready to submit your application to Grants.gov.

b. Grants.gov Registration

The Grants.gov Applicant Registration page provides the most up to date guidance on registering. There is no fee for registering to use Grants.gov.

Your EBizPOC may begin creating your account prior to receiving your UEI from SAM.gov. However, your will need to complete the SAM.gov registration prior to complete your Grants.gov registration.

Grants.gov is a platform that allows you to have multiple users with a variety of role-based access to perform actions on application(s). You must register an authorizing official for your organization. We do not determine who your organization's authorizing official is; your organization makes that decision. However, your authorizing official(s) must have the authority to act on behalf of your organization.

You may consider registering a backup authorized organization representative(s) in Grants.gov to ensure someone is available to submit your application. We will not extend due dates because your authorized official is unavailable.

We encourage potential applicants to familiarize themselves with the Workspace Overview and options as soon as possible.

3. Submission Instructions

It is your responsibility to read and understand the instructions to submit a complete and properly formatted application.

a. Electronic Application Submission

We require that all applications be submitted electronically via Grants.gov unless the Grants Management Officer has granted an exemption in writing (See Section F.3.a).

Grants.gov Information

You may access the application for this opportunity on Grants.gov. Search for the downloadable application page by the NOFO number AH-TP2-26-001 or Assistance Listing number 93.297.

To ensure successful submission of your application, you should carefully follow the step-by-step instructions on the site. These instructions are kept up-to-date and also provide links to Frequently Asked Questions and other troubleshooting information. You are responsible for reviewing all Grants.gov submission requirements on the Grants.gov site.

You should contact Grants.gov with any questions or concerns regarding the technical system questions about the electronic application process (Section J).

See Section E.2 for requirements related to UEI numbers and SAM registration.

Electronic File Submission

Applications, excluding required standard forms, must be submitted as three (3) files. Any additional files submitted as part of the Grants.gov application will not be accepted for processing and will be excluded from the application during the review process. Merit reviewers are not permitted to follow embedded links to materials outside of the application. Your content must fit within the page limits of the application.

File 1	The complete Project Narrative
File 2	All documents that make up the Appendices described in Section E.3.c
File 3	The entire Budget Package including supporting documentation described in the Budget Narrative content section.

Acceptable File Formats

All files uploaded for your application must be in an acceptable file format and must contain a valid file format extension in the filename.

We only accept the file formats identified in the table to ensure compatibility across our other systems although Grants.gov will allow you to attach unacceptable formats.

We strongly encourage you to upload your application in Adobe PDF format. By converting to PDF prior to submission, you may prevent any unintentional changes that might occur with submission of an editable document. Most commonly available applications for document preparation have the ability to "Save As" or "Print To PDF."

We do not recommend submitting scanned copies through Grants.gov unless you have confirmed the clarity of the scan and the readability of the documents.

Any file submitted as part of the Grants.gov application that is not in a file format listed as acceptable will not be imported for processing and will be excluded from the application during the review.

We will not contact you for resubmission of files to the correct the file type.

We will not contact you for passwords or for resubmission of unprotected files. We will forward unprotected information in the application forwarded for consideration, but we will not forward password protected portions.

Acceptable File Formats (extension)
• Adobe PDF (.pdf) • Microsoft Word (.doc or .docx) • Image formats (.jpg, .gif, .tif, or .bmp only)
Unacceptable File Formats (extension)
• Microsoft Excel files (.xls) or other similar spreadsheet files • Any compressed file formats (e.g., .zip, .rar, or Adobe Portfolio)

- Any password protected files

Timing Considerations

We strongly encourage you to submit your application a minimum of 4-5 days prior to the application closing date. You are responsible for allowing time for system registrations and where applicable State Single Point of Contact (SPOC) notifications (Section F.3.d).

Do not wait until the last day in case you encounter technical difficulties, either on your end or with Grants.gov. Grants.gov can take up to 48 hours to notify you of a successful or rejected submission. You are better off having a less-than-perfect application successfully submitted and under consideration than no application.

If your submission fails due to a system problem with Grants.gov, we may accept your application if you provide verification from Grants.gov indicating system problems existed at the time of your submission and that time was before the submission deadline. If you have reported a system problem to the Grants.gov helpdesk, obtain a ticket number to provide us so that we can verify the problem.

A "system problem" does not include known issues for which Grants.gov has posted instructions regarding how to submit an application successfully, such as compatible Adobe versions or file naming conventions. Nor does a "system problem" include issues that should have been identified by reviewing and confirming your account status prior to the submission deadline.

Exemption to the Grants.gov Submission Requirement

We will consider an exemption to the Grants.gov submission requirement only under limited circumstances. To obtain an exemption, you must request one via email from GAM point of contact Eric West at Eric.West@hhs.gov. Your request **must provide details as to why you are technologically unable to submit** electronically through Grants.gov. You should submit your request at least 4 business days prior to the application deadline to ensure we can review your request at least to 2 business days before the deadline.

In your e-mail requesting an exemption include:

- the NOFO number;
- your organization's UEI number;
- your organization's name, address and telephone number;
- the name and telephone number of your Authorizing Official;
- the Grants.gov Tracking Number (e.g., GRANT####) assigned to your submission; and
- a copy of the "Rejected with Errors" notification from Grants.gov.

We will not grant an exemption to the electronic submission requirement for:

- Failure to have an active System for Account Management (SAM) registration prior to the application due date.
- Failure to follow Grants.gov instructions to ensure software compatibility.
- Failure to have the correct permission levels configured in your Grants.gov workspace.

GAM will only accept applications via alternate methods (i.e., PDF via email or hardcopy paper via U.S. mail or other provider) from applicants with prior written approval. If you receive an exemption, you must still submit your complete application, and we must receive it by the due date.

We will accept only applications submitted through Grants.gov or a pre-approved alternate format.

b. Submission Dates and Times

You must submit your application for this funding opportunity by July 23, 2026.

Your submission time is the date and time stamp provided by Grants.gov when you **complete** your submission. If you do not submit your application by the due date and time, we will not review it, and it will receive no further consideration.

It is your responsibility to review all instructions available on Grants.gov for successfully submitting an application. For information on registering for Grants.gov or to receive assistance on any technical system questions, contact Grants.gov directly (Section J).

c. NOFO Technical Assistance Webinar

We will provide a technical assistance webinar for applicants on June 30, 2026.

You should review the entire announcement prior to attending to have any questions answered well in advance of the application due date. You should also subscribe to this opportunity on Grants.gov to receive any amendments, revisions, question and answer documents, or other updates.

Following the webinar, we will typically post an FAQ addressing common questions including those of general applicability asked during the webinar. We will also post a link to the recorded TA webinar.

Out of fairness to all applicants, we do not provide one-on-one consultation on the specific content development for any applications.

d. Intergovernmental Review

This program is not subject to the Intergovernmental Review requirements of Executive Order 12372, "Intergovernmental Review of Federal Programs," as implemented by 45 C.F.R. part 100.

4. Other Submission Requirements

a. Program-Specific Requirements

Non-profit Status

If you are a non-profit organization, please submit documentation of nonprofit status. Any of the following constitutes acceptable proof of such status:

(a) A reference to the Applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in the IRS code;

(b) A copy of a currently valid IRS tax exemption certificate;

(c) A statement from a State taxing body, State attorney general, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals; or

(d) A certified copy of the organization's certificate of incorporation or similar document that clearly establishes nonprofit status.

b. Follow-up Submission Requirements

We may request additional documentation during the review process. We suggest having these documents readily available. Requests will only come from the OASH GAM staff. If you have any concern about the validity of a request, please contact us through the contact information provided in Section J.

Requested documentation may include a copy of your:

- Approved negotiated indirect cost rate, if not submitted in your budget package
- Internal controls
- Authorizing Tribal Resolution

We may request additional documentation as needed during our risk assessment process in Section G.4.

Failure to provide the requested documentation by the requested deadline may result in our no longer considering your application and moving on to another to make an award.

You should not interpret a request for information as an indication that we will make an award to you. A request only means that we are continuing to review your application.

G. APPLICATION REVIEW INFORMATION

Your application will undergo a series of reviews designed to ensure compliance with statutory and regulatory requirements, alignment with agency priorities, and responsible stewardship of Federal funds, consistent with Executive Order 14332, "Improving Oversight of Federal Grantmaking" (available at https://www.whitehouse.gov/presidential-

actions/2025/08/improving-oversight-of-federal-grantmaking/), which aims to "strengthen oversight and coordination of, and to streamline, agency grantmaking to address […] problems, prevent them from recurring, and ensure greater accountability for use of public funds more broadly."

Application Qualification and Alignment Review
GAM personnel in coordination with Federal program staff, including senior Department officials or other designated Presidential appointees, consistent with the Executive Order on "Improving Oversight of Federal Grantmaking" will conduct a qualification review. There are several components to qualifying an application to proceed to merit review.

- **Eligibility Review** to determine whether you are an eligible applicant as described in Section A.
- **Responsiveness Review** to determine whether the responsiveness criteria have been met as described in Section G.1.
- **Formatting Review** to determine whether your application meets the formatting requirements described in Section E.1.

The Grants Management Officer will make the final determination on whether an application is eligible and qualified to proceed to merit review. This decision is not appealable.

Merit Review
An independent merit review panel will evaluate applications that are qualified and eligible. These reviewers are experts in their fields, and are drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies.

We do not disclose the identities of our review panelists. Each is vetted during the selection process to identify and manage any real or apparent conflict of interests.

Using the Merit Review Criteria, the reviewers will provide comments and rate the applications. We will provide reviewer comments to applicants after we have made final award decisions and issued notices of award. We do not provide scores.

Programmatic Technical Review and Risk Assessment
In addition to the independent merit review panel, federal staff will review each application for technical (programmatic), budgetary, and grants management compliance.

1. Responsiveness Review

The responsiveness review assesses your application at a high level to determine whether the application has addressed the subject matter of the opportunity or met any legal requirements. The criteria, if any, we describe below facilitate a go/no-go determination by the review team. Failure to address the responsiveness criteria clearly and provide the required information will result in disqualification.

a. Responsiveness Criteria

For this opportunity, the responsiveness criteria are:

- Not applicable

b. Disqualifying Criteria

Disqualification means we will not review the application and will give it no further consideration.

We will disqualify applications:

• not submitted electronically via Grants.gov (unless an exemption was granted by the grants management officer in writing 2 business days prior to the deadline)
• not submitted by the due date and time (Section F.3.b)
• not submitted by an eligible applicant (Section A.1.a)
• submitted multiple times for the same project from the same organization, *except* for the last application received by the deadline (Section A.1.c)
• not meeting the Responsiveness Criteria (Section G.1.a), if any
• not including a non-federal sources justification in the budget narrative when including cost-sharing (voluntary or required) (Section A.3)
• requesting total funds (direct plus indirect costs) that are either: o Above the Award Ceiling of $1,250,000
• missing or incomplete required forms in the application package found on Grants.gov including SF-424; SF-424A, SF-LLL, and the Project Abstract Summary (Section E)
• not meeting the formatting requirements (Section E), specifically: o not submitted in the English language and U.S. dollars (2 C.F.R. § 200.111(a)) o not submitted with ▪ an 8 ½ ” x 11” page size ▪ 1” margins on all sides (top, bottom, left and right) ▪ a font size of not less than 12 points ▪ a Project Narrative that is double-spaced o exceeding the 50-page limit for the Project Narrative o exceeding the total 100-page limit for the Project Narrative plus Appendices combined, excluding SF-424, SF-424A, SF-LLL, Project Abstract Summary, and Budget Narrative with budget tables

2. Merit Review Criteria

Federal staff and an independent merit review panel will assess all qualified eligible applications according to the following criteria. Disqualified applications will not be reviewed against these criteria.

- **Significance of the Proposed Intervention (40 points)**
- **Evaluation Design: Research Question and Study Design (15 points)**
- **Evaluation Design: Methodology (15 points)**
- **Implementation of the Intervention and Project Improvement (15 points)**
- **Project Management and Work Plan (10 points)**
- **Budget (5 points)**

Scores will be calculated for a total possible of 100 points.

SIGNIFICANCE OF THE PROPOSED INTERVENTION (40 POINTS)

- The application demonstrates the intervention's promise, public health significance, and alignment with at least one of the priorities noted below. Applicants should describe how the proposed intervention addresses gaps for reducing teen pregnancy. The intervention does this through its delivery mechanism, duration, the intended audience, the setting, the topics, and themes covered. The applicant should specifically describe how its intervention addresses the following priorities:

    - Promoting body literacy to make informed and healthy decisions that advance optimal health: The intervention supports adolescents in developing body literacy, defined as the ability to understand how the body functions in a state of health, including knowledge of reproductive anatomy, physiology, and hormonal patterns, and to interpret biological signals to support informed decision-making, self-awareness, and long-term physical, mental, and reproductive well-being. Applications should describe preliminary evidence of how content enables adolescents to make informed, healthy decisions that advance optimal health outcomes. Applicants should incorporate sexual risk avoidance (SRA) education as a component of program delivery. This may include, but is not limited to, fostering understanding of anatomy and physiology, healthy relationships, delay of sexual initiation, and personal agency in decision-making.

    - Ensuring transparency and upholding parental rights: The intervention incorporates clear, proactive strategies to ensure transparency with parents and guardians. Applicants should describe processes for providing advance notice about program content, materials, and activities in a

manner that is accessible and understandable. Applicants should also outline a clear and accessible process that allows parents to opt their children out of any specific content, particularly those related to sexuality, that may burden their religious exercise or conflict with sincerely held beliefs. Applicants should describe how these processes will be communicated, documented, and implemented consistently across settings.

- Applicants should present a well-articulated and plausible theory of change, consistent with the intervention, and supported by compelling preliminary research that demonstrates the intervention is likely to reduce teen pregnancy.
- Applicants should provide evidence of end-user feedback (e.g., adolescents, parents, or community stakeholders) that has informed the design, adaptation, or refinement of the intervention. Applicants are also expected to provide any information that demonstrates that the intervention is well-suited for the proposed implementation. The project includes processes to ensure that the materials are medically accurate and age-appropriate.
- The extent to which the applicant proposes an intervention that meaningfully advances applicable OASH priorities. This includes describing anticipated outcomes of the intervention, once evaluated, on at least one of the OASH priorities as it relates to reducing teen pregnancy. In addition, applicants should describe the intervention's scalability and/or adaptability.

EVALUATION DESIGN: RESEARCH QUESTION AND STUDY DESIGN (15 POINTS)

- The proposed research questions are well-reasoned, focused, well-aligned with the intervention's theory of change, and clearly address the reduction of teen pregnancy. At least one research question assesses the intervention's impact on an outcome identified in Appendix A – Criteria for Effective Programs.
- The applicant proposes an appropriate type of impact study with comparison group (either a Randomized Control Trial or a Quasi-Experimental Design) that meets the standards for a rigorous evaluation in Appendix A – Criteria for Effective Programs. The applicant justifies why the evaluation design proposed is the most rigorous feasible for the setting and intervention and is realistic to conduct within a 5-year project.

EVALUATION DESIGN: METHODOLOGY (15 POINTS)

- The applicant adequately justifies that assignment of participants to the treatment and comparison groups will ensure baseline equivalence and proper contrast

between the groups for the research question.

- The estimated statistical power for the study is consistent with study design to ultimately demonstrate the effectiveness of the intervention. The statistical power analysis used to arrive at the sample size includes the Minimum Detectable Effect (MDE) that has an 80% chance of being statistically significant at a specific alpha level, for each outcome. The application considers the outcomes and assumptions used in the statistical power calculations, including presence in the area of similar interventions and available target sample, the description is consistent with the proposal as a whole.

- The applicant indicates a feasible sample size for the study, consistent with the proposed power calculations, and a clear and realistic rationale for how the team could recruit and retain enough participants to reach the proposed sample size, while accounting for attrition. The applicant describes an effective approach to maximizing and maintaining the participation of individuals within the evaluation sample. The applicant justifies its expected survey response rates, discusses potential challenges to recruitment and retention, and proposes a sound approach to addressing them.

- The application includes a sound, feasible data collection plan that will succeed. The applicant specifies the source(s) of data they will use in the study and clearly demonstrates that the evaluation team has the relevant expertise with the data collection methods and sources proposed. The applicant describes outcomes in the data collection plan that aligns with the intervention's logic model, theory of change, and the proposed research questions. The timelines for data collection are realistic for a 5-year project and are consistent with the project work plan.

- The extent to which the applicant clearly describes how they would conduct the study in a credible and neutral manner, including at a minimum, evaluation staff who do not have a conflict of interest and can remain independent of the intervention. The extent to which the applicant clearly discusses study limitations and biases and presents a sound plan that is likely to address them.

- The applicant describes a sound and feasible process for protecting human subjects that is likely to obtain participant consent and assent and secure sensitive data with appropriate IRB oversight and approval. The applicant described a feasible timeline for obtaining IRB approval(s) with the identified the IRB(s) by name to occur within the first 12 months of funding.

IMPLEMENTATION OF THE INTERVENTION AND PROJECT IMPROVEMENT (15 POINTS)

- The proposed implementation plan is a clear and feasible approach for ensuring a high-quality implementation of the intervention throughout the study with adequate monitoring of dosage, fidelity, overall quality of implementation, participant engagement and satisfaction, sample intake, participation, and response rates. The plan describes how and when the applicant will collect and use data to assess and improve the project. The applicant describes a sound plan to monitor the context of the evaluation and the experience of the comparison group.
- The applicant clearly describes the role(s) of all proposed partners and provides a compelling rationale for choosing its partners. The strength of proposed partnerships overall is adequate to support project activities. Signed written formal agreements (e.g., MOUs, LOCs, etc.) within the appendices demonstrates partnerships at a level of commitment needed for the project to be successful.
- The applicant describes a feasible strategy for engaging end-users of the intervention in the ongoing planning and implementation of the entire project. The proposed strategies are likely to obtain significant input from members of the intended audience in the implementation of the intervention, execution of the evaluation, and dissemination of findings.
- The applicant organization, its partners, and staff including the lead evaluator, PI/PD, and key project staff, demonstrate sufficient capacity and capability to successfully complete the proposed project within 5 years. The applicant demonstrates capacity through sufficient staffing assignments; staff with the necessary and relevant experience, qualifications, and training; knowledge of rigorous evaluation studies similar in size and scope to the proposed project; and an optional demonstration of examples of successful rigorous evaluation studies in similar settings and contexts and with similar populations as the proposed study.
- The project team demonstrates past success in project planning and improvement for the recruitment and retention of the intended population, collecting data, analyzing data, reporting on evaluation studies, and engaging community members and end-users.
- The application clearly identifies the team members/organizations responsible for implementing the intervention, and they demonstrate prior experience working with the intended audience and within the proposed implementation setting. The intervention team has a clear track record of implementing interventions similar to the proposed project. Resumes/biosketches/CVs/position descriptions within the appendices clearly support the information within the narrative.

PROJECT MANAGEMENT AND WORK PLAN (10 POINTS)

- The application describes a reasonable plan for appropriate oversight for the project to manage the implementation of the intervention and its evaluation including monitoring each activity and collaboration partner. The application clearly demonstrates that the PI/PD and other key personnel have sufficient availability to ensure adequate oversight. An organization chart within the appendices supports the information in the narrative.
- The application and work plan provides a reasonable and feasible timeline for successfully completing the project within 5 years, realistically accounts for the readiness of project materials and staffing levels, and demonstrates readiness to fully implement and evaluate the proposed intervention by the end of Year 1 of the project. The project timeline includes all study implementation activities and is consistent with the evaluation design. Data collection concludes at least 6 months from the end of the project to allow sufficient time for analysis and report writing.
- The work plan is consistent with the project narrative, includes plans for disseminating project findings and lessons learned, and includes plans to document the intervention with sufficient detail so that others may replicate it after end of the award.

BUDGET (5 points)

- The application will be assessed based on the extent to which the budget and budget narrative clearly show how the total amount requested was determined; are detailed, reasonable, adequate, cost efficient, and clearly aligned with the proposed technical approach.

3. Merit Review and Selection Process

Application Status Inquiries

During the review process, we do not release information about individual applications. If you would like to track your application, please see the instructions on Grants.gov.

If you receive communications to negotiate an award or request additional or clarifying information, this does not mean you will receive an award. It only means that your application is still under consideration.

Federal Staff Review

In addition to the independent merit review panel, Federal staff will review each application for technical (programmatic), budgetary, and grants management compliance.

The Office of Population Affairs will coordinate with a senior appointee to provide recommendations for funding to the Grants Management Officer to conduct risk analysis consistent with 2 CFR 200 and applicable HHS policy. No award decision is final until a Notice of Award is issued by the Grants Management Officer, in coordination with a senior appointee or appointee's designee, consistent with the Executive Order on "Improving Oversight of Federal Grantmaking."

In providing these recommendations the program office will take into consideration the following additional factors(s):

- Geographic distribution
- Non-duplication of or overlap with existing interventions
- Variety in of any of the following: priority areas addressed, interventions, intended audience, settings, and delivery mechanisms or location
- Technical components in the evaluation design or intervention resulting in an unacceptable risk of meeting proposed project objectives.
- Alignment with HHS and OASH priorities

4. Review of Risk Posed by Applicant

Before issuing any award, GAM evaluates each recommended application for risks in accordance with 2 C.F.R. § 200.206. This evaluation may incorporate results of the evaluation for eligibility or of the quality of an application.

Risk Factors Considered

We will use a risk-based approach and may consider any items such as the following:

a. Your financial stability;
b. Quality of management systems and ability to meet the management standards prescribed in 2 C.F.R. part 200;
c. History of performance. Your record in managing Federal awards, if you are a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
d. Reports and findings from audits performed; and
e. Your ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

Also, prior to making a Federal award with a total Federal share greater than the simplified acquisition threshold (currently $250,000), GAM must review and consider any information about you that is in the designated integrity and performance system accessible through the System for Award Management (SAM) (formerly the Federal Awardee Performance and Integrity Information System (FAPIIS)).

If you are a prior Federal award recipient, the information in the system must, at a minimum, "demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics." 2 C.F.R. § 300; see also 2 C.F.R. §200.206. You have the option to review information in SAM and comment on any information about your organization that a Federal awarding agency previously entered and is currently available through SAM.

GAM will consider any comments by you, in addition to the other information in the designated system, in making a judgment about your integrity, business ethics, and record of performance under Federal awards.

Risk Review Outcomes

If GAM does not make an award to you because we determine that your organization does not meet either or both of the minimum qualification standards as described in 2 C.F.R. § 200.206, we must report that determination to SAM.gov, if certain conditions apply. See 2 C.F.R. § Part 300.

If GAM determines that a federal award will be made, specific conditions that correspond to the degree of risk assessed will be applied to the Federal award. Such conditions may include additional programmatic or financial reporting or releasing funds on a reimbursable rather than cash advance basis.

Funding Priorities

A funding priority adds points to merit review scores if we determine that the application meets the listed criteria. Qualifying for a funding priority does not guarantee that your application will be successful.

Priority 1: Not currently funded by this opportunity (2 Points)

We will give you a funding priority if:

Your organization does not hold an active award under this opportunity at the time you apply.

Priority 2: Never funded by this opportunity (2 Points)

We will give you a funding priority if:

Your organization has never received an award under this opportunity.

H. AWARD NOTICES

Upon completion of risk analysis and concurrence of the GMO, GAM will issue Notices of Award (NOAs). No award decision is final until the GMO issues a NOA. All award decisions, including the level of funding, if an award is made, are final and you may not appeal.

We are not obligated to make any federal award as a result of this NOFO. If we make awards, the awards may be for periods shorter than indicated. Only the GMO can bind the federal government to the expenditure of funds.

Funded Applications

If you are successful, you will receive official notice of your award with a Notice of Award (NOA) via a system notification from our grants management system (Grant Solutions) and/or via e-mail. The NOA includes the amount awarded for the specified budget period, the purpose(s) of the award, the anticipated length of the period of performance, terms and conditions of the award, and the amount of cost share or matching, if applicable.

If you receive an NOA, we strongly encourage you to read the entire document to ensure your organization's information is correct and that you understand all terms and conditions. You should pay specific attention to the terms and conditions, as some may require a time-limited response. The NOA will also identify the Grants Management Specialist (GMS) and Federal Project Officer (FPO) assigned to the award for assistance and monitoring. The GMS and FPO will work as a team. Any questions or concerns during the project should be communicated to both the GMS and FPO.

Pre-award costs are not allowed. If you begin a project prior to receiving a NOA or the project period start date on the NOA, you incur costs at your own risk. We will disallow the costs and will not approve them retroactively.

We intend to award funds as much in advance of the anticipated project start date (See Overview, page 1) as practicable, with a goal of 10-15 days. Note this is an estimated start date and award announcements may be made at a later date and with a later period of performance start date.

Unfunded Applications

If you are unsuccessful or your application was disqualified, OASH will notify you by email and/or letter. If the merit review panel reviewed your application, you may receive summary comments pertaining to the application resulting from the review process. We do not release application scores.

You may receive a letter indicating that your application was "approved, but unfunded" (ABU). This does not mean you will receive an award or funding. Applications designated ABU are kept active for up to 12 months. During that time, a program office may consider an ABU application for award should funds become available. However, an ABU status does not guarantee that we will fund your project.

We will not transfer an ABU application for consideration under a new NOFO. You would have the option to resubmit your application, with any updated material, for consideration under that new NOFO.

I. AWARD REQUIREMENTS AND ADMINISTRATION

The following subsections describe the administrative requirements and the terms and conditions that will apply to any award you might receive under this NOFO. As of October 1, 2025, HHS has adopted 2 CFR Part 200, with some modifications included in 2 CFR Part 300. These regulations replace those in 45 CFR Part 75.

1. Administrative and National Policy Requirements

a. Recipient Responsibilities

You will have the full responsibility for the conduct of the approved project or activity and for adherence to all award terms and conditions, statutory, regulatory, or policy requirements applicable to grants and cooperative agreements. The approved project or activity is the project described in your application subject to any OASH GMO approved amendments. Approval of the project does not waive or negate any statutory, regulatory, or policy requirements applicable to grants and cooperative agreements.

You will be encouraged to seek the advice and opinion of the federal project officer and grants management specialist on special problems that may arise. Such advice does not diminish your responsibility for making sound programmatic and administrative judgments and does not imply that the responsibility for operating decisions has shifted to HHS, OASH, or the program office.

b. Accepting an Award

You accept an award and its terms and conditions by drawing or otherwise obtaining funds for the award from the grant payment system. By accepting an award, you agree to comply with the applicable federal requirements for grants and cooperative agreements, including those in the SAM registration certifications and representations, and to the prudent management of all expenditures and actions affecting the award, including the monitoring of any subrecipients.

You must comply with all terms, conditions, and requirements outlined in the Notice of Award, including: award policy terms and conditions contained in the HHS Grant Policy Statement (GPS), and its subsequent updates, all requirements imposed by program statutes and regulations, Executive Orders, and HHS grant administration regulations; and requirements or limitations in any applicable appropriations acts.

c. Scope of the Award and Prior Approvals

You may only use award funds to support activities in your funded project. HHS GPS Section II and 2 CFR §200.308 describe the aspects of your funded project that will require prior approval from the OASH GMO for any changes. Some of the award modifications to an approved project that will require prior GMO approval include:

- a change in the scope or the objective(s) of the project (even if there is no associated budget revision, such as reduction in services, closing of service or program site(s)).
- significant budget revisions, including changes in the approved cost-sharing or matching;
- a change in a key person(s) specified in your application;

- reduction in time devoted to the project by the approved PD/PI, either as percentage of full-time equivalent of 25% or more or absence for 3 months or more; or
- the transferring of any work to another entity or individual through contract, subaward, or other means that differs from described in the awarded proposal.

d. Alignment with HHS Priorities

As applicable here, recipients must use funds awarded under this NOFO to implement program goals or agency priorities in accordance with the HHS' vision, mission, core values, and strategic priorities, where authorized by law.

Funded activities must advance HHS's vision of protecting and improving the health and well-being of Americans. The particular focus is on those who are medically underserved, medically vulnerable, or live in areas with limited access to care. HHS's duty is to serve wisely, effectively, and with measurable results that justify every taxpayer dollar invested.

In carrying out any project funded under this NOFO, the recipient must adhere to the HHS priorities (available at https://www.hhs.gov/about/priorities/index.html), where they are consistent with the authority and scope of the award and its activities.

HHS will implement these priorities consistent with applicable laws, regulations, court orders, and any required procedures.

The recipient must demonstrate ongoing compliance with these priorities, in all programs that are authorized to advance them, through program design, implementation, reporting, and evaluation.

e. Applicable Termination Provisions

If you receive an award, HHS may terminate it if any of the conditions in 2 C.F.R. §§ 200.340(a)(1)-(4) are met.

f. Discretionary Awards Terms

All activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations, and applicable judicial holdings. Accordingly, discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate: racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation; denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic; illegal immigration; or any other initiatives that compromise public safety. If an application does not align, the application will not receive funding to the extent permitted by law and applicable court orders.

2. Program Specific Terms and Conditions

We may include on any awards made under this opportunity the following as special terms and requirements.

a. Paperwork Reduction Act Clearance Packages

Any collection of information you conduct as defined in 5 C.F.R. § 1320.3(c) may require OMB clearance under the Paperwork Reduction Act (PRA) if it is a requirement of your award to collect that information. You would be responsible for preparing the clearance package necessary to obtain PRA clearance and submitting it to the project officer. The project officer will assist in the submission of the package to OMB and notify you when the approval has been received or request additional information.

3. Award Closeout

When the award expires, you must submit within 120 days all necessary documentation to closeout your award. If we do not receive acceptable final performance, financial, and property reports in a timely fashion and we determine that closeout cannot be completed with your cooperation, we must complete a unilateral closeout with the information available to us (2 C.F.R. § 200.344). See Section F.16 for specific detail.

If you do not submit all reports within one year of the period of performance end date, we must report your material failure to comply with the terms and conditions of the award with the OMB-designated integrity and performance system. As a result, we may also determine that enforcement actions are necessary, including actions such as withholding support or a high-risk designation on an existing or future award.

4. Lobbying Prohibitions

In general, any funds from an award made under this NOFO must not be used for other than normal and recognized executive legislative relationships. See 2 C.F.R. § 200.450.

You must not use funds for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat:

- the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or
- any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

You must not use any funds awarded to pay the salary or expenses of any employee or subrecipient, or agent acting for you, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive Order proposed or pending.

5. Non-Discrimination Requirements

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance (HHS-690). To learn more, see the HHS Office for Civil Rights website.

6. Smoke- and Tobacco-free Workplace

We strongly encourage all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. This is consistent with the HHS mission to protect and advance the physical and mental health of the American people.

7. Acknowledgement of Funding

Each year's annual appropriation requires that when issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all organizations receiving Federal funds, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state— (1) the percentage of the total costs of the program or project which will be financed with Federal money; (2) the dollar amount of Federal funds for the project or program; and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

You must also acknowledge Federal support in any publication you develop using funds awarded under this program, with language such as:

> This [project/publication/program/website, etc.] was supported by [Award Number] issued by the Office of the Assistant Secretary for Health of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $XX with 100 percent funded by Organization Name.

You must also include a disclaimer stating the following:

> The contents are solely the responsibility of the author(s) and do not necessarily represent the official views of, nor an endorsement by, Organization Name, OASH, HHS, or the U.S. Government. For more information, please visit [Organization Name website, if available].

8. HHS Rights to Materials and Data

All publications you develop or purchase with funds awarded under this announcement must adhere to the requirements of the program. You own the copyright for materials that you develop under an award, and pursuant to 2 C.F.R. § 200, the HHS awarding agency reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so.

In addition, pursuant to 2 C.F.R. § 200, the federal government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes.

9. Trafficking in Persons

Awards are subject to the requirements of Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. § 7104).

10. Efficient Spending

Awards will be subject to the HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items, and Printing and Publications.

11. Whistleblower Protection

Awards will include a term and condition that applies the terms of 2 C.F.R. § 200.217 to the award, and requires that you inform your employees in writing of employee whistleblower rights and protections under 41 U.S.C. § 4712 in the predominant native language of the workforce.

12. Health Information Technology (IT) Interoperability

Health information technology is defined in Section 3000 of the Public Health Service Act (42 U.S.C. § 300jj). HHS has substantially adopted and codified that definition at 45 C.F.R. § 170.102. The regulation defines health information technology as hardware, software, integrated technologies or related licenses, IP, upgrades, or packaged solutions sold as services that are designed for or support the use by health care entities or patients for the electronic creation, maintenance, access, or exchange of health information.

If you receive an award that involves:

a. implementing, acquiring, or upgrading health IT for activities, you are required to utilize health IT that meets standards and implementation specifications adopted in 45 C.F.R. part 170, Subpart B, if such standards and implementation specifications can support the activity.
b. implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Section 4101, 4102, and 4201 of the HITECH Act, you are required to utilize health IT certified under the Office of the HHS Office of the National Coordinator for Health Information technology (ONC) Health IT Certification Program, if certified technology can support the activity. See https://www.healthit.gov/topic/certification-ehrs/certification-health-it.

If standards and implementation specifications adopted in 45 CFR Part 170, Subpart B cannot support the activity, recipients and subrecipients are encouraged to utilize health IT that meets non-proprietary standards and implementation specifications developed by consensus-based

standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at https://www.healthit.gov/isa/.

13. Certain telecommunications and video surveillance services or equipment

As described in 2 C.F.R. 200.216, recipients and subrecipients are prohibited from obligating or spending grant funds (to include direct and indirect expenditures as well as cost share and program) to:

a. Procure or obtain;
b. Extend or renew a contract to procure or obtain; or
c. Enter into a contract (or extend or renew a contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
    1. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
    2. Telecommunications or video surveillance services provided by such entities or using such equipment.
    3. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country.

14. Human Subjects Protection

Federal regulations (45 C.F.R part 46) require that applications and proposals involving human subjects be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, you must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in 45 C.F.R. part 46. Additional information is available on the Office of Human Research Protections website. This includes a series of decision charts to help assess whether an activity is human subjects research covered by the regulation and when an exemption may apply.

OASH requires, as part of any award involving human subjects, that recipients submit copies of all IRB approvals (not full protocols), or documentation of exemption determinations, within 5

days of the IRB approving the research or documentation of the specific exemption applied. Recipients must receive IRB approval or determine an exemption is applicable before any human subjects research begins.

15. Research Integrity

Federal regulations require that an applicant for or recipient of Public Health Service support for biomedical or behavioral research, biomedical or behavioral research training, or activities related to that research or research training must comply with the Public Health Service Policies on Research Misconduct in 42 C.F.R. part 93. Compliance includes having written policies and procedures for addressing allegations of research misconduct that meet the requirements of part 93, unless exempt; responding to each allegation of research misconduct for which the applicant or recipient is responsible under part 93 in a thorough, competent, objective, and fair manner; fostering a research environment that promotes the responsible conduct of research and discourages research misconduct; and maintaining an active assurance. More information about assurances is available in 42 CFR Part 93 Subpart C and on the Office of Research Integrity assurance program website.

16. Reporting

Recipients must report on project progress (2 C.F.R. § 200.329) and financial status (2 C.F.R. § 200.328) during the course of the project. At the end of the project, acceptable final progress and financial reports are a requirement of the award closeout process. Failure to provide final progress or financial reports on any HHS award may affect decisions on future new or continuation funding.

a. Performance Project Reports (PPR)

Performance Project Reports (PPR)

You must submit periodic performance project reports on a semi-annual basis via the Performance Project Report (PPR) module in GrantSolutions. We must receive the PPR by the due date included in the terms and conditions on the NOA. PPRs must address the content required by 2 C.F.R. § 200.329. The program office may provide additional guidance on the content of the progress report.

At the end of the project, you must submit a final performance report covering the entire period of performance no later than 120 days after the end of the period of performance. The program office may provide additional guidance on the content of the final report, which you must submit in the PPR module.

Project Performance and Continuation Awards

For projects with multiple budget periods anticipated, you will be required each year of the approved period of performance to submit in addition to your PPRs, a noncompeting continuation application. This application will include a summary of progress the last PPR, an updated work plan, and a budget package (SF-424A, narrative, and justification) for the

upcoming budget period. Specific guidance will be provided via Grant Solutions well in advance of the application due date.

For the optional competitive additional year of funding intended to transition successful projects to sustainability, application guidance and review criteria will be provided during the final year of the period of performance.

We will award continuation funding based on availability of funds, satisfactory progress of the project, grants management compliance, including timely reporting, and continued best interests of the government. Progress is assessed relative to meeting the goals, objectives, and outcomes in the approved, funded project as described in the approved application and other supporting documents.

Performance Measures

OPA requires the recipient to submit performance measures each year on a semi-annual Basis (OMB #0937-0213, Expiration July 31, 2026, renewal pending see Appendix B – TPP Performance Measures.

b. Financial Reports

You must submit quarterly Federal Financial Reports (FFR) (SF-425). Your specific reporting schedule will be issued as a condition of award. Typically, we align the FFR reporting periods with the quarters of the federal fiscal year. FFRs are cumulative and due 30 days after the end of each reporting period or more specifically for the:

Quarter ending September 30, your FFR is due October 30
Quarter ending December 31, your FFR is due January 30
Quarter ending March 30, your FFR is due April 30
Quarter ending June 30, your FFR is due July 30.

In lieu of the last quarterly FFR, you will also be required to submit a final FFR covering the entire award 120 days after the end of the period of performance. You must submit FFRs via HHS Payment Management System (PMS) (https://pms.psc.gov).

Once submitted and accepted, your financial report data will be available in GrantSolutions, which is our grant management system.

c. Audits

If your organization expends $1,000,000 or greater in federal funds, it must undergo an independent audit in accordance with 2 C.F.R. § 200.501, often referred to as the Single Audit requirement.

d. Reporting of Matters Relating to Recipient Integrity and Performance

If the total value of your currently active grants, cooperative agreements, and procurement contracts from all Federal awarding agencies exceeds $10,000,000 for any period of time during the period of performance of this Federal award, then you must maintain the currency of information reported to SAM.gov that is made available in the designated integrity and

performance system (currently FAPIIS) about civil, criminal, or administrative proceedings described in 2 C.F.R. part 200. This is a statutory requirement (41 U.S.C. § 2313).

All information posted in the designated integrity and performance system will be publicly available. For more information about this reporting requirement related to recipient integrity and performance matters, see Appendix XII to 2 C.F.R. part 200.

e. Other Required Notifications

Before you enter into a covered transaction at the primary tier, in accordance with 2 C.F.R. § 180.335, you as the participant must notify OASH, if you know that you or any of the principals for that covered transaction:

- Are presently excluded or disqualified;
- Have been convicted within the preceding three years of any of the offenses listed in 2 C.F.R. § 180.800(a) or had a civil judgment rendered against you for one of those offenses within that time period;
- Are presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses listed in 2 C.F.R. § 180.800(a); or
- Have had one or more public transactions (Federal, State, or local) terminated within the preceding three years for cause or default.

At any time after you enter into a covered transaction, in accordance with 2 C.F.R. § 180.350, you must give immediate written notice to OASH if you learn either that—

- You failed to disclose information earlier, as required by 2 C.F.R. § 180.335; or
- Due to changed circumstances, you or any of the principals for the transaction now meet any of the criteria in 2 C.F.R. § 180.335.

J. CONTACTS

Administrative and Budgetary Requirements

For information related to administrative and budgetary requirements, contact the HHS/OASH grants management specialist listed below.

Eric West
OASH Grants and Acquisitions Management
Email: eric.west@hhs.gov

Program Requirements

For information on program requirements, please contact the program office representative listed below.

Jaclyn Ruiz
Office of Population Affairs

Phone: 240-453-8134
Email: Jaclyn.Ruiz@hhs.gov

Grants.gov Support
For information or assistance on submitting your application electronically via Grants.gov, contact Grants.gov directly. Assistance is available 24 hours a day, 7 days per week.

GRANTS.GOV Applicant Support

Website: https://www.grants.gov

Phone: 1-800-518-4726

Email: support@grants.gov

SAM.gov Registration Support
For information or assistance on registering with SAM.gov, contact the General Services Administration (GSA) Federal Service Desk (FSD) Monday through Friday 8:00 AM to 8:00 PM Eastern at:

Website: https://www.fsd.gov/gsafsd_sp (Live Chat option available)

U.S. Phone: 866-606-8220

International Phone: +1 334-206-7828

K. OTHER INFORMATION

1. Application Checklist

The below is a summary listing of all the application elements required for this funding opportunity.

Application Checklist	
	SAM.gov Registration/Renewal – start as soon as possible (recommended minimum of 6-8 weeks prior to submission deadline
	Grants.gov Registration (recommended minimum of 6-8 weeks prior to submission deadline)
	Application for Federal Assistance (SF-424)
	Budget Information for Non-construction Programs (SF-424A)
	Disclosure of Lobbying Activities (SF-LLL)
	Project Abstract Summary, including any responsiveness criteria (Section F.1.a)
	Project Narrative – Submit all Project Narrative content (Section E.2.a) as a single acceptable file (Section F.3.a).
	Project Narrative Appendices – Submit all Appendix content (Section E.2.b) as a single acceptable file (Section F.3.a).
	Budget Package – Submit all Budget Package content (Section E.2.c) as a single acceptable file (Section F.3.a). Note SF-424A is not included in the package and should be uploaded with the standard forms. Must include documentation of any cost-share or matching proposed regardless of whether it is voluntary or mandatory. (Section A.3)
	Other Submission Requirements (Section F.4).

2. Acronyms

ABU	Approved, but Unfunded
FAPIIS	Federal Awardee Performance and Integrity Information System
FFATA	Federal Financial Accountability and Transparency Act
FFR	Federal Financial Report (SF-425)
FSD	Federal Service Desk (GSA)
FSRS	FFATA Subaward Reporting System
GAM	Grants and Acquisitions Management Division
GMO	Grants Management Officer
GMS	Grants Management Specialist
GPS	Grants Policy Statement
GSA	General Services Administration
HHS	Department of Health and Human Services
IRB	Institutional Review Board
MDE	Minimum Detectable Effect
MTDC	Modified Total Direct Costs
NCC	Non-competing Continuation
NOA	Notice of Award
NOFO	Notice of Funding Opportunity
OASH	Office of the Assistant Secretary for Health
OMB	Office of Management and Budget
PD/PI	Project Director/Principal Investigator
PHS	Public Health Service
PPR	Performance Project Report
QED	Quasi-Experimental Designs
RCT	Randomized control trials
RDD	Regression discontinuity design
SF	Standard Form
SPOC	State Single Point of Contact

3. Glossary

Age appropriate content assures that topics and themes are appropriate for the age group and other specific characteristics of the target audience. All program content must be suitable for the developmental stage of the intended audience and support healthy, informed decision-making, including promoting delayed sexual initiation as a behavior associated with reduced teen pregnancy.

Body literacy is the ability to understand how the body functions in a state of health, including knowledge of reproductive anatomy, physiology, and hormonal patterns, and to interpret biological signals to support informed decision-making, self-awareness, and long-term physical, mental, and reproductive well-being.

Core components are the key ingredients of an intervention or its implementation determined by the developer to be the key ingredients related to achieving the outcomes.

Fidelity is the degree to which an implementer adheres to the core components of an evidence-based program.

Dosage is the amount of an intervention received by a participant, such as by attendance records.

Counterfactual is the comparison or control group(s) in the rigorous impact evaluation which provides a contrast to the treatment or intervention group; the comparison group within the study does not receive the treatment intervention.

Effectiveness Studies examine effectiveness of an intervention under routine practice or circumstances that would typically prevail in the target context. “Typical” circumstance means that implementation should be similar to what would occur outside of a study and that there is no more substantial developer or technical assistance support than in normal implementation.

Efficacy Studies allow for testing of an intervention under “ideal” circumstances. For example, these conditions may include more implementation support or more highly trained personnel than would be expected under routine practice, or in contexts that include a more homogenous sample of participants than is typical. Additionally, efficacy studies often including a higher level of support or developer involvement (if applicable) than would be the case under normal circumstances.

Fit is how well a program matches, or is appropriate for, the community, organization, stakeholders, and potential participants (i.e., youth, parents).

Formative Evaluation test different elements of the intervention and its implementation. This can occur during the program development. Primary goal of the formative evaluation is to develop, test, and learn about the intervention before rigorous impact evaluation.

Impact Evaluation is designed to measure the impact of an intervention on a specific outcome. Impact evaluations generate evidence of efficacy or effectiveness of a fully developed intervention by providing estimates of the intervention's ability to achieve its intended outcomes. A rigorous impact evaluation is designed to test the intervention against a comparison condition (the counterfactual) in a credible and valid manner.

Implementation Evaluation is research that seeks to assess the implementation of the intervention to answer questions about what was implemented and how and why an intervention works. Implementation factors include fidelity, dosage, quality, responsiveness, acceptability, feasibility, and context, among others.

Independent Evaluator is the person(s) responsible for planning and conducting the evaluation. An independent evaluator has no pre-existing financial interest to the applicant (PI) or the intervention and has no conflicts of interest (such as but not limited to, being a relative of the proposed PI or having a financial stake in the intervention or its publisher/vendor).

Interrupted time series is a specific quasi experimental design approach used for evaluating causal effects of interventions. Under this approach researchers obtain multiple observations prior to the intervention to establish a baseline. Researchers obtain multiple observations after the intervention. The research demonstrates effects when the observations after the intervention deviate from expectations derived from baseline projections.

Intention to Treat (ITT) is an analysis of the impact of the offer of the program upon the outcome(s) of interest. In other words, the treatment group contains all participants randomized to receive the intervention, whether they actually participated in the programming/services.

Key Personnel includes those individuals who are essential to the project because of specialized training, skills, or expertise. This also includes those who will oversee the technical, professional, managerial, and support functions and/or assume responsibility for assuring the validity and quality of the project. This does not include individuals who provide routine administrative support to the project as part of their broader support of the organization.

Medically accurate materials and instruction are expected to be grounded in current, evidence-based scientific and clinical knowledge, and be within the scope of TPP statutory requirements to prevent teenage pregnancy. When materials provide information on widely prescribed medications for sexual and reproductive health, for example, the information should reference potential health risks to support minors and their parents or guardians in informed decision-making, which may include a desire to consult with their healthcare provider.

Optimal health is a dynamic balance of physical, emotional social, spiritual and intellectual well-being, and not merely the absence of disease or dysfunction. It reflects the highest level of health an individual can achieve and is supported by knowledge, skills, and behaviors that promote resilience, functioning, and long-term well-being across the lifespan.

Parent, for the purpose of this NOFO, refers to the main adult who takes care of an adolescent's basic needs, like food and safety. This can include biological parents, relatives like grandparents, aunts, uncles, or siblings, and nonbiological parents such as adoptive, foster, or stepparents. "Parents" play an important role in raising adolescents and helping them grow emotionally and socially through their daily interactions.

Preliminary evidence is data from studies such as formative or implementation evaluation that suggest the innovation could have an impact on the specific behavioral outcomes of interest.

Propensity score matching is a statistical matching approach that is sometimes employed in quasi-experimental design studies for the purposes of developing a comparison group. This approach is based on a predicted probability of group membership (e.g., intervention vs. control) using measured characteristics of study units as predictors. The predicted probabilities obtained from logistic regression.

Project Merit shows that the intervention is needed by the population/community, the recipients liked the innovation, the innovation is a good fit for the population, and there is community support for the innovation.

Quasi-Experimental Design (QED) is a design that forms a counterfactual group by means other than random assignment. Researchers use this approach for comparing observed changes in the treatment group with a comparison group (as a counterfactual representing an absence of intervention) to assess and estimate the impact of the program on participants. However, groups formed in these designs typically differ for reasons other than chance, and these differences may influence the impact estimate. There are different types of approaches used in quasi-experimental designs such as those using Propensity Score Matching (PSM), Regression Discontinuity, Interrupted Time Series (ITS) and others.

Randomized Control Trial (RCT) is an experimental design study that assigns program participants to two distinct groups (at random): the treatment group, which receives program services, and the control group, which does not. The control group is the "counterfactual," representing the condition in which the program or intervention is absent. Random assignment ensures that the treatment and control groups are initially similar and do not differ on background characteristics or other factors. Random assignment, thus, creates an evaluation design where any observed differences between the two groups after the program intervention takes place can be attributed to the intervention with a high degree of confidence.

Random assignment is process that uses randomly generated numbers or other approaches to assign study units to groups in ways that are unaffected by the characteristics of the study units. With random assignment, any differences between the groups at pre-test can be attributed only to chance. The use, or lack of use, of this process differentiates experimental designs from non-experimental designs.

Rigorous impact evaluation is either a randomized control trial (RCT) or a quasi-experimental design (QED) with counterfactual condition; the most robust possible design that is feasible for the intervention.

Regression discontinuity design (RDD) is a specific quasi experimental design approach that is used for evaluating causal effects of interventions. Under this approach, assignment to a treatment is determined at least partly by the value of an observed covariate lying on either side of a fixed threshold. The intervention and control group are formed using a well-defined cutoff score. The group below the cutoff score receives the intervention and the group above does not, or vice versa. For example, if students are selected for a program based on test scores, those just above the score and just below the score are expected to be very similar except for participation in the program and can be compared with each other to determine the program's impact.

Statistically significant is when a result has statistical significance and is very unlikely to have occurred given the null hypothesis (no relationship between two measured phenomena) or by chance. Typically, statistical significance is measured at the $p<.05$ level.

Theory of Change is an ongoing process of reflection to explore change and how it happens, as well as what that means for a particulate intervention, in a particular context, sector, and/or group of people.

Treatment Group is the group affected by or receiving the intervention in a rigorous evaluation study.

Treatment on Treated (TOT) is an analysis that assesses the impact of actual program participation upon the outcome(s) of interest.

4. Object Class Descriptions and Required Justifications

Personnel

Description

Includes costs of employee salaries and wages, excluding benefits.

Does NOT include consultants, subrecipient personnel costs, personnel costs outside of your organization. 2 C.F.R. § 200.459.

Justification

Clearly identify the PD/PI, if known. Provide a separate table for personnel costs detailing for each proposed staff person: the title; full name (if known at time of application), time commitment to the project as a percentage or full-time equivalent: annual salary and/or annual wage rate; federally funded award salary; non-federal award salary, if applicable; and total salary.

No salary rate may exceed the statutory limitation in effect at the time you submit your application (see E.2.c.2).

Sample Personnel Table					
Position Title and Full Name	Percent Time	Annual Salary	Federally-Funded Salary	Non-Federal Salary	Total Project Salary
Project Director, John K. Doe	50%	$100,000	$50,000	$0	$50,000
Data Assistant, Susan R. Smith	10%	$30,000		$3,000	$3,000

Fringe Benefits

Description

Includes costs of personnel fringe benefits, unless treated as part of an approved indirect cost rate.

Justification

Provide a breakdown of the amounts and percentages that comprise fringe benefit costs such as health insurance, Federal Insurance Contributions Act (FICA) taxes, retirement insurance, and taxes.

Travel

Description

Includes costs of travel by staff of the applicant organization only.

Does NOT include travel costs for subrecipients or contractors under this object class.

Justification

For each trip proposed for your organization employees only, show the date of the proposed travel, total number of traveler(s); travel destination; duration of trip; per diem; mileage allowances, if privately owned vehicles will be used; and other transportation costs and subsistence allowances.

Equipment

Description

Includes tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost that equals or exceeds the lesser of the capitalization level established by the recipient or subrecipient for financial statement purposes, or $10,000 ((2 C.F.R. § 200.1 and § 200.313(e)).

Acquisition cost means the cost of the asset including the cost to ready the asset for its intended use. Acquisition cost for equipment, for example, means the net invoice price of the

equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Acquisition costs for software includes those development costs capitalized in accordance with generally accepted accounting principles (GAAP). Ancillary charges, such as taxes, duty, protective in transit insurance, freight, and installation may be included in or excluded from the acquisition cost in accordance with the non- Federal entity's regular accounting practices.

Justification

For each type of equipment requested you must provide a description of the equipment; the cost per unit; the number of units; the total cost; and a plan for use of the equipment in the project; AND a plan for the use, and/or disposal of, the equipment after the project ends.

If your organization uses its own definition for equipment you should include in the budget narrative a copy of the policy, or section of your policy, that includes the equipment definition. Reference the policy in your justification. Do not include this policy in your appendices.

Supplies

Description

Includes costs of all tangible personal property other than those included under the Equipment category. This includes office and other consumable supplies with a per-unit cost of less than $10,000 (2 C.F.R. § 200.1).

Justification

Specify general categories of supplies and their costs. Show computations and provide other information that supports the amount requested.

Contractual

Description

Includes costs of all contracts or subawards for services and goods except for those that belong under other categories such as equipment, supplies, construction, etc.

Include third-party evaluation contracts, if applicable, and contracts or subawards with subrecipient organizations (with budget detail), including delegate agencies and specific project(s) and/or businesses to be financed by the applicant.

This line item is not for individual consultants.

Justification

Demonstrate that all procurement transactions will be conducted in a manner to provide, to the maximum extent practical, open, and free competition. Recipients and subrecipients are

required to use 2 C.F.R. § 200.320 procedures and must justify any anticipated procurement action that is expected to be awarded without competition and exceeds the simplified acquisition threshold fixed by FAR 2.101 and currently set at $250,000. In some cases, OASH may require recipients make pre-award review and procurement documents, such as requests for proposals or invitations for bids, independent cost estimates, etc., available. Any proposal for awarding fixed amount subawards is subject to 2 C.F.R. § 200.333 and will require detailed justification to support the fixed award amount.

Transferring a substantive part of the project effort to another entity (including non-employee individuals) through contract or other mechanism requires a detailed budget and budget narrative for each subrecipient, by title or name, along with the same supporting information referred to in these instructions. If you plan to select the subrecipients post-award and a detailed budget is not available at the time of application, you must provide information on the nature of the work to be transferred, the estimated costs, and the process for selecting the subrecipient.

Other

Description

Includes such costs as, where applicable and appropriate,

- consultants;
- insurance;
- professional services (including audit charges);
- space and equipment rent;
- printing and publication;
- training, such as tuition and stipends;
- participant support costs including incentives,
- staff development costs; and
- any other costs not addressed elsewhere in the budget.

Do not include costs covered by your negotiated indirect cost rate.

Justification

Provide computations, a narrative description, and a justification for each cost under this category.

Indirect Costs

Description

Calculate your indirect costs based on a percentage of your modified total direct costs (MTDC)(2 C.F.R. § 200.1).

There are two methods. You must clearly identify the rate you used in your submitted budget.

Negotiated Indirect Cost Rate

If you have an approved negotiated indirect cost rate from the Department of Health and Human Services (HHS) or another cognizant federal agency, you should apply that negotiated rate. You should enclose a copy of the current approved rate agreement in your Budget package file.

If you request a rate that is less than allowed, your authorized representative must submit a signed acknowledgement that you are accepting a lower rate than allowed. This should be an explicit statement that you are accepting a lower rate than is allowed and specify what the lower rate is.

De minimis Rate (2 C.F.R. § 200.414(f))

If you do not have a current Federal negotiated indirect cost rate (including provisional rate) you "may elect to charge a de minimis rate of up to 15 percent of modified total direct costs (MTDC)." (2 C.F.R. § 200.414(f).) You may "determine the appropriate rate up to this limit. . . When applying the de minimis rate, costs must be consistently charged as either direct or indirect costs and may not be double charged or inconsistently charged as both." (2 C.F.R. § 200.414(f).) If you elect to use the de minimis rate, you must use the de minimis rate for all Federal awards until you choose to receive a negotiated rate.

Indirect costs for training are limited to a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $50,000 (45 C.F.R. § 75.414 (c)(1)(i)).

Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first $50,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs, and the portion of each subaward in excess of $50,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs (2 C.F.R. § 200.1).

Justification

Provide the calculation for your indirect costs total, i.e., show each line item included in the base, the total of these lines, and the application of the indirect rate. If you have multiple approved rates, indicate which rate as described in your approved agreement is being applied and why that rate is being used. For example, if you have both on-campus and off-campus rates, identify which is being used and why.

Program Income

Description

Program income means gross income earned by your organization that is directly generated by an awarded project except as provided in 2 C.F.R. § 200.307. Program income includes but is not limited to income from fees for services performed or the use or rental of real or personal property acquired under the award.

Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulations, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them. See also 2 C.F.R. § 200.307 and 35 U.S.C. § 200-212 (applies to inventions made under Federal awards).

Justification

Describe and estimate the sources and amounts of program income that this project may generate. All program income generated as a result of awarded funds must be used within the scope of the approved project-related activities.

Any program income earned must be used under the addition or additive method unless otherwise specified in Section E.2. These funds should not be added to your budget, unless you are using the funds as cost sharing or matching, if applicable. This amount should be reflected in box 7 of the SF-424A.

Non-Federal Resources (Cost Share or Match)

Description

Amounts of non-federal resources that will be used to support the project as identified in box 18 of the SF-424. For all federal awards, any shared costs or matching funds and all contributions, including cash and third-party in-kind contributions, must be accepted as part of the recipient's cost sharing or matching when such contributions meet all of the criteria listed in 2 C.F.R. § 200.306.

For awards that require matching by statute, you will be held accountable for projected commitments of non-federal resources in your application budgets and budget justifications by budget period even if the justification exceeds the amount required.

For awards resulting from an application where you voluntarily propose cost sharing, we will include this voluntary cost sharing in the approved project budget, and you will be held accountable for it as shown in the Notice of Award (NOA).

Failure to meet a cost sharing or matching obligation that is part of the approved project budget on the NOA may result in the disallowance of federal funds.

If you are funded, you must report cost sharing or matching funds on your quarterly Federal Financial Reports.

Justification

You must provide detailed budget information in your budget narrative (not your appendices) for every funding source identified in box 18. "Estimated Funding ($)" on the SF-424.

You must fully identify and document the specific costs or contributions you propose as part of your required or voluntary cost sharing requirement. You must provide documentation in your application on the sources of funding or contribution(s).

For in-kind contributions, you must include how the stated valuation was determined. Matching or cost sharing must be documented by budget period.

Unrecovered indirect costs may be included as part of your cost sharing or matching only with prior approval of the grants management officer. Your budget narrative must clearly state that it is your intent to include unrecovered indirect costs as part of your cost sharing or matching. You should include in your budget narrative a copy of your negotiated cost rate to support the justification. Unrecovered indirect cost means the difference between the amount charged to the Federal award and the amount which could have been charged to the Federal award under your approved negotiated indirect cost rate. (See 2 C.F.R. § 200.306(c)).

If your application does not include the required supporting documentation for required or voluntary cost-sharing or matching, it will be disqualified from competitive review (Section G.1.b).

5. Considerations in Recipient Plans for Oversight of Federal Funds

(See also Section E.3.b.3)

To the maximum extent possible, a recipient organization should segregate responsibilities for receipt and custody of cash and other assets; maintaining accounting records on the assets; and authorizing transactions. In the case of payroll activities, the organization, where possible, should segregate the timekeeping, payroll preparation, payroll approval, and payment functions.

Questions for consideration in developing your plan may include:

- Do the written internal controls provide for the segregation of responsibilities to provide an adequate system of checks and balances?
- Are specific officials designated to approve payrolls and other major transactions
- Does the time and accounting system track effort by cost objective?
- Are time distribution records maintained for all employees when his/her effort cannot be specifically identified to a particular program cost objective?
- Do the procedures for cash receipts and disbursements include:
- Receipts are promptly logged in, restrictively endorsed, and deposited in an insured bank account?
- Bank statements are promptly reconciled to the accounting records, and are reconciled by someone other than the individuals handling cash, disbursements and maintaining accounting records?
- All disbursements (except petty cash or EFT disbursements) are made by pre-numbered checks?
- Supporting documents (e.g., purchase orders, Invoices, etc.) accompany checks submitted for signature and are marked "paid" or otherwise prominently noted after payments are made?

6. Financial Assistance General Certifications and Representations

When you register your organization in SAM.gov, you must complete the certifications and representations applicable to grants (i.e., federal assistance). We have provided for your reference the list of items that you are certifying when you complete this during your registration.

When your organization completes its registration (new or renewal) in SAM.gov, your organization attests that your organization:

1. Has the legal authority to apply for federal assistance and the institutional, managerial and financial capability to ensure proper planning, management, and completion of any financial assistance project covered by this Certifications and Representations document (See 2 C.F.R. § 200.113 Mandatory disclosures, 2 C.F.R. § 200.214 Suspension and debarment, OMB Guidance A- 129, "Policies for Federal Credit Programs and Non-Tax Receivables");
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives (See 2 C.F.R. § 200.302 Financial Management 2 C.F.R. § 200.303 Internal controls;
3. Will disclose in writing any potential conflict of interest to the federal awarding agency or pass through entity in accordance with applicable federal awarding agency policy (See 2 C.F.R. § 300.112 Conflict of interest;
4. Will comply with all limitations imposed by annual appropriation acts;
5. Will comply with the U.S. Constitution, all federal laws, and relevant Executive guidance in promoting the freedom of speech and religious liberty in the administration of federally-funded programs (See 2 C.F.R. § 200.300 Statutory and national policy requirements [2 C.F.R. § 300.112] and 2 C.F.R. § 200.303 Internal controls [2 C.F.R. § 300);
6. Will comply with all applicable requirements of all other federal laws, executive orders, regulations, and public policies governing financial assistance awards and any federal financial assistance project covered by this certification document, including but not limited to:
    1. Trafficking Victims Protection Act (TVPA) of 2000, as amended, 22 U.S.C. § 7104(g);
    2. Drug Free Workplace, 41 U.S.C. § 8103;
    3. Protection from Reprisal of Disclosure of Certain Information, 41 U.S.C. § 4712;
    4. National Environmental Policy Act of 1969, as amended, 42 U.S.C. § 4321 et seq;
    5. Universal Identifier and System for Award Management, 2 C.F.R. part 25;
    6. Reporting Subaward and Executive Compensation Information, 2 C.F.R. part 170;
    7. OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Non-procurement), 2 C.F.R. part 180;
    8. Civil Actions for False Claims Act, 31 U.S.C. § 3730;
    9. False Claims Act, 31 U.S.C. §3729, 18 U.S.C. §§ 287 and 1001;
    10. Program Fraud and Civil Remedies Act, 31 U.S.C. § 3801 et seq;

11. Lobbying Disclosure Act of 1995, 2 U.S.C. § 1601 et seq;
12. Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000d et seq;
13. Title VIII of the Civil Rights Act of 1968, 42 U.S.C. § 3601 et seq;
14. Title IX of the Education Amendments of 1972, as amended; 20 U.S.C. § 1681 et seq
15. Section 504 of the Rehabilitation Act of 1973, as amended; 29 U.S.C. § 794; and
16. Age Discrimination Act of 1975, as amended, 42 U. S.C. § 6101 et seq.

7. Protections for Healthcare Entities under Weldon and Other Conscience Protection Statutes

Under this program, HHS will not require grantees, individuals and institutions, who are covered by the Weldon Amendment to counsel or refer for abortions, notwithstanding the program's current regulations, see 42 C.F.R. 59.5(a)(5); See 86 FR 56144, 56153 (10/7/2021) ("[O]bjecting individuals and grantees will not be required to counsel or refer for abortions in the Title X program in accordance with applicable federal law. OPA has long worked with grantees and providers to ensure appropriate compliance with conscience laws".). The Weldon Amendment provides that Federal or State agencies or programs cannot subject institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions. See Consolidated Appropriations Act, 2026, H.R. 7148, Div. B., Tit. V, Section 507(d). Under Weldon, a health care entity includes an individual physician or other health care professional, a hospital, a provider sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization, or plan. For more information about whether an entity is covered by the Weldon Amendment, applicants/grantees may consult resources provided by the Office for Civil Rights, https://www.hhs.gov/conscience/your-protections-against-discrimination-based-on-conscienceand-religion/index.html. And if an entity believes it has been subject to discrimination under Weldon, it may file a complaint with OCR here: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf

Appendix A - Criteria for Eligible TPP Effective Programs

The criteria below define the level of evaluation quality and evidence required for a program to be considered rigorously evaluated and eligible for replication under this NOFO.

Summary

Types of research designs and data used in the analysis

Studies must examine the effects of a program using quantitative data, statistical analysis, and hypothesis testing. Both randomized controlled trials and quasi-experimental impact study designs can be considered.

Timeliness of the study findings

To be eligible, programs must have at least one impact study with evidence of effectiveness from a follow-up data collection conducted within the last 15 years, calculated from the date the new findings are released.

Types of outcomes

Studies must measure program impacts on at least one measure of sexual risk behavior or its health consequences. Measures meeting this definition fall into the following domains: (1) sexual activity, including initiation of sexual activity, frequency of sexual activity, and voluntary delay or abstinence; (2) number of sexual partners; (3) STIs or HIV;[8] (4) pregnancies; (5) parental/caregiver engagement; (6) parental/caregiver-child emotional closeness; (7) sexting; (8) substance use; and (9) pornography use.

In addition to these outcomes, studies may include the following intermediate outcome domains, which support informed decision-making and long-term health:
(10) body literacy and reproductive health knowledge, including understanding of reproductive anatomy and physiology, hormonal function, fertility, and the ability to interpret biological indicators of health (e.g., menstrual cycle phases, ovulation, and male reproductive development); and

(11) reproductive goals and future-oriented decision-making, including adolescents' ability to articulate goals related to relationships, childbearing, and family formation and to understand how current behaviors may affect those goals.

Measures within domains (10) and (11) are considered intermediate outcomes and are not sufficient on their own to demonstrate program effectiveness. To be eligible, studies must include at least one outcome from domains (1) through (9).

Most studies use self-reported measures, but biological measures of STIs and administrative data (for example, birth records) are also considered. Measures with limitations in terms of their quality or interpretation (for example, composite indices that aggregate multiple heterogeneous indicators into a single score) are excluded. Ineligible measures also include outcomes that

[8] STI testing is an eligible outcome as long as the test is not provided as part of the intervention.

combine multiple behaviors together (e.g., sex while under the influence, or sex without consent). See "Types of Eligible Outcomes" for more details on the outcome measures that are eligible, including examples of measures in each outcome domain.

Study Quality

To meet the definition used in this NOFO for an effective program, the rigorous evaluation study supporting the effectiveness of the program must meet the criteria for either a "high" or "moderate" study quality rating as summarized in Table 1 below and described in more detail following Table 1.

Table 1. Summary of study quality ratings

Criteria category	Features of studies with the high study rating	Features of studies with the moderate study rating
Study design	Random or functionally random assignment	Random assignment design with high attrition or reassignment; Quasi-experimental design with a comparison group
Attrition	Random assignment studies that do not exceed What Works Clearinghouse standards for overall and differential attrition (cautious assumption)	Random assignment studies that exceed What Works Clearinghouse attrition standards. Attrition is not assessed in quasi-experimental designs
Baseline equivalence	Not assessed; samples are assumed to be equivalent by virtue of random assignment and low levels of sample attrition	The equivalence of the research groups is demonstrated at baseline, and systematically adjusted for in impact analyses
Reassignment	Analysis is based on original assignment to research groups	Not assessed, given the baseline equivalence requirement described below
Confounding factors	At least two subjects or groups in each research group and no systematic differences in data collection methods	At least two subjects or groups in each research group and no systematic differences in data collection methods

Note: Studies that do not achieve the high or moderate rating are given a rating of low.

Study design

The highest study quality rating is reserved for randomized controlled trials and similar studies that randomly assigned subjects to their research groups. Studies using random assignment provide the strongest evidence that differences in the outcomes between the treatment and control groups can be attributed to the program. (Designs based on functionally random assignment, such as alternating based on last name, date of birth, or certain digits of an identification number, are also eligible for this highest rating.)

Quasi-experimental designs with an external comparison group are eligible for at best a moderate rating. In such studies, subjects are sorted into the research groups through a process other than random assignment; therefore, even if the treatment and comparison groups are well matched based on observed characteristics, they may still differ on unmeasured characteristics. We therefore cannot rule out the possibility that the findings are attributable to unmeasured group differences. The moderate study rating is also applied to random assignment designs that do not meet other criteria for the highest rating (that is, attrition or reassignment), as explained in more detail below.

Quasi-experimental designs without an external comparison group (for example, pre-post designs) are given a low study rating. These designs are not considered for either the high or moderate rating because they offer no credible means to assess what the sample's outcomes would have been absent the intervention — a necessary condition for obtaining an unbiased impact estimate. Quasi-experimental and random assignment studies that do not meet the other criteria for a high or moderate rating are also assigned the lowest rating.

Attrition

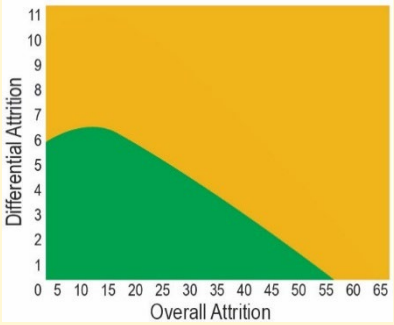
In random assignment studies, a loss of study participants can bias the study's impact estimates by creating differences in the characteristics of the treatment and control groups. Bias can arise from overall attrition (the percentage of study participants lost among the total study sample) or differential attrition (the difference in attrition rates between the treatment and control groups).

The cutoff for an acceptable level of sample attrition is tied not only to the extent of overall attrition or differential attrition but rather to a combination of the two. For example, for studies with a relatively low overall attrition rate of 10 percent. For studies with a higher overall attrition rate of 30 percent, the standard requires a lower rate of differential attrition, at approximately 4 percent. Only random assignment studies meeting the standard for acceptable combinations of overall and differential attrition using the cautious assumptions are considered for the highest study rating. Random assignment studies that do not meet these standards are considered for the moderate study rating.

For cluster randomized trials, in which individuals are assigned to treatment and control conditions in groups (for example, schools or classrooms, random assignment studies with low attrition at both levels (cluster and individual) are eligible for the high rating. Random assignment studies with high attrition at either level must demonstrate baseline equivalence of the analytic sample to be eligible for the moderate study rating.

In addition, cluster randomized trials that include sample members in the impact analysis who were not included in the sample at the time of random assignment (in other words, they joined the sample after random assignment) may also be required to demonstrate baseline equivalence of the analytic sample to be eligible for the moderate study rating. This requirement is enforced in contexts where the unit of assignment could potentially be exploited by joiners (for example, when classrooms within a school are the unit of assignment and a student may join a particular classroom in order to get the intervention).

Figure 1. Standard for assessing sample attrition in study quality ratings (WWC cautious attrition assumption)



Source: WWC. Procedures and Standards Handbook, Version 4.1. Washington, DC: U.S. Department of Education, 2020.

Any sample exclusions made after random assignment may factor into the attrition calculation. Depending on the specifics of the research design, these sample exclusions may arise from participant nonconsent, nonresponse, nonparticipation, or any number of other factors. The key determination is whether the exclusion in question presents any risk of bias to the study's impact estimates. Any sample exclusion that occurs after random assignment and presents a risk of bias will be factored into the attrition calculation.

The attrition standards are not applied to quasi-experimental studies. This criterion is explained in greater detail below.

Baseline equivalence

In quasi-experimental comparison group studies and random assignment studies with concerns about sample composition change (for example, studies with high attrition, reassignment, or individuals included in the analysis who may have selected/joined a cluster based on an attractive intervention), the use of well-matched treatment and comparison groups can minimize the risk of bias in the impact estimates. Therefore, in order to receive the moderate study rating, quasi-experimental comparison group studies and random assignment studies with concerns about sample composition change are required to demonstrate that the intervention and comparison groups were similar at baseline on three key demographic characteristics: age or grade level, biological sex, and race/ethnicity. For studies with sample members at least 14 years old at baseline (or eighth grade or higher), the study authors must also establish baseline equivalence on at least one behavioral outcome measure (for example, rates of sexual initiation). This criterion is not applied to studies with younger sample members because rates of sexual risk behaviors are typically low for this age group.

The following approach is used to determine if samples satisfy the baseline equivalence requirement: If the reported difference of a specified baseline characteristic is greater than 0.25 standard deviations in absolute value, based on the variation of that characteristic in the pooled sample of treatment and control group members, the treatment and control groups are considered to be nonequivalent.

Depending on the size of the baseline difference, a statistical adjustment in the analysis may be required. There are slightly different rules for statistical adjustment requirements for demographic characteristics and baseline measures of the outcomes:

- For demographic characteristics, when differences in the specified baseline characteristics are greater than 0.05 and lower or equal to 0.25 standard deviations, the analysis must include a statistical adjustment to meet the baseline equivalence requirement.[9] Differences of less than or equal to 0.05 standard deviation require no statistical adjustment.
- For baseline measures of the outcome, any difference lower than or equal to 0.25 standard deviations must be statistically adjusted for.[10]

Only those outcomes for which baseline equivalence is established are considered for possible evidence of program effectiveness. For example, if a study examined program impacts on three relevant outcome measures—sexual initiation, parental/caregiver engagement, and pregnancy—but established baseline equivalence for only one of the three measures (parental/caregiver engagement)the study meets the criteria for a moderate study rating, but only the impact findings for that one outcome measure (parental/caregiver engagement) are considered for possible evidence of program effectiveness.

These baseline equivalence criteria are assessed on the study's final analysis sample. In some cases, studies assess equivalence for all youth who completed a baseline survey, but then present impact estimates for only a smaller subset of youth who completed a follow-up survey. These studies do not meet the baseline equivalence criteria, because equivalence was not established for the smaller subset of youth on which the program impacts were based. Similarly, studies are not considered for the moderate rating if they present baseline equivalence statistics separately for subgroups defined by age, biological sex, or race/ethnicity, without also establishing equivalence for the full analytic sample on which they estimated program impacts. Some studies, for example, present baseline equivalence statistics separately for males and females or for subgroups of older and younger youth, but not for the overall combined sample. Finally, studies must demonstrate baseline equivalence of their analytic samples for various outcomes using unimputed baseline data. When there are multiple analytic samples, studies should ideally present baseline equivalence for each analytic sample. Baseline equivalence may be assessed using information for a sample of individuals that differs slightly from the sample of individuals used to produce a finding, (for example, due to item-level nonresponse on a survey) provided the difference in samples falls below the threshold for high attrition.

Some impact evaluations (notably, quasi-experimental studies and random assignment studies with high levels of attrition) use various statistical techniques to equate treatment and comparison groups at baseline. These techniques include (among others) (1) estimating

[9] When demographic characteristics are presented for multiple categories (for example, multiple races), the assessment of baseline equivalence will be based on the modal category.

[10] Including baseline measures on the left side of the regression equation (a difference-in-differences approach) will be an allowable means of statistically adjusting for baseline differences for continuous and count outcomes, but not for dichotomous outcomes (unless the authors justify the pre-post correlation for these outcomes); the pre-post correlation for dichotomous outcomes rarely exceeds the $r=.60$ threshold typically required for a difference-in-differences adjustment to effectively adjust for baseline differences, which is why this approach is allowable only for continuous or count outcomes.

propensity scores and limiting the analytic sample to the subset of observations that match well on the scores or (2) calculating (entropy or inverse-propensity) weights and using those weights to produce more credible impact analyses. These equating approaches are likely to improve baseline equivalence, and thus reduce confounding, relative to comparing the original (unweighted or unmatched) treatment and control groups.

Studies using these types of equating approaches are potentially eligible to receive a moderate rating if they satisfy the following requirements:

- The equating approach must include only exogenous variables in the calculation of the score or weight used to equate groups. Exogenous covariates are variables the treatment status will not potentially affect. If it's determined that a model included potentially endogenous variables (such as level of engagement with the program), then all results based on the model will receive a low rating.
- The success of the equating approach must be assessed by comparing the effect size differences between the matched or weighted analytic sample for all required baseline variables. Per the baseline equivalence standards discussed before, if the effect size differences are greater than 0.05 and lower than or equal to 0.25 standard deviations, the analysis must include an appropriate statistical adjustment. Differences less than or equal to 0.05 standard deviations do not require a statistical adjustment (except for a baseline measure of the outcome, which does require adjustment). Differences greater than 0.25 standard deviations do not meet the baseline equivalence requirement.
- Adjusting for the propensity (or other equating) score by itself (for example, by including it as a covariate in the impact model) is not sufficient when statistical adjustments for baseline measures of the outcomes or demographic characteristics are required. When a required covariate in a matched sample design requires statistical adjustment, the impact model should directly adjust the required covariate.
- If a study uses weighting approaches to equate groups, the study must document that the sum of the weights in the analytic sample is less than or equal to the number of observations in the analytic sample. This step is necessary to guard against artificially enhancing the precision of the standard errors and impact estimates that often result from outlier weights.

Reassignment

In random assignment studies, deviation from the original random assignment (for example, moving youth from the treatment to the control group) can bias the study's impact estimates. Therefore, in order for a random assignment study to meet the criteria for the highest rating, the analysis has to have been performed on the sample as originally assigned. In order to receive a high rating, subjects cannot be reassigned, based on actual treatment they received, for reasons such as contamination, noncompliance, or level of exposure. Random assignment studies that somehow alter the original random assignment must establish baseline equivalence of their final analysis sample in order to be considered for a moderate study rating.

For similar reasons, random assignment studies cannot statistically control for measures of program dosage, participation, or any other factors that effectively alter the composition of the treatment and control groups as originally assigned. Any impact estimates resulting from such

analyses are excluded from our subsequent data extraction and assessment of program effectiveness (described below).

Confounding

In certain cases, a component of the research design or methods lines up exactly with the intervention being tested, undermining the credibility of attributing an observed effect to the intervention. For example, if a study assigns only one subject or group (such as a facilitator, classroom, or school) to the treatment or control condition, there is no way to distinguish the effects of the program from the particular effects of that one assigned subject or group. This can happen, for example, in a randomized controlled trial in which a single facilitator was assigned to deliver the program to the treatment group (and that person is not also the facilitator of a program delivered to the control group). This can also happen in quasi-experimental comparison group studies that estimate program impacts by comparing a single school or school district that implemented a pregnancy prevention program with a neighboring school or school district that did not have the program. In these cases, there is no way to distinguish the effects of the program from other characteristics of the particular facilitator, school or district that implemented the program. A confounding factor can also arise from systematic differences in data collection methods for the treatment and comparison groups—for example, if program staff collect data from all subjects in the treatment group but an independent group of staff collect data from the control group. In this case, the mode of data collection cannot be separated from the effects of the intervention. Because the presence of such confounding factors severely weakens the credibility of a study's findings, a low rating is assigned to random assignment or quasi-experimental comparison group studies with either (1) only one subject or group in the treatment and control condition or (2) systematic differences in data collection procedures between the treatment and control groups.

Analysis considerations

Some studies contain multiple follow-up periods and conduct impact analyses that incorporate more than one follow-up assessment in a single analytic model (for example, in a repeated measures, difference-in-differences, or growth curve analysis). In such situations, the potential internal validity threats will separately be assessed and associated with the evidence contributing to each follow-up assessment. That is, separate attrition assessments at each point in time included in the impact analytic approach (as needed) will be conducted and assessment of the baseline equivalence of the analytic samples contributing to each point-in-time impact estimate (as needed). Although some studies will report differences in trends as an estimate of program effectiveness, the point-in-time differences in outcomes as the focal effect size statistics of interest will be prioritized and therefore the internal validity threats at each point in time will be assessed even in studies that do not report impacts separately for each time point. If the authors do not provide this information, an author query may be conducted for effect size information at each point-in-time.

Study authors must handle missing data appropriately, regardless of design. The most common and straightforward method researchers use when data are missing is to simply remove observations with missing data from the samples they analyze and conduct a complete-case analysis. But other methods for handling missing data are sometimes used, including imputation

(replacing observations with guesses as to the most reasonable value) or maximum likelihood (creating a statistical model to account for the missing data), and these alternate approaches may provide more credible estimates of program effectiveness than complete-case analyses. The WWC Standards Handbook Version 4.1 lists five acceptable approaches to handle missing data, along with standards for how RCTs and QEDs with missing outcome or baseline data should be handled (WWC 2020).

Evidence of Effectiveness

Eligible effective programs must have at least one impact study showing evidence of a favorable, statistically significant impact on at least one outcome measure within one of the eligible outcome domains, for either the full analytic sample or a subgroup defined by (1) biological sex or (2) sexual experience at baseline. Programs that include body literacy education or reproductive goals counseling may also demonstrate impacts on intermediate outcomes (e.g., body literacy knowledge or future-oriented decision-making), but such measures must be assessed in conjunction with at least one behavioral or health outcome domain. The eligible outcome domains are (1) sexual activity; (2) number of sexual partners; (3) STIs or HIV;[11] (4) pregnancies; (5) parental/caregiver engagement; (6) parent/ caregiver-child emotional closeness; (7) sexting; (8) substance use; and (9) pornography exposure and use. In addition, the study cannot show evidence of any adverse, statistically significant impacts on any outcomes in these domains.

Statistical significance is assessed with a two-tailed hypothesis test and a specified alpha level of $p < .05$. For studies in which the unit of assignment is a group (or cluster) of individuals (for example, schools or classrooms), study authors must appropriately adjust statistical significance tests for the correlation in measurement among individuals within the same group (intra-cluster correlation). If the tests are not appropriately adjusted, the review team may follow up with study authors to request adjusted estimates. If adjusted estimates are unavailable, the evidence in question will be excluded from the review.

Although commonly featured in the literature, evidence from subgroups defined by sexual activity at follow-up receives a low rating and, therefore, is not considered when assessing program effectiveness. As with other endogenous subgroups that are defined by behavior emerging after the start of the program, the composition of those who are sexually active at follow-up may be affected by program participation. As a result, even with an experimental design, the treatment and comparison groups within such subgroups may lack equivalence, leading to biased estimates of a program's impact for these groups (see Colman 2012).[12]

Types of Eligible Outcomes

Eligible outcome measures fall into the following domains: (1) sexual activity; (2) number of sexual partners; (3) STIs or HIV;[13] (4) pregnancies; (5) parental/caregiver monitoring

[11] STI testing is an eligible outcome as long as the test is not provided as part of the intervention.

[12] Colman S. (2012). Estimating program impacts for a subgroup defined by post-intervention behavior: Why is it a problem? What is the solution? U.S. Department of Health and Human Services, Office of Population Affairs. https://opa.hhs.gov/sites/default/files/2020-07/estimating_programs_brief.pdf

[13] STI testing is an eligible outcome as long as the test is not provided as part of the intervention.

knowledge; (6) parent/ caregiver-child emotional closeness; (7) sexting; (8) substance use; and (9) pornography exposure and use. The outcome measures examined in studies are generally self-reported measures but can also be biological measures of STIs and measures from administrative data (for example, birth records). Measures with limitations in terms of their quality or interpretation (for example, composite indices that aggregate multiple heterogeneous indicators into a single score) are excluded. Ineligible measures also include outcomes that combine multiple behaviors together (e.g., sex while under the influence, or sex without consent).

Information in this section is organized by outcome domain. For each domain, a brief description of the measures categorized into each domain is provided including examples of specific measures, which are based on outcome measures that are eligible to date. The lists of examples are not exhaustive; there may be other outcome measures that meet the definition of the domain and, therefore, are eligible for review.

In addition, studies may include measures of body literacy, reproductive health knowledge, or future-oriented decision-making related to reproductive goals. These measures are considered intermediate outcomes and are not sufficient on their own to establish program effectiveness but may strengthen the evidence base when paired with behavioral or health outcomes.

1. Sexual activity

Measures in this domain include measures of any sexual activity, frequency of sexual activity, sexual initiation, delay of sexual initiation, and abstinence. Statistically significant program impacts that reflect more sexual activity are characterized as unfavorable due to a corresponding increase in risk of pregnancy or STIs. For example, a higher rate of sexual initiation is considered as an unfavorable outcome and a higher rate of delay in sexual initiation is considered as a favorable outcome.

Examples of eligible outcome measures categorized into the sexual activity domain

- Engaging in any sexual activity
- Ever having sex
- Being sexually active
- Having intercourse
- Frequency of sexual activity
- Sexual initiation
- Delay of sexual initiation
- Abstinence

2. Number of sexual partners

This domain includes measures of the number or count of sexual partners. Statistically significant program impacts that reflect a larger number of sexual partners are characterized as unfavorable due to a corresponding increase in risk of pregnancy or STIs. That is, a smaller number of sexual partners is considered to be a favorable outcome and a larger number of sexual partners is considered to be an unfavorable outcome.

Examples of eligible outcome measures categorized into the number of sexual outcomes domain

- Number or count of sexual partners
- Had multiple sexual partners
- Number of lifetime sexual partners

3. STIs or HIV

This domain includes measures of being tested for an STI or HIV and measures of being diagnosed with an STI or HIV. Measures of STI or HIV testing are considered to be eligible outcomes as long as the testing is not conducted as part of the intervention. Statistically significant program impacts that reflect more testing for STIs or HIV are characterized as favorable, and those that reflect a higher incidence of STIs or HIV diagnoses as unfavorable. For example, ever being tested for an STI is considered to be a favorable outcome, while being diagnosed with an STI or HIV is considered to be an unfavorable outcome.

Examples of eligible outcome measures categorized into the STIs or HIV domain

- Ever tested for any STI
- Ever had an STI
- Tested for STIs
- Tested for HIV
- Diagnosed with any STI
- Diagnosed with HIV
- Diagnosed with trichomoniasis
- Diagnosed with gonorrhea
- Diagnosed with chlamydia

4. Pregnancy

Measures of pregnancy, getting someone pregnant, and giving birth are categorized into this domain. Statistically significant program impacts that reflect a higher incidence of adolescent pregnancy or birth are characterized as unfavorable. For example, a higher rate of ever being pregnant or getting someone pregnant is considered as an unfavorable outcome and a lower rate of repeat pregnancy is considered as a favorable outcome.

Examples of eligible outcome measures categorized into the pregnancy domain

- Ever been pregnant
- Ever had a baby
- Having a recent pregnancy
- Having an unintended pregnancy
- Ever been pregnant or gotten someone pregnant
- Ever been pregnant or gotten someone pregnant, even if no child was born
- Having a repeat pregnancy
- Having a repeat pregnancy ending in a live birth

5. Parental/caregiver monitoring knowledge

Measures of parental or caregiver engagement capture adolescents' reports of their parents' or caregivers' involvement in their lives, including knowledge of their whereabouts and activities, communication, monitoring behaviors, and the establishment and enforcement of behavioral expectations (e.g., rules or boundaries). These measures may reflect both caregiver actions (such as supervision, rule-setting, and communication) and adolescent disclosure of activities and experiences. We characterize as favorable statistically significant program impacts that reflect higher levels of parental or caregiver engagement.

Examples of eligible outcome measures categorized as parental/caregiver engagement

- Parental or caregiver monitoring of adolescent whereabouts and activities
- Parental knowledge of adolescent whereabouts and activities
- Family rules or expectations (e.g., dating rules, curfews)
- Parent or caregiver approval or disapproval of behaviors
- Measures of caregiver demandingness or behavioral expectations

6. Parent/caregiver-child emotional closeness

Measures of parent/caregiver-child emotional closeness capture adolescents' reports of feelings of closeness, support, affection, and trust between themselves and parents or caregivers. We characterize as favorable statistically significant program impacts that reflect higher levels of parent/caregiver-child emotional closeness.

Examples of eligible outcome measures categorized as parent/caregiver-child emotional closeness

- Maternal responsiveness
- Closeness to caregiver
- Maternal warmth
- Relationship (quality) with father
- Relationship (quality) with mother
- Attachment to birth parents
- Parental warmth

7. Sexting

Measures of sexting capture whether adolescents have sent or received text messages that include hypothetical sex talk, actual sex talk, or sexually explicit content or images. We characterize as unfavorable statistically significant program impacts that reflect higher rates of sexting.

Examples of eligible outcome measures categorized as sexting

- Sexting (sending or receiving)
- Actual sex talk
- Hypothetical sex talk
- Ever sent sext
- Sent a sext

8. Substance use

Measures of substance use capture whether adolescents have initiated or regularly used alcohol, cigarettes, marijuana, or other drugs. We characterize as unfavorable statistically significant program impacts that reflect higher rates of substance use.

Examples of eligible outcome measures categorized as substance use

- Alcohol use frequency
- Marijuana use frequency
- High or drunkenness frequency
- Any substance use in the past 30 days
- Lifetime and recent substance use
- Polysubstance use (use of several substances)

9. Pornography exposure and use

Measures of pornography exposure and use capture adolescents' self-reported engagement with or exposure to sexually explicit media, including frequency, recency, or patterns of use. These measures may also include exposure to sexually explicit content through digital platforms, including internet-based media. We characterize as unfavorable statistically significant program impacts that reflect higher levels of pornography exposure or use, given associations with sexual risk behaviors, altered expectations about relationships, and potential impacts on healthy development and decision-making.

Examples of eligible outcome measures categorized as pornography exposure and use

- Ever viewed pornography
- Frequency of pornography use (e.g., past 30 days, past 6 months)
- Age of first exposure to sexually explicit content
- Intentional versus unintentional exposure to pornography
- Time spent viewing sexually explicit material
- Exposure to online sexually explicit media

Appendix B - TPP Performance Measures

OMB# 0937-0213
Expiration Date: 07/31/2026, renewal in progress

Grantee-Level Questions: Dissemination

Grantees report project-level summary responses for each of the following during each 6-month reporting period.

Dissemination

How many manuscripts have you had accepted for publication in the past year (including both articles that were published and those that have been accepted but not yet published)? Do not include manuscripts previously reported as published. _____

Please list the references for any published manuscripts published in the past year.

How many of each unique communication channel/medium (website, blog, social media) does your organization use to share information about teen pregnancy prevention and the TPP-funded grant project, including information related to body literacy, informed consent, and optimal health? (Select all that apply)

_____Blog (outside of grantee's website)
_____Newspaper/articles
_____Social Media (such as Facebook, Twitter, Instagram, YouTube, etc.)
_____Website
_____Peer Reviewed Publication (include box to require grantee to enter citation)

During the reporting period, where was information about the project presented? Write the number of times each presentation occurred.

_____National Conference/Event (include box to require grantee to enter citation)
_____Statewide Conference/Event (include box to require grantee to enter citation)
_____Local Meeting/Event

Partners

Indicate the number of partners involved in implementing the grant-funded project during the reporting period. Partners are external organizations/agencies with whom the grantee has a written agreement (such as signed MOU, contract, or Letter of Commitment) or who are integral to the implementation, monitoring, and evaluation of the grant-funded project. Examples of partners may include program/intervention implementers (such as those organizations that provide sites, staffing, or both for TPP programming), partners who provide the supportive services to Tier 1 program participants, organizations that recruit TPP

program participants, and/or organizations that provide ongoing strategic support to the project.

Total Number of Partners (unduplicated, report as of the end of the 6-month reporting period) _____

Sustainability *(to be reported annually)*

How many partners have firm plans in place to continue the project activities (program implementation, training, research, etc.) after the end of OPA grant funding, including activities related to body literacy education and reproductive goals counseling? _____

How much funding have you secured to continue project activities beyond the end of the project period? (Enter an amount)

How many different sources of funding do you have in place to support the grant project beyond the end of the project period? _____

Training

Trainings would include professional development activities or technical assistance relevant to the implementation of project activities, including training on medically accurate and age-appropriate content, body literacy education, and reproductive goals counseling, and provided to anyone responsible for implementing any aspect of the TPP grant project. Trainings may be for staff (from grantee and partner agencies) or community members (for example, youth trained as peer educators, community members serving on advisory groups.) Stakeholders who receive the TPP intervention as the end user or target population of the TPP intervention/program proven effective should be included under the reach section and not under training.

In the reporting period, how many TPP program trainings (e.g. training of facilitators on the content of and/or how to implement TPP programs proven effective [Tier 1] have been provided through the TPP grant project? _____

In the reporting period, how many individuals affiliated with the TPP grant project (such as partner agencies, community members, stakeholders, project staff, youth who work with the project) have you or one of your partners trained on the TPP program (i.e. programs proven effective or TPP intervention) via the grant funding? _____

In the reporting period, how many *other* trainings (professional development or technical assistance activities relevant to the project) related to the execution of the TPP project (e.g., classroom management, community engagement, adolescent development, delivery of body literacy education, reproductive goals counseling, etc.) have been provided through the TPP grant project? _____

In the reporting period, how many individuals affiliated with the TPP grant project (such as partner agencies, community members, stakeholders, project staff, youth who work with the project) have you or one of your partners trained (professional development or technical assistance activities relevant to the project) on other topics related to the execution of the TPP project (e.g. classroom management, community engagement, adolescent development, etc.) via the grant funding?_____

Questions at Group (Program or Intervention) Level

For each group (this can be a group, section, unit, or class) receiving the Teen Pregnancy Prevention (TPP) program proven effective (Tier 1)

Name of the TPP Program (Tier 1) being delivered:

Tier 1 grantees would report the name of the effective program (i.e., program proven effective).

State/Territory where implemented:

Setting of Implementation: *select one or more of the following that best describes where the majority of sessions in the group took place*

In-school (Programs that take place primarily or exclusively during a school day on a school campus. This category may include public or private schools, traditional or alternative schools, of any grade level).

Clinic-based (to include school-based health centers)

Faith-based

Settings specifically serving homeless youth such as drop-in centers and shelters (such as drop in shelter/centers, other)

Settings specifically serving youth in foster care (such as the child welfare system/foster care, group homes, residential centers)

Juvenile offenders (such as detention centers, residential centers, camps)

Other out-of-school time/community (programs that primarily take place outside of school hours, and may be located within a community organization not listed above or on a school campus before or after the school day)

Technology-based (includes programs that do not take place in a physical location, such as virtual programs, text messaging, apps, internet-based programs, etc.)

Urbanicity of Implementation Site: urban, rural, suburban

Reach and Demographics of TPP Participants

For each section (class or group) of TPP effective programs or promising interventions implemented with youth, how many youth participated in your program for at least one

activity in the reporting period? Report total numbers per group and numbers by each demographic category below:

Age – 10 or younger, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20 or older, Not reported

Grade – 6 or less, 7, 8, 9, 10, 11, 12, GED program, Technical/vocational training/college, Ungraded, Not currently in school, Not reported

Ethnicity – Hispanic or Latino/a, Not Hispanic or Latino/a, Not reported

Race – American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, More than one race, Not reported

Sex[14] – Male, Female, Not reported

Total

For each section (class or group) of the effective program (Tier 1) implemented with non-youth participants, how many non-youth participants attended at least one activity of your effective program (Tier 1) in the reporting period? Indicate the unduplicated total number in each category and report numbers by each demographic category below

Caregivers (such as parents, legal guardians, siblings, extended family; foster parents; "chosen" family members of adolescents): _____

Ethnicity – Hispanic or Latino/a, Not Hispanic or Latino/a, Not reported

Race – American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, More than one race, Not reported

[Note: this count should only include caregivers who receive a TPP effective program (Tier 1). Caregivers who are engaged in other aspects of the grant project should be included elsewhere in the stakeholder engagement item.)

Youth-serving professionals (such as social workers, health care providers, teachers, juvenile offender staff, court staff): _____

Ethnicity – Hispanic or Latino/a., Not Hispanic or Latino/a, Not reported

Race – American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, More than one race, Not reported

[Note: this count should only include youth-serving professionals for whom a TPP effective program (Tier 1) are the target population. Professionals who are trained to provide services to youth should be included in the partner's item. Professionals who are involved in the systems approaches should be included within the stakeholder engagement item]

[14] Sex data collected under this NOFO refers to biological sex, male or female, except where a different reporting requirement is expressly required by law.

Dosage of TPP effective programs/promising interventions

These items track the amount of programming received by participants in each group of the TPP effective program (Tier 1). Program participants are anyone (youth, caregivers, youth-serving professionals) who are the target population for an effective program (Tier 1).

What is the average (mean) attendance for program participants in each group? (determined by the percentage of sessions attended by each participant in the section) _____

How many participants in each group received at least 75% of the programming?
_____

Observational Fidelity and Quality

All TPP Grantees are expected to observe at least 5% of the sessions of the TPP effective program (Tier 1). Each session should be observed for fidelity (adherence) to planned activities and overall quality, including whether content is delivered in a medically accurate and age-appropriate manner consistent with program requirements. TPP grantees are expected to develop schedules, and implementation plans to ensure that the minimum number of sessions are observed. An observer ideally should be independent from the implementation, familiar with the program model, and may be an internal or external evaluator, supervisor (program director, program coordinator), or a program partner.

In order to track completions, grantees are asked to report general information about sessions implemented. A session is generally a unit of the program delivered within a meeting day of the section. A session may correspond to a full lesson (or module) from the curriculum. In instances where multiple lessons are being implemented in a single day, a grantee may choose to define a session as the entire day's programming, provided that by doing so, the grantee is still able to report observed sessions as a whole number.

Session Information:
Note: these must be reported as whole numbers

Number of sessions (lessons) planned _____
Number of sessions (lessons) completed _____
Number of sessions (lessons) observed _____

Observer reported fidelity

Using the fidelity monitoring tool from the program/intervention developer, report the adherence (%) for observed sessions within each section.

For each effective program (meeting or lesson) that was observed during the section, what is the percent adherence to the number of activities planned? (Grantees who observe more than one session per section report the average (mean) adherence percentage for the session)

> Adherence = number of activities completed/number of activities planned.
>
> To the extent feasible, grantees should also assess whether key content areas (e.g., body literacy education and reproductive goals counseling) were delivered as intended.
>
> _____

Observer reported quality (Based on the TPP observation form).

Rate the overall quality of the session observed on scale of 1 (poor) – 5 (excellent). Quality ratings should also consider clarity, accuracy, and appropriateness of content, including support for informed decision-making.

Fidelity Process Form (see the TPP Fidelity Process form below)
What is the overall total score on the TPP fidelity process form (Scale of 0 – 26).

Stakeholder Engagement Measures

The stakeholder engagement items are designed to track individuals who were engaged within the overall grant project. Engagement could involve providing input on any stage of the overall grant project's implementation, such as, but not limited to, serving on an advisory group, providing feedback on the development of program materials, participating in the continuous quality improvement processes for the project, helping to plan participant recruitment strategy, rating the youth-friendliness of supportive services, etc. The participants served by an actual TPP program (effective program in Tier 1) should be counted under the reach section and not under stakeholder engagement.

Project stakeholder engagement: How many stakeholders (such as youth, youth-serving professionals, caregivers, or other community members) were engaged within the grant project during the reporting period? Report the number for each category below.

> Youth _____
> Caregivers _____ (such as parents, guardians, foster parents of youth, etc.)

Youth-serving professionals _____ (teachers, educators, social workers, clinical providers, other healthcare workers, juvenile probation officers, , etc.)
Community members _____ (such as faith leaders, business leaders, and any other members of the community that may not fit into categories above)

Fidelity Process Report Form for TPP Grantees

The grantee project director should complete the questions below each reporting period.

There are a total of 13 items in this scale. Score 0 for each item you mark "not at all", 1 for each item you score as "somewhat," and 2 for each item you score as "completely." Your total score is what will be entered into the web-based performance measures reporting system. A total of 26 points are possible, if you score a 2 on every item.

Orientation and Training

1. Have all facilitators received training on the program intervention, including body literacy education and reproductive goals counseling?

   Not at all Somewhat Completely

2. Have all independent observers received training on the program intervention?

   Not at all Somewhat Completely

3. Does staff training include the use of a logic model to facilitate staff understanding of the "logic" or "theory" supporting the intervention?

   Not at all Somewhat Completely

4. Does staff training provide staff with an understanding of the core components of the intervention, including body literacy education and reproductive goals counseling where applicable?

   Not at all Somewhat Completely

5. Are all of the intervention structures and processes stated in written training materials and are these communicated in staff training, including expectations related to medical accuracy and age-appropriate content?

Not at all Somewhat Completely

6. Does staff training include detailed instructions on the use of and expectations for completing fidelity monitoring logs after each session?

Not at all Somewhat Completely

Ongoing Fidelity Management

7. Does the grantee have a fidelity monitoring plan in place?

Not at all Somewhat Completely

8. Is the grantee implementing its fidelity monitoring plan as intended?

Not at all Somewhat Completely

9. Does the grantee's fidelity monitoring plan include:

   a. Facilitator completion of fidelity monitoring logs after each session

   Not at all Somewhat Completely

   b. Independent observation of at least 5% (Tier 1) of all sessions

   Not at all Somewhat Completely

   c. Systematic review of completed fidelity monitoring logs and observation reports

   Not at all Somewhat Completely

10. Does the grantee use data collected through fidelity monitoring logs and observations to provide periodic feedback to program facilitators to support continuous quality improvement?

Not at all Somewhat Completely

11. Is there evidence that corrective feedback has been used by program staff to increase fidelity?

Not at all Somewhat Completely

Appendix C – Resources

Bayesian Analysis
Office of Population Affairs. (February 2022). Tier 2 Phase II Webinar Bayesian Interpretation and Core Components Introduction. Evaluation Technical Assistance Webinar. Online at: https://rhntc.org/resources/tier-2-phase-ii-webinar-bayesian-interpretation-and-core-components-introduction.

Core Components
Office of Population Affairs (OPA) (September 2022). Core Components Analysis. Evaluation technical assistance webinar. Online at: https://rhntc.org/resources/core-components-analysis

Office of Population Affairs (OPA). (March 2020) Understanding How Components of an Intervention Can Influence Outcomes. Online at: https://opa.hhs.gov/sites/default/files/2020-07/corecomponentsbrief.pdf

Fidelity Monitoring and Observations
Bradley, M.C., Borradaile, K., and Knab, J., (2020). Tip Sheet for Conducting Observations, Washington, DC: Office of Population Affairs, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services. Online at: https://rhntc.org/sites/default/files/resources/opa_observation_tip_2020_04_17.pdf.

Chan, S., and Scher, L., (2020). Documenting Adaptations Tip Sheet, Washington, DC: Office of Population Affairs, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services. Online at: https://opa.hhs.gov/sites/default/files/2021-05/document-adaptations-tip-sheet-july-2020.pdf.

Office of Population Affairs (OPA). (July 2020) Fidelity Monitoring Tip Sheet. Online at: https://opa.hhs.gov/sites/default/files/2021-05/fidelity-monitoring-tip-sheet-july-2020.pdf

Impact Evaluation Resources
Office of Population Affairs (OPA). Evaluation Technical Assistance Webinars and Briefs. Online at: https://opa.hhs.gov/research-evaluation/evaluation-training-and-technical-assistance

Office of Adolescent Health (OAH). (September 2017) Estimating Program Effects on Program Participants. Online at: https://opa.hhs.gov/sites/default/files/2020-07/estimating-program-effects-on-program-participants-brief.pdf

Implementation Evaluation and Evaluation Planning Resources
Office of Population Affairs (OPA). Formative Evaluation Toolkit. Online at: https://rhntc.org/resources/formative-evaluation-toolkit

Office of Population Affairs (OPA). (June 2022). Assessing Readiness for Rigorous Evaluation. Evaluation Technical Assistance webinar. Online at: https://rhntc.org/resources/assessing-readiness-rigorous-evaluation-webinar

Appendix D – Sample Evaluation Design Template

Sample Evaluation Design Plan
This is an optional template that can be used for the Evaluation Design Plan

Study Design and Assignment Methods
Clearly identify the study design for the proposed evaluation. Explains how you would assign participants to the treatment and comparison groups. Describe the assignment mechanism and justify that the proposed mechanism will produce equivalent groups (intervention and comparison conditions).

- If a *Randomized Controlled Trial* (RCT) is proposed: Identify the unit of random assignment and align it with the unit of analysis. Describe the procedures to conduct the random assignment, including who would implement the random assignment, how the procedure would be implemented, and procedures to verify probability of assignment groups, described and generated by random numbers. Discuss any concerns that proposed strategies or approaches may lead to nonequivalent groups.

- If a *Quasi-Experimental Design* (QED), Matching Study is proposed: Clearly identify the unit of matching and align it with the unit of analysis. Describe procedures to carry out the matching. Indicate whether the variables to be used in the matching are supported by precedent in the literature. Describe the methods used to form the comparison group and show the validity of the matching. Describe reasons why the comparison group might differ from the treatment group and threaten internal validity and discuss the ways in which the proposed methods adjust for those differences.

- If a *Regression Discontinuity Design* (RDD) is proposed: Clearly identify the measures and cutoff score and align it with the unit of analysis. Clearly delineate and justify the cutoff score.

Research Questions
Include a list of research questions that align with the intended goals of the intervention and are clearly related to unplanned Teen Pregnancy Prevention, underlying risk factors, or associated risk behaviors. Identify outcome measures that can be used to reasonably evaluate the effect of the intervention (in particular, at least one sexual behavior outcome). Confirm that you propose an intention-to-treat analysis.

Counterfactual and Context
Describe any services provided to the comparison group and contrast the services to those provided to individuals receiving the intervention. Explain that the services provided to the intervention and comparison groups will be sufficiently different from each other so that the proposed project would be likely to change behavior and create meaningful impacts on the behaviors that you would detect during analysis.

Consent Methods
Provide an explanation of how you will acquire the consent and assent of participants. Describe the estimated rate of consent for study participants and provide a reasonable justification of the expected consent rate.

Data, Instruments & Timing
Provide a detailed description of the impact survey that you will administer. Clarify that the survey would gather information for each measure that you will use to evaluate the impact of the intervention. Clearly define the timing of data collection relative to the delivery of the intervention. Describes plans to collect implementation data, and impact survey data at 3 points in time from study participants.

Clearly indicate how the evaluation timeline provides adequate time for planning and final analysis by devoting a few months at the start of the grant to planning and piloting and approximately six-eight months at the end of the grant period for analysis and developing reports (you may reference your work plan). Justify that the timing of intervention administration, data collections (including a complete an analysis of long-term outcomes), and the reporting process, can be completed by the end of the fifth year of grant funding. If only using administrative data, describe the data sets(s), confirm that their use is feasible for the project, and indicate the timeline for obtaining data (see the next section).

Procedures/Modes of data collection
Discuss a process for protecting human subjects and a timeline for acquiring the approval of an IRB. Identified the IRB to be used during the study. Provide a detailed explanation of the data collection process, including who will collect the data and primary and secondary methods for contacting participants. Describe any systems that will be used to enter and store data. Discuss whether the mode of data collection is the same for the intervention and control groups. Include the expected sample sizes at each data point. If administrative records (such as, but not limited to, school academic records) will be used, describe the source and availability of these data as well as the evaluator's experience using these data sources.

Sampling Plan and Power Analyses
Provide criteria that will be used to select a sample to evaluate the intervention. Provide evidence that a large enough sample exists to evaluate the intervention. Describe your plan to recruit participants for the study and discuss and address any potential challenges you might face when attempting to recruit participants. Describe how the contact information of evaluation participants will be acquired and regularly updated. Justify that the information is comprehensive enough to allow you to remain in contact with participants throughout the study. Discuss any methods to maximize the participation of individuals who are part of the evaluation sample – both treatment and control/comparison groups. Explain how the methods discussed seem likely to be approved by the IRB and would successfully improve participation. Describe and justify the expected survey response rates. Estimate statistical power for the study and explain why the power is consistent with study design. Describe the statistical power analysis used to arrive at the sample size. Include the Minimum Detectable Effect (MDE) that has an 80% chance of being statistically significant at a specific alpha level, for each outcome. Describe the outcomes and assumptions used in the statistical power calculations. Indicate how the assumptions for the MDE calculation are consistent with information presented earlier in the proposal (e.g., the number of participants in the study, after non-consent and non-response). Provide sufficient justification as to why the study will find

an effect larger than the MDE calculated. If you plan to conduct analyses of subgroups, present additional statistical power analyses to estimate those MDEs.
Evaluation Limitations Describe any limitations of the proposed evaluation and how you will attempt to address the limitations described. Explain how you will address potential conflicts of interest and ensure independence of the intervention implementation and the evaluation.

Appendix E – Planning Period Deliverables

Please see key deliverables expected during the first 12 months of funding (Year 1). Recipients are expected to be ready to begin fully implementing and evaluating and the proposed intervention by the end of Year 1. Failure of a recipient to receive OPA approval for their evaluation plan or make satisfactory progress toward completion of planning period milestones by the end of year one may impact funding for Year 2.

Within 1 month of funding	• Confirm that the project does not duplicate other programming already offered within proposed sites or communities
Within 6 months of funding	• Have finalized formal, written agreements (memorandum of understanding/agreements, contract, etc.) with all key partners and subrecipients
Within 9 months of funding	• Conduct a materials review to ensure that all materials delivered to study participants are medically accurate and age appropriate
Within 10 months of funding	• Pilot-test intervention materials
Within 12 months of funding	• Finalize intervention materials. • Complete OPA-provided components checklist • Have a data collection plan • Finalize detailed evaluation design • Obtain any necessary Institutional Review Board (IRB) approvals • Have all project staff trained to successfully execute the project