U.S. Department of Health and Human Services

Office of Population Affairs

Notice of Funding Opportunity
Replicating Effective Teen Pregnancy Prevention (TPP) Programs

Opportunity Number
AH-TP1-26-001

Application Due Date
July 23, 2026

Technical Assistance Webinar Date
June 30, 2026

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BASIC INFORMATION	
Opportunity Title Replicating Effective Teen Pregnancy Prevention (TPP) Programs	
Program Office Office of Population Affairs	**Application Submission and Format** Electronic application submitted via Grants.gov ONLY.
Opportunity Number AH-TP1-26-001	
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 $63,400,000	**Estimated Period of Performance (months)** 24 • 12-month first budget period • 12-month second budget period • Optional competitive third year
Estimated Number of Awards 52	**Anticipated Award Date** 9/30/2026
Anticipated Award Funding Range $900,000 to $2,000,000 per budget period	**Anticipated Project Start Date** 9/30/2026
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 that provide medically accurate and age-appropriate programs that reduce teen pregnancy and advance adolescent health by strengthening body literacy, informed consent, and optimal health through the replication of effective teen pregnancy prevention (TPP) programs. Effective TPP programs are those programs that have been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors.

The purpose of this Notice of Funding Opportunity (NOFO) is to support replication of effective programs that provide adolescents with medically accurate, age-appropriate education and counseling that help them understand their bodies, clarify reproductive life goals, and make informed health decisions.

OPA intends to make available approximately up to $63,400,000 for an estimated 52 grant awards for a period of up to two (2) years with an optional competitive third year. The actual amount available will not be determined until enactment of the FY2027 federal budget.

Funded recipients will be expected to:

1. Replicate evidence-based programs that strengthen adolescent body literacy, informed consent, and optimal health, ensuring all content is medically accurate, age-appropriate, and delivered with high quality and consistency.
2. Integrate body literacy education and reproductive life goals counseling into program delivery, equipping adolescents with a clear understanding of female and male anatomy and reproductive health, the relationship between reproductive and overall well-being or optimal health, and the knowledge needed to make informed, future-oriented health decisions.
3. As applicable, 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.
4. Promote optimal health through an upstream, preventive approach by emphasizing root-cause understanding of chronic health conditions that may impact overall health and fertility, encouraging healthy behaviors, and supporting adolescents in developing the knowledge and decision-making skills necessary for long-term physical and mental well-being.
5. Engage stakeholders and monitor program quality and outcomes by maintaining meaningful collaboration with community partners and participants, regularly assessing

implementation and impact, and using data to improve program effectiveness, ensure implementation of evidence-based models, and achieve intended outcomes.

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 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 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. 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.

Grants funded through this NOFO will support the replication of evidence-based teen pregnancy prevention programs that strengthen adolescent body literacy, informed consent, and optimal health. Funded projects will deliver medically accurate, age-appropriate education and counseling that integrate body literacy with reproductive goals counseling, while ensuring transparency and respect for parental rights through advance notice and meaningful opt-out provisions. In addition, recipients will build the capacity of local community organizations to replicate these programs with accuracy and quality. The goal of this NOFO is to promote an upstream, preventive approach to adolescent health by equipping young people with the knowledge and decision-making skills necessary for lifelong well-being, thereby supporting optimal health and reducing rates of teen pregnancy.

Background

Most Americans do not know how their bodies function in a state of health. They lack basic understanding of the relationships between hormonal and reproductive health and overall physical and mental well-being, and they are often unaware of how decisions made during adolescence and young adulthood may affect health, fertility, and quality of life in adulthood. This widespread health and body illiteracy undermines informed consent, weakens preventive health efforts, and contributes to poor long-term health outcomes.

Body illiteracy is reflected in the near absence of body literacy education standards nationwide. 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. 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. This leads to a healthcare approach that prioritizes pain relief and symptom suppression over root-cause evaluation and treatment for reproductive health concerns for long-term health. 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.

Body literacy is also related to unexpected pregnancy. Many young women enter adolescence and early adulthood without understanding how their bodies function in a state of health, limiting their ability to make informed decisions about sexual behavior and prevention.[1] 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.[2] 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.[3][4]
Programs supported under this initiative are expected to strengthen adolescents' understanding of both female and male reproductive health. For girls, this includes instruction on the menstrual cycle, ovulation as a key indicator of health, recognition of normal versus abnormal patterns, and the connection between reproductive health and overall physical and mental well-being. For boys, this includes education on male pubertal development, hormonal rhythms, fertility, and the ways sleep, nutrition, physical activity, and behavior influence endocrine health and long-term reproductive function. By providing adolescents of both sexes with accurate biological frameworks, these programs support healthier behaviors, improved self-awareness, and earlier recognition of potential health concerns.

In addition to biological education, programs supported under this initiative are expected to incorporate reproductive goals counseling that helps adolescents reflect on their goals related to relationships, childbearing, career, and future family formation. By integrating body literacy education with reproductive goals counseling, these programs place sexual

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[1] Hall, Kelli S., et al. "Understanding Factors Contributing to Unintended Pregnancy." *American Journal of Public Health*, vol. 102, no. 3, 2012, pp. 1–8; Polis, Chelsea B., and Laurie Zabin. "Missed Conception: Fertility Knowledge and Pregnancy Risk." *Contraception*, vol. 85, no. 4, 2012.
[2] 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.
[3] Klaus, H. M. *Abstinence and Teen Fertility Awareness: Behavior Outcomes Among At-Risk Youth.* Life Issues Institute, 2004. Program evaluation findings report delayed sexual initiation among adolescent girls receiving fertility-awareness–based education compared to peers who did not receive such instruction.
[4] 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.

decision-making within a broader framework of optimal health, responsibility, and future planning, thereby strengthening informed consent across the reproductive lifespan. 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.

TPP Program grant recipients should ensure transparency and respect for parental rights in the delivery of program content. Recipients are expected to provide parents or guardians with advance notice that includes sufficient detail about program content, materials, and activities, and to offer a meaningful opportunity to review such materials upon request. 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.

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.

[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.

Eligibility of Effective Programs to be Replicated Under this NOFO

The focus of this NOFO is to support the replication of evidence-based teen pregnancy prevention programs that strengthen adolescent body literacy, support informed consent, and promote optimal health. Eligible programs are those that have been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors. Programs selected for replication must deliver medically accurate, age-appropriate education and counseling and be implemented with fidelity to their evidence-based design. All programs must meet the criteria outlined in Appendix A – Criteria for Eligible TPP Effective Programs, which specifies the level of evidence and evaluation quality required for eligibility and aligns with the Department's commitment to gold standard science.

The TPP program has a longstanding commitment to funding programs supported by strong evidence and evaluated using rigorous, transparent methods. The criteria described in Appendix A ensure that funded programs reflect high-quality evidence of effectiveness. For this NOFO, any program that meets these criteria and aligns with the program's focus on body literacy, informed consent, and preventive health is eligible for replication.

For purposes of this NOFO, "replication" refers to the implementation of an evidence-based program in a new setting or population while maintaining fidelity to its core components. Throughout this NOFO, the terms "replication" and "implementation" are used interchangeably to describe this process. Funded recipients are expected to implement selected programs with fidelity and quality, while ensuring transparency in program delivery and respect for parental rights, including advance notice and meaningful opt-out provisions where applicable.

1. Expectations for Recipients

The goal of this funding opportunity is to implement evidence-based teen pregnancy prevention (TPP) programs that strengthen adolescent body literacy, support informed consent, and promote optimal health, while building the capacity of local community organizations to deliver these programs with fidelity and quality. Funded strategies should expand access to medically accurate, age-appropriate programming that equips young people with the knowledge and decision-making skills needed for lifelong well-being and the prevention of teen pregnancy. Programs should be implemented in a manner that supports transparency and parental engagement, including advance notice and meaningful opt-out provisions.

Recipients will be expected to:

1. Implement medically accurate and age-appropriate programs

Recipients must implement teen pregnancy prevention programs that are medically accurate and age-appropriate, and must describe the processes used to ensure these priorities.

"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.

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.

It is the responsibility of the recipient to ensure that all project materials—including curricula and any supplemental materials (e.g., facilitator and participant manuals, videos, podcasts, posters, scripts, participant booklets, and handouts)—are medically accurate and age-appropriate.

Recipients must submit all program materials to OPA for medical accuracy review prior to implementation and may be required to provide materials for review prior to award. All materials must align with applicable OASH priorities. 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.) Recipients must maintain a staffing plan that ensures the expertise necessary to implement medically accurate and age-appropriate programs with accuracy and quality. Within three months of award, recipients must develop and maintain a professional development plan that supports staff capacity to effectively deliver program content. This plan must be reviewed and updated at least annually to ensure it remains responsive to project needs.

Effective Programs Eligible for Implementation

Recipients must ensure that all programs implemented under this NOFO meet the criteria outlined in Appendix A – Criteria for Eligible TPP Effective Programs. Selected programs must be implemented with fidelity to their core components while also being appropriate for the intended population and setting.

Within five months of award, recipients must submit their selected programs for approval. Within six months, recipients are expected to pilot approved programs with a small number of participants to assess feasibility and implementation readiness. The purpose of the pilot is to determine whether the program can be successfully implemented as designed.

Within 12 months of award, recipients must fully implement approved programs, including obtaining approval for any proposed adaptations and establishing formal agreements (e.g., contracts or memoranda of understanding) and implementation plans for each site. Recipients may add or discontinue programs over the project period, as needed, provided all programs continue to meet eligibility requirements and are implemented in accordance with the medically accurate and age-appropriate standards described above.

2. Implement Body Literacy Education to Support Informed Consent

Recipients must incorporate body literacy education into program curricula as a foundational component of informed consent and adolescent health. Body literacy education should equip young people with a clear understanding of how their bodies function in a state of health, enabling them to interpret biological signals, recognize deviations from normal function, and make informed decisions about their well-being.

Programs must include two distinct educational modules: one focused on female reproductive health and one focused on male reproductive health.

The female reproductive health module must include, at a minimum: basic female anatomy and physiology; the four phases of the menstrual cycle (menstrual, follicular, ovulatory, and luteal) and associated patterns in energy, mood, and physical health; identification and interpretation of key biomarkers of the cycle; and recognition of ovulation as the central event and primary indicator of hormonal health and fertility. Instruction must also address the role of hormonal health as a key indicator of overall well-being, including its effects on multiple body systems, and support adolescents in distinguishing healthy cycle patterns from abnormalities that warrant medical evaluation. Programs should emphasize that persistent pain, irregularity, or other disruptive symptoms are not normal and may reflect underlying conditions requiring diagnosis and treatment. Instruction must also include an overview of approaches to managing menstrual health concerns, including the advantages and disadvantages of ovarian suppression compared to approaches that address root causes.

The male reproductive health module must include, at a minimum: basic male anatomy and physiology; an understanding of testosterone as a hormone responsive to sleep, physical activity, and environmental stimuli; the role of healthy testosterone levels in supporting physical, cognitive, and emotional health; and the function of the brain in sexual development and behavior. Instruction must include the physiology of arousal, including normal indicators of hormonal health such as waking erections or nocturnal emissions, and provide developmentally appropriate strategies for managing spontaneous arousal in ways that support self-regulation, health, and future fertility. Programs should also address how repeated or artificially stimulated arousal may affect neural development and behavior over time.

Across both modules, body literacy education must emphasize the connection between hormonal health and overall health, including the role of sleep, nutrition, physical activity, and stress in shaping endocrine function, mental well-being, and long-term reproductive health. Instruction should support adolescents in developing self-awareness, recognizing patterns in their physical and emotional health, and engaging more effectively with healthcare providers.

Recipients are expected to ensure that body literacy content is medically accurate, age-appropriate, and aligned with current standards. Recipients must coordinate with the TPP Training Center to access up-to-date guidance, curricula, and training resources to support effective implementation of body literacy education.

3. Implement Reproductive Goals Counseling

Recipients must incorporate reproductive goals counseling as a core component of program implementation. Reproductive goals counseling should be developmentally appropriate and designed to help adolescents reflect on their future aspirations related to relationships, childbearing, and family formation.

Reproductive goals counseling must support adolescents in understanding how current behaviors, health choices, and life decisions may affect their future reproductive health and overall well-being. Counseling should present evidence-informed pathways associated with improved economic and family stability, including completion of education, participation in the workforce, and marriage prior to childbearing. Research indicates that individuals who follow this sequence experience substantially lower risks of poverty across socioeconomic groups.

Program counseling should affirm marriage and parenthood as meaningful and valued components of adult life and support adolescents in considering long-term reproductive goals within the broader context of health, responsibility, and future planning. Counseling should support informed decision-making by helping adolescents understand how life choices, reproductive health, and fertility intersect to shape long-term stability, health, and well-being.

Recipients are expected to ensure that reproductive goals counseling is medically accurate, age-appropriate, and aligned with program requirements. Counseling should be delivered in a manner that promotes optimal health, supports informed consent, and is responsive to the developmental needs of adolescents.

4. Ensure 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.

These requirements reflect longstanding constitutional and statutory protections for religious liberty and parental authority. In *Mahmoud v. Taylor*, 606 U.S. ___ (2025), which relates to school programs during school hours, the Supreme Court reaffirmed that public programs may not impose conditions that burden a parent's religious exercise. In *Mirabelli v. Bonta*, No. 25A810 (U.S. 2026), the Court emphasized the fundamental role of parents in directing the upbringing and education of their children.

Consistent with these principles, recipients should structure program delivery in a way that does not compel participation in content that conflicts with protected beliefs and preserves the ability of parents to guide their children's education. Consistent with applicable state law, recipients are expected to only provide referrals for other medical procedures with parental consent. Programs should avoid incorporating content that would undermine these protections or condition participation on acceptance of such content.

5. **Incorporate Sexual Risk Avoidance Education**

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 and reproductive goals counseling by reinforcing connections between sexual decision-making, hormonal health, emotional well-being, and future reproductive outcomes.

SRA instruction must be medically accurate, age-appropriate, and should be delivered in a manner that is supportive, non-stigmatizing, and responsive to the developmental needs of adolescents. Recipients are expected to coordinate with the TPP Training Center to identify appropriate SRA resources and ensure alignment with program goals and current guidance.

6. Regularly monitor and evaluate project activities, analyze findings, and apply results to strengthen implementation, improve quality, and ensure progress toward achieving project goals.

Throughout the course of the project, OPA expects recipients to monitor, evaluate, and continuously improve the 1) fidelity and quality of effective program implementation; 2) the quality and effectiveness of body literacy education and reproductive goals counseling; and 3) the project approach in achieving the goals of the NOFO. For this NOFO, the purpose of monitoring and evaluation is to focus on implementation evaluation and ensuring the quality of all aspects of the project. Recipients are expected to develop a Monitoring, Evaluation, and Improvement (MEI) Plan within 3 months of funding that:

- Determines if the project approach is achieving its goals.
- Determines if effective teen pregnancy prevention programs are being implemented with high fidelity and quality to include collecting data on fidelity and quality from program facilitators as well as from observations of at least 10% of all program sessions and 100% of all program facilitators.
- Identifies what is working and what is not to improve implementation and the project approach.

- Ensures recipient staff are maintaining and enhancing the competencies and skills needed to execute the project successfully.

The MEI plan should demonstrate how you will use performance measures and other relevant data, including parent and stakeholder feedback, to monitor progress in meeting approved project goals and objectives.

We expect recipients to foster collaboration and data-sharing between implementation staff, evaluation staff, and other partners (if applicable) to reflect a team approach. Such an approach is critical to the success of the overall project. Implementation and evaluation staff should work together to determine the data to collect, methods and process of collection, and translating data collected to improve the project and make data-informed decisions.

Recipients must also collect all performance measures (OMB #0937-0213, Expiration July 31, 2026, renewal in progress see Appendix B – TPP Performance Measures) and report them on a semi-annual basis. In collecting performance measures and other project data, recipients should review all relevant state laws, organizational policies, and other administrative procedures prior to collection to ensure the feasibility of data collection. If necessary, recipients should obtain any necessary permission from all partner organizations to collect required data.

As this is an initiative intended to replicate effective programs, any evaluation-type activities should focus on monitoring project activities, implementation, and ensuring the quality of all aspects of the project. **This is not a research award.**

As a condition of the award, we may require selected recipients to participate in any OPA-directed Federal Evaluation, if funding for such an evaluation becomes available. The Federal Evaluation contractor will pay for any costs associated with evaluation data collection for the Federal Evaluation.

2. 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. Prior approval for change of time that Key Personnel are dedicated to the project and for replacement of Key Personnel. Key Personnel includes any position that is responsible for the day-to-day management and oversight of the project.

b. Consulting with the recipient throughout the preparation and dissemination of materials related to the grant.

c. Review all materials prior to use in the project, to include effective program materials, for medical accuracy, age appropriateness, alignment with OASH priorities, and use of clear and accurate language.

d. Review and approval of effective programs selected for replication, implementation plans, and proposed adaptations to effective programs.

e. Serving as a programmatic resource during the implementation of the project by contributing with subject matter expertise.

f. Assisting the recipient in the review and revision of priorities for activities conducted under the cooperative agreement.

3. 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 two 12-month budget periods for a total period of performance up to 24 month(s) with an optional competitive third year. 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 anticipate offering a competing continuation for a third year for the purpose of providing funding to support selected recipients as they transition projects to sustainability. 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 F.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.2.c)

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:

Project Significance

- Describe the service area including the geographic boundaries used to define it. Provide a geographic map of the service area.
- Describe the population of focus. The primary participants to receive programming under an award should be adolescents and youth (children ages 10-13, 13-18, etc.).
- Demonstrate the needs of the community and population related to teen pregnancy and associated risk factors. Include current data that supports the rationale for focusing on this community(ies) and population, specifically documenting a teen birth rate that is at least above the current national average.
- Describe how the proposed project would support programming that strengthens body literacy, informed consent, and adolescent reproductive health knowledge.
- Demonstrate an understanding of the underlying factors contributing to teen pregnancy and poor reproductive health outcomes in the service area, including

gaps in foundational biological knowledge, access to medically accurate information, and opportunities for informed decision-making.

- Describe how the proposed project will address unmet needs in the community and not duplicate already existing resources.
- Demonstrate an understanding of the complexity of the overall project, potential challenges, and proposed solutions to overcome such challenges.

Technical Approach

- Provide a clear and concise description of the approach you are proposing to meet the expected performance goals and outcomes outlined in this NOFO. You should refer to your logic model and work plan throughout your narrative, as needed.
- Demonstrate your understanding of effective teen pregnancy prevention programs and the criteria outlined in this NOFO for what an eligible effective program for replication is under the TPP program. Demonstrate how your proposed effective program(s) is realistic and feasible based on the needs, capacity, and readiness of the community and population.
    - For each effective program proposed for replication, provide a summary confirming that at least one research study of the program meets the criterion outlined in Appendix A – Criteria for Eligible TPP Effective Programs of the NOFO. Include a citation and abstract for each study.

**Identifying an effective program in the application does not guarantee approval. After an award is made, OPA will review the submitted information to verify the program's eligibility. Recipients may not implement any program until it has been reviewed and approved by OPA as an effective program.*

- Provide a work plan that is aligned with the performance outcomes outlined in this NOFO.
- Describe how body literacy education, reproductive goals counseling, and sexual risk avoidance (SRA) education will be integrated into program implementation.
- Provide a clear description of how and where the proposed effective program will be implemented. If you are proposing implementation partners, describe how those partners will implement the effective program.
- Describe how you will implement effective programs that are medically accurate and age-appropriate. Outline your process for reviewing, selecting, and approving curricula and materials, including procedures to ensure all instructional content is age-appropriate and medically accurate.
- Quantify the number of adolescents and young adults you will reach annually through program implementation. Describe the total population in the service area and estimate the proportion you intend to reach.
- Describe specific strategies that will be used to recruit and retain participants, and provide a rationale for why the strategies are expected to be successful.
- Describe how you will ensure transparency in program delivery and uphold parental

rights. This includes providing advance notice of program content and materials, offering opportunities for review, and allowing parents or guardians to opt their children out of specific program content or activities, particularly those related to sexuality.

- Describe your plans for monitoring, evaluating, and improving the project (i.e., your MEI plan). Describe the data you will collect and how you will use the data to monitor, evaluate, and continuously improve 1) fidelity and quality of effective program implementation; 2) the quality and effectiveness of body literacy education and reproductive goals counseling and 3) progress toward achieving program goals, including improvements in informed decision-making and optimal health.
- Describe how you will collect required performance data, identify anticipated barriers to data collection, and explain how those barriers will be addressed.
- Demonstrate that your project is likely to be ready for full implementation within 12 months of funding. See information presented under Work Plan for an outline of key deliverables expected within the first 12 months of funding and throughout the project period.

Stakeholder Engagement and Sustainability

- Describe your strategy for meaningfully engaging stakeholders—including adolescents, parents or guardians, community partners, and relevant organizations—across all phases of the project (planning, implementation, and evaluation).
- Describe your plan for dissemination and communication that:
    - raises awareness of the project and promotes adolescent health, body literacy, and informed decision-making; and
    - facilitates sharing of progress, outcomes, and lessons learned among partners and stakeholders.
- Describe your approach or plan for sustaining the project after the period of Federal funding ends. Describe what sustainability means for the proposed project, sustainability priorities, and how sustainability will be integrated into the earliest stages of project planning.
- Describe challenges to sustainability that exist and how these challenges will be addressed during the project period.

Organizational Capacity, Partnerships, and Expertise

- Describe your organization's mission and how it aligns with the goals of this NOFO, including advancing body literacy, informed consent, and optimal health. Demonstrate your experience working within the service area and with adolescent populations.
- Describe your capacity and experience selecting and implementing evidence-based teen pregnancy prevention programs that are medically accurate, age-appropriate, and appropriate for the intended population and setting.

- Demonstrate your organization's ability to implement programs with fidelity, integrate body literacy education and reproductive goals counseling, ensure compliance with parental notification and opt-out requirements, incorporate sexual risk avoidance education, and use data for continuous quality improvement.
- Describe your organization's infrastructure, relevant capabilities, and ability to manage a project of this scope. Include examples of experience managing similar initiatives.
- Describe your proposed staffing plan, including roles, responsibilities, qualifications, and how staff will collaborate to achieve project objectives. Address:
  o Existing staff (roles, qualifications, FTE, résumé in appendix)
  o Positions to be filled (qualifications, hiring timeline, recruitment strategy, FTE)
- Identify all partner organizations and describe their roles and contributions. Include documentation (e.g., MOUs, Letters of Commitment) as applicable. For partners involved in program implementation, describe:
  o Experience implementing evidence-based programs
  o Experience working with the target population
  o Alignment with program goals
  o Accountability for achieving outcomes
- Describe anticipated risks or challenges and your organization's capacity to address them.

Project and Performance Management

- Describe your overall approach to project management and how it will support achievement of program goals and outcomes.
- Describe how you will manage partners and subrecipients to ensure accountability, quality, and timely completion of activities.
- Describe your strategy for recruiting, training, and retaining qualified staff with expertise relevant to program implementation, including body literacy education, reproductive goals counseling, and data collection. Include how staff performance will be measured and managed.
- Describe how you will provide training and professional development to ensure staff are prepared to deliver medically accurate, age-appropriate programming and fulfill their responsibilities.

- Describe your process to collect and report all required performance measures (OMB #0937-0213, Expiration July 31, 2026, renewal in progress, see Appendix B – TPP Performance Measures) for your organization and organizations implementing effective programs and report it to OPA on a semi-annual basis.

- Demonstrate that you have reviewed and are familiar with all applicable laws, policies, procedures and confirm that you can collect and report data on all required performance measures from all participants. Describe any potential obstacles to the collection of the performance measures and how you plan to overcome the potential obstacles.

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 (specific, measurable, achievable, realistic, and time-framed) objectives and activities.

The work plan should also reflect the following deliverables:

- Within 1 month of funding – submit to OPA fully executed formal agreements of any formal partner identified in your application.
- Within 3 months of funding - develop a professional development plan for staff on the project that is revisited annually, and establish and execute a communication and dissemination strategy.
- Within 5 months of funding - submit to OPA for approval the proposed effective program that incorporates body literacy.
- Within 6 months of funding - pilot approved effective program that incorporates body literacy.
- Within 6 months of funding - finalize formal, written agreements (memorandum of understanding/agreements, contract, etc.) with all key partners and subrecipients.
- Within 12 months funding – begin fully implementing effective programs that incorporate body literacy.
- By Year 3 of the project – establish and begin executing plan to sustain the project in the community.

2) Letters of Commitment

The application should include signed Letters of Commitment (LOCs) from key decision makers and potential partners in the identified service area, including support from already selected and potential organizational partners. LOCs should detail the specific role and resources that the partner will provide, or activities that the partner will assume, in support of the project. The LOC should describe the organization's expertise, experience, and access to the targeted population(s). 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.

3) Formal written agreements (e.g., MOUs/MOAs)

If available at the time of submission, you should submit formal, written agreements such as MOUs, MOAs, 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 OASH priorities.) Formal agreements should 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.

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	**Direct salary ($350,000 x 0.5) =** $175,000

$350,000 with 50% of time devoted to project, i.e., 0.5 FTE	**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(ices) 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-TP1-26-001.

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, you 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-TP1-26-001 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 F.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 E.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 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, you **may be required** to submit documentation of nonprofit status to confirm your 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
- Documentation of non-profit status
- 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 E.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: o Above the Award Ceiling of $2,000,000
• 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.

- **Project significance (15 points)**
- **Technical Approach (30 points)**
- **Stakeholder Engagement and Sustainability (15 points)**
- **Organizational Capacity and Expertise (25 points)**
- **Project Monitoring and Evaluation (10 points)**
- **Budget (5 points)**

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

PROJECT SIGNIFICANCE (15 points)

The application will be assessed based on the extent to which the applicant:

- Clearly defines the proposed service area, including geographic boundaries and

the population to be served, specifying the age range of the adolescents they will be serving within the TPP program audience of young adults ages 10-24.

- Demonstrates a clear and well-supported need for programming that strengthens body literacy, informed consent, and adolescent reproductive health knowledge, using credible data sources. This may include evidence of gaps in reproductive health literacy, high rates of teen pregnancy, or related health and behavioral outcomes.

- Demonstrates an understanding of the underlying factors contributing to teen pregnancy and poor reproductive health outcomes in the service area, including gaps in foundational biological knowledge, access to medically accurate information, and opportunities for informed decision-making.

- Identifies existing resources and gaps in services and explains how the proposed project will address unmet needs without duplicating existing efforts.

TECHNICAL APPROACH (30 POINTS)

The application will be assessed based on the extent to which the applicant:

- Presents a work plan that is clearly aligned with the performance outcomes outlined in this NOFO and will result in the project being ready for full implementation within 12 months. To include having clearly measurable and specific objectives, major tasks, action steps, timeframes, and persons/partners responsible and inclusion of key deliverables expected by OPA which can be found under Work Plan in Section E.2.b.

- Demonstrates a thorough understanding of effective teen pregnancy prevention programs and the criteria for eligibility outlined in this NOFO and makes it clear that their knowledge will result in the selection of an ***eligible*** effective teen pregnancy prevention program that is a good fit for the community and population. Includes a summary of proposed effective programs that confirms at least one research study of the program meets the criterion outlined in Appendix A – Criteria for Eligible TPP Effective Programs of the NOFO.
- Clearly describes how body literacy education and reproductive goals counseling will be integrated into program implementation to support informed consent, strengthen adolescents' understanding of reproductive health, and promote optimal health and future-oriented decision-making.
- Incorporates sexual risk avoidance (SRA) education as a component of program delivery.
- Provides a reasonable and well-justified estimate of the number of adolescents and young adults to be reached annually, including a description of the total population in the service area and the proportion to be served.
- Demonstrates a clear approach for ensuring transparency in program delivery and compliance with parental rights protections, including advance notice of program content and the ability for parents or guardians to opt their children out of specific content or activities.

- Demonstrates a strong approach for ensuring the effective teen pregnancy

prevention program is implemented with high fidelity and quality, to include a credible and detailed process for ensuring that all materials and information are medically accurate, age-appropriate, and aligned with OASH priorities. Approach is robust, systematic, and likely to result in consistent delivery across settings and partners.

- Provides a clear and feasible plan for monitoring, evaluating, and improving the project, that includes collecting and using relevant data sources, especially performance measure data, to assess program fidelity, capacity building quality, and progress toward NOFO goals. The plan identifies relevant data sources, describes data collection methods, and addresses anticipated barriers with reasonable strategies for overcoming them.

STAKEHOLDER ENGAGEMENT AND SUSTAINABILITY (15 points)

The application will be assessed based on the extent to which the applicant:

- Demonstrates a strong and comprehensive strategy for engaging key stakeholders—including adolescents, parents or guardians, and community partners – throughout the project period.

- Demonstrates a well-developed and feasible plan for effectively disseminating information about the project, raising awareness of issues related to unintended teen pregnancy, body literacy, reproductive goals counseling, and informed decision-making across the service area. The plan includes specific, actionable strategies for sharing project updates, milestones, and lessons learned with partners and stakeholders, and is likely to result in increased visibility, collaboration, and knowledge-sharing throughout the community.

- Clearly defines what sustainability means for the proposed project and presents a realistic, forward-looking plan for sustaining key elements beyond the federal funding period. The approach integrates sustainability priorities early in project planning and is likely to result in long-term impact and continued benefit to the community.

- Identifies relevant sustainability challenges and presents practical, proactive strategies to address them. The approach is likely to strengthen the project's ability to maintain momentum and impact over time.

ORGANIZATIONAL CAPACITY AND EXPERTISE (25 points)

The application will be assessed based on the extent to which the applicant:

- Demonstrates a strong alignment between the organization's mission and the goals of the NOFO. Clearly shows a meaningful presence or significant investment in the defined service area, along with relevant experience working with adolescents and communities in that area. The organization's local knowledge and relationships are likely to enhance project success.

- Demonstrates experience and capacity to implement evidence-based teen pregnancy prevention programs that are medically accurate, age-appropriate, and

delivered with fidelity. Demonstrates the ability to integrate body literacy education and reproductive goals counseling into program implementation, ensure compliance with parental notification and opt-out requirements, incorporate sexual risk avoidance education, and use data for continuous quality improvement.

- Demonstrates that the organization has the infrastructure, expertise, and operational systems necessary to successfully manage and implement a project of this size and scope. Provides clear evidence from past projects that illustrate the organization's ability to lead similar initiatives, engage stakeholders, manage data, and drive continuous improvement. The organization's demonstrated capacity is likely to result in successful execution of the project.

- Presents a well-structured staffing plan with clearly defined roles, responsibilities, and qualifications. The proposed team has the expertise and capacity to achieve project objectives. Partnerships are clearly defined, aligned with project goals, and supported by documentation. The combined strength of the staffing and partner organizations is likely to contribute significantly to project success.

- Identifies realistic challenges and risks to project implementation and provides practical, proactive strategies to address them. The organization demonstrates the capacity to manage risks in a way that supports project stability and long-term success.

PROJECT MONITORING AND EVALUATION (10 POINTS)

The application will be assessed based on the extent to which the applicant:

- Demonstrates a clear and effective approach for managing the overall project, including coordination with partners and subrecipients. The plan outlines how roles, responsibilities, and expectations will be monitored and met, and includes systems for tracking progress, completion, and quality of all project activities. The approach is likely to support strong accountability and timely achievement of project objectives.

- Presents a strong strategy for recruiting and retaining qualified staff, with clear processes for measuring performance, holding staff accountable, and mitigating turnover. Includes a well-structured plan for assessing training needs and delivering professional development to ensure staff are fully prepared to implement the program and collect data effectively. The approach is likely to result in a capable and stable team that can meet project goals.

- Demonstrates a clear understanding of the required performance measures and outlines a feasible plan for collecting and reporting data for both the lead organization and implementation partners. Confirms familiarity with all applicable laws, policies, and procedures, and the ability to collect and report data from all participants. Identifies potential obstacles and presents practical strategies to overcome them, supporting accurate and timely reporting in

compliance with federal requirements.

BUDGET (5 points)

The application will be assessed based on the extent to which:

- The budget justification clearly explains how each cost supports the proposed activities. The total funding requested is reasonable and proportionate to the number of adolescents the applicant proposes to serve and the intensity of services to be delivered. The budget reflects an efficient use of federal funds.

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):

- Demonstrated need for the teen pregnancy prevention programming in the area served.
- Geographic distribution of awards across the country.
- Distribution of project sites among rural, suburban, and urban communities
- 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 CFR 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 online 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 I.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. § 200.448, 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. § 200.448, 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 G.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
LOC	Letters of Commitment
MEI	Monitoring, Evaluation, and Improvement
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
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
SF	Standard Form
SPOC	State Single Point of Contact
TPP	Teen Pregnancy Prevention

3. Glossary

Adaptation are changes made to the program content, program delivery, or other core components of an effective program.

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.

Effective Programs are programs that have been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors. See Appendix A – Criteria for Eligible TPP Effective Programs for the criterion that will be used to determine eligibility of programs for this NOFO.

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

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

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.

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.

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, means 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.

Replication refers to duplicating or repeating an effective program.

Risk factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes.

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.c.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;[6] (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 measures 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

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

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

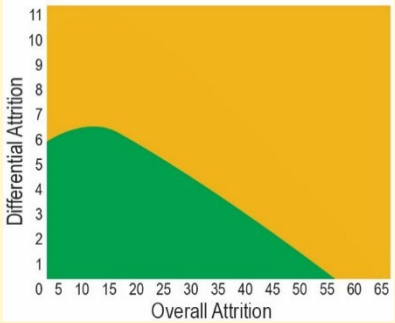
In random assignment studies, a loss of study participants can bias the study's impact estimates by creating differences in the characteristics of the treatment and control groups. Bias can arise from overall attrition (the percentage of study participants lost among the total study sample) or differential 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.[7] 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.[8]

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 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

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

[8] 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.

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;[9] (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).[10]

Types of Eligible Outcomes

Eligible outcome measures fall into the following domains: (1) sexual activity; (2) number of sexual partners; (3) STIs or HIV;[11] (4) pregnancies; (5) parental/caregiver monitoring 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

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

[10] 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

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

measures 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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0937-0213. The time required to complete this information collection is estimated to average 9 hours and 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of

Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

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[12] – 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]

[12] 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