

**U.S. Department of Health and Human Services
Office of the Assistant Secretary for Health
Office of Adolescent Health**

***Supporting and Enabling Early Innovation to Advance Adolescent
Health and Prevent Teen Pregnancy (Tier 2A)***

Announcement Type: New

Announcement Number: AH-TP2-15-001

Catalog of Federal Domestic Assistance (CFDA) No. 93.297

**Funding Opportunity Announcement
And
Application Instructions**

Application Due Date: April 10, 2015

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGENCY: Office of the Secretary, Office of the Assistant Secretary for Health, Office of Adolescent Health

FUNDING OPPORTUNITY TITLE: Announcement of Availability of Funds for Supporting and Enabling Early Innovation to Advance Adolescent Health and Prevent Teen Pregnancy (Tier 2A)

ACTION: Notice

ANNOUNCEMENT TYPE: INITIALCOMPETITIVE COOPERATIVE AGREEMENT

FUNDING OPPORTUNITY NUMBER: AH-TP2 -15-001

CFDA NUMBER: 93.297

CFDA PROGRAM: Teenage Pregnancy Prevention Program

DATES: Non-binding letters of intent are due **February 1, 2015**

Applications are due April 10, 2015 by 5 p.m. ET. To receive consideration, applications must be received electronically via Grants.gov by the HHS Office of the Assistant Secretary for Health (HHS/OASH), Office of Grants Management (OGM) no later than this due date.

Applications which do not meet the specified deadlines will be returned to the applicant unread.

All applicants must submit electronically via Grants.gov unless they obtain a written exemption from this requirement 2 business days in advance of the deadline by the Director, HHS/OASH Office of Grants Management. To obtain an exemption, applicants must request one via email from the HHS/OASH Office of Grants Management, and provide details as to why they are technologically unable to submit electronically through Grants.gov portal. Requests should be

submitted at least 4 business days prior to the application deadline to ensure the request can be considered prior to 2 business days in advance of the deadline. If requesting an exemption, include the following in the e-mail request: the HHS/OASH announcement number; the organization's DUNS number; the name, address and telephone number of the organization; the name and telephone number of the Authorizing Official; the Grants.gov Tracking Number (GRANTXXXX) assigned to the submission; and a copy of the "Rejected with Errors" notification from Grants.gov. Send the request with supporting documentation to ogm.oash@hhs.gov. Note: failure to have an active System for Account Management (SAM) registration will not be grounds for receiving an exemption to the electronic submission requirement.

The HHS/OASH Office of Grants Management will only accept applications via alternate methods (hardcopy paper via US mail or other provider or PDF via email) from applicants obtaining prior written approval. The application must still be submitted by the deadline. Only applications submitted through the Grants.gov portal or alternate format (hardcopy paper via US mail or other service or PDF via email) with an approved written exemption will be accepted. *See* the heading "**APPLICATION and SUBMISSION INFORMATION**" for information on application submission mechanisms.

To ensure adequate time to successfully submit the application, HHS/OASH recommends that applicants register as early as possible in Grants.gov since the registration process can take up to one month. For information on registering for Grants.gov, refer to <http://www.grants.gov> or contact the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding Federal holidays) at 1-800-518-4726 or support@grants.gov. **Applicants are strongly encouraged to register multiple authorized organization representatives.**

Technical Assistance: A technical assistance webinar for potential applicants will be held on Tuesday, January 27th from 2:30-4:30 pm ET (start time of 1:30 pm CT, 12:30 pm MT, 11:30 pm PT). Potential applicants should call 1-888-566-5780, passcode 3899321, and log-on to <https://www.mymeetings.com/nc/join.php?i=PW1052988&p=3899321&t=c>.

EXECUTIVE SUMMARY: The HHS Office of Adolescent Health (OAH) announces the availability of funds for Fiscal Year (FY) 2015 **cooperative agreement awards** under the authority of Division H, Title II of the Consolidated Appropriations Act, 2014 (Public Law No. 113-76), and the Continuing Resolution thus far for FY 2015 (Public Law No. 113-164), for **Supporting and Enabling Early Innovation to Advance Adolescent Health and Prevent Teen Pregnancy (Tier 2A)**. OAH intends to make available approximately \$3 million per year for an estimated two awards with five-year project periods.

This funding opportunity announcement (FOA) is one of a series of five (5) FOAs, each with a different focus, available in Fiscal Year 2015 from OAH's Teen Pregnancy Prevention (TPP) Program. Applicants may apply for more than one FOA. **This FOA provides information for applying to Supporting and Enabling Early Innovation to Advance Adolescent Health and Prevent Teen Pregnancy (Tier 2A)**. Other available funding opportunity announcements include:

- Capacity Building to Support Replication of Evidence-Based TPP Programs (Tier 1A)
- Replicating Evidence-Based TPP Programs to Scale in Communities with the Greatest Need (Tier 1B)
- Rigorous Evaluation of New or Innovative Approaches to Prevent Teen Pregnancy (Tier 2B)
- Effectiveness of TPP Programs Designed Specifically for Young Males (Tier 2C).

The overall goal of this FOA (herein referred to as the “TPP Early Innovation Program”) is to enable and support early innovation to advance adolescent health and prevent teen pregnancy.

The specific objectives of the TPP Early Innovation Program are to:

- 1) Establish **two independent intermediaries** (one focused on technology interventions and one focused on program interventions) to **select, fund, and support a portfolio of innovators** across the country to advance adolescent health and prevent teen pregnancy.
- 2) Develop numerous **innovative products, programs, or processes (herein referred to as interventions)** that are prototyped, tested, refined, and well designed to prevent teen pregnancy and advance adolescent health.
- 3) Develop and implement a **monitoring and evaluation plan** appropriate for early stage innovation, inclusive of **performance measures**.
- 4) Communicate and disseminate **successes, lessons learned, and knowledge** gained to contribute to the literature on teen pregnancy prevention.

OAH will award funds to two intermediaries, each of which will select, fund, and support a portfolio of innovators (estimated 5-15 innovators per year) to develop interventions to advance adolescent health and prevent teen pregnancy. One intermediary will focus on technology interventions and the other will focus on program interventions. OAH is interested in expanding the evidence base for the field of TPP. This may include, but is not limited to: interventions designed to reduce disparities and reach populations with demonstrated need, interventions that leverage technology, and interventions that use non-traditional approaches for implementation.

I. FUNDING OPPORTUNITY DESCRIPTION:

PURPOSE

The primary purpose of the TPP Early Innovation Program is to establish two independent intermediaries that will select, fund, and support a portfolio of innovators across the country to design, test, and refine interventions to advance adolescent health and prevent teen

pregnancy. For the purposes of this FOA, OAH defines innovation broadly as new or promising approaches, interventions, curricula, or strategies informed by scientific theory or empirical evidence that may lead to or have the potential to result in a substantial reduction in teen pregnancy rates, sexually transmitted infection (STIs) rates, and associated sexual risk behaviors.

One intermediary will focus on supporting innovation of technology interventions and the other will focus on supporting innovation of program interventions. Interventions may be designed to improve knowledge and skills related to TPP, improve the delivery of programs (e.g., increase participant engagement), and/or expand the ability of programs to reach youth who have otherwise been difficult to reach. Examples of technology interventions may include, but are not limited to, mobile applications, video games or other gaming technology, use of Geographic Information Systems (GIS) technology, adaptation of a pre-existing technology for new use, etc. Examples of program interventions may include, but are not limited to, infusion of TPP content into settings where youth work, live, and play; systems-level approaches; use of non-traditional delivery approaches; etc. Hybrid approaches that combine both program and technology may be classified as either, and will depend on whether the intervention is primarily (i.e., 50% or more) technology driven. Each intermediary is expected to fund a broad range of interventions to advance adolescent health and prevent teen pregnancy.

The successful applicant will determine their focus area (technology or program) and propose a five-year strategy to competitively select, fund, and support a portfolio of innovators across the country (estimate 5-15 per year). The successful applicant must be able to reach a national audience for the selection of innovators. Successful applicants will create an infrastructure to support and foster innovation; monitor and evaluate the outcomes of the TPP Early Innovation Program; and disseminate successes, lessons learned, and knowledge gained.

Throughout the five-year grant period, some interventions developed under the intermediary's portfolio may need further development and testing, others may be deemed impractical or not feasible, and some interventions may be ready for a rigorous impact evaluation. OAH would consider each of these outcomes a valuable contribution to the field.

Supporting HHS Strategic Goals, Healthy People 2020, and the National Prevention Strategy

This FOA supports the HHS Strategic Goals to *Put Children and Youth on the Path for Successful Futures, Eliminate Health Disparities, and Accelerate the Process of Scientific Discovery to Improve Health*. HHS is committed to supporting both evidence-based programs and innovative approaches for children and youth in order to positively impact a range of important social and health outcomes, including, but not limited to sexually transmitted diseases (STDs) and teen pregnancy (<http://www.hhs.gov/strategic-plan/hhs-vision.html>).

This FOA addresses the Healthy People 2020 (<http://www.healthypeople.gov/2020/default.aspx>) overarching goals to (1) achieve health equity, eliminate disparities, and improve the health of all groups and (2) promote quality of life, healthy development, and healthy behaviors across all life stages. The FOA addresses several Healthy People 2020 goals and objectives, including Family Planning Objectives 7 through 13; STD Objectives 1 and 6; HIV Objective 2; Adolescent Health Objectives 3 and 5; and the Lesbian, Gay, Bisexual, and Transgender Topic Area Goal.

This FOA also supports the National Prevention Strategy's (<http://www.surgeongeneral.gov/initiatives/prevention/strategy/#The Goal>) overarching strategic direction to help people make healthy choices and eliminate health disparities. This FOA

supports the recommendations in the reproductive and sexual health priority area to (1) provide effective sexual health education, especially for adolescents, and (2) enhance early detection of HIV, viral hepatitis, and other STIs and improve linkages to care.

BACKGROUND

OAH's Teen Pregnancy Prevention Program

OAH announces the anticipated availability of FY2015 funding to support the TPP Program, which was initiated in FY 2010 as one of six major evidence-based policy initiatives across the Federal government. OAH supports two types of grants through the TPP program: (1) projects that replicate evidence-based TPP program models that have been shown to be effective through rigorous evaluation, referred to as “Tier 1” and (2) research and demonstration projects in order to develop and test additional models and innovative strategies to prevent teen pregnancy, referred to as “Tier 2.” Additional information about OAH and specifically about the TPP Program can be found on the OAH website (http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/).

Within this framework, OAH is announcing five separate FY 2015 FOAs, each with a different focus. Available FOAs include:

- Capacity Building to Support Replication of Evidence-Based TPP Programs (Tier 1A)
- Replicating Evidence-Based Teen Pregnancy Prevention Programs to Scale in Communities with the Greatest Need (Tier 1B)
- Supporting and Enabling Early Innovation to Advance Adolescent Health and Prevent Teen Pregnancy (Tier 2A)
- Rigorous Evaluation of New or Innovative Approaches to Prevent Teen Pregnancy (Tier 2B)
- Effectiveness of Teen Pregnancy Prevention Programs Designed Specifically for Young Males (Tier 2C)

Status of Adolescent Sexual Risk Behaviors

Teen pregnancy and birth rates in the United States dropped to a record low since their peak in the early 1990's. The teen birth rate declined ten percent in 2013 alone and declined 38 percent since 2007 (1). There have also been improvements in teens' sexual behavior and use of contraceptives. In 2013, about half (47%) of all high school students reported having ever had sex. In that same year among high school students who were sexually active, 86% reported using some method of contraception the last time they had sex (2).

Despite the progress that has been made to reduce teen pregnancy and sexual risk taking, there were still approximately 614,000 pregnancies to women younger than age 20 in 2010 (3) and 25% of teens in the U.S. will become pregnant at least once by the age of 20 (4). Furthermore, young people age 15 to 24 account for nearly one-half of all new cases of STDs although they only comprise one quarter of the sexually active population in the U.S. (5).

In addition, great disparities continue to exist – by age, race and ethnicity, geography, urbanicity, and among especially vulnerable populations.

- **Age** - Birth rates are much higher among older teens (47.3 per 1,000) than younger teens (12.3 per 1,000), with 2/3 of teen births to girls ages 18 to 19 and 1/3 to girls ages 17 and younger (6,7).
- **Race and Ethnicity** - In 2010, the teen pregnancy rate among non-Hispanic Black and Hispanic teen girls age 15-19 was more than twice as high as the teen pregnancy rate among non-Hispanic White teen girls age 15-19 (8). In 2012, the teen birth rate was 46 per 1,000 for Hispanic teens; 44 per 1,000 for Black, non-Hispanic teens; 35 per 1,000

for American Indian teens; 21 per 1,000 for White, non-Hispanic teens; and 10 per 1,000 for Asian/Pacific Islander teens (9).

- **Geography** - Substantial geographic variation exists in adolescent childbearing across the United States with the lowest teen birth rates reported in the Northeast, and the highest rates reported across the southern part of the country (10).
- **Urbanicity** - Teen birth rates are much higher in rural areas (43 per 1,000) compared to small-medium metro areas (36 per 1,000) and large urban cities (24 per 1,000) (11).
- **Vulnerable Populations** – Rates of teen pregnancy and teen births have been found to be higher among especially vulnerable youth, including youth in foster care, parenting teens, and Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth. Teen girls who are in foster care are 2.5 times more likely than their counterparts who are not in foster care to get pregnant by age 19 (12). Teens who are already parents are also at increased risk of becoming pregnant again. Overall, 17% of all teen births are repeat teen births (13). LGBT youth are 2-3 times more likely to be involved in a pregnancy compared to non-LGBT youth. LGB youth are more likely to initiate sex at a very young age, have multiple partners, use alcohol and other substances before engaging in sexual intercourse; and are less likely to use contraception compared to non-LGBT youth (14).

Adolescent Health and Teen Pregnancy

Other adolescent health risk behaviors such as substance use and violence relate to teen pregnancy prevention; many of these behaviors and risk factors co-occur among adolescents. For example, teens that drink or use drugs are at increased risk of (1) being sexually active, (2) not using contraception when they have sex, (3) having sex at an earlier age, and (4) having multiple

partners (15). Teen pregnancy is also linked with various types of violence including dating violence, intimate partner violence, domestic violence and sexual abuse. Girls in high school who reported experiencing dating violence were four to six times more likely to have ever been pregnant than peers who had not experienced dating violence. Adverse childhood experiences such as physical abuse, verbal abuse, and witnessing intimate partner violence are also linked with having sex at an early age. Approximately 50 to 60 percent of adolescents who become pregnant have a history of childhood sexual or physical abuse (16). Preventing teen pregnancy is important to consider in the broader context of adolescent health and co-occurring risk behaviors.

Supporting Innovation in Teen Pregnancy Prevention

In order to best meet the needs of an ever-changing population of adolescents and reduce widespread disparities, transformative, innovative interventions that lead to breakthrough impacts are needed, especially given advances in science technology, information-communication technology, and our understanding of human behavior.

Many of the evidence-based TPP programs identified by the HHS TPP Evidence Review (<http://tppevidencereview.aspe.hhs.gov/>) were created more than a decade ago (17). As a result, many do not address the role of technology nor do the programs use technology for program delivery. Interventions which incorporate technologies, such as the internet and social media, have potential to reach teens of diverse racial, ethnic and socio-economic backgrounds (18, 19). According to the Pew Research Center's Internet Project, in 2012, 95% of all teens (ages 12-17) in the US used the internet, and three-fourths of teens accessed the internet via mobile devices such as cellular telephones or tablets (20). Further, the use of internet, texting, and mobile devices was relatively consistent across teens of various socioeconomic and racial groups (21).

Interventions that incorporate new technologies could reach adolescents in communities with limited school-based TPP programming, as well as youth who have transient living arrangements (22).

Additional gaps in the existing evidence-base include programs or approaches designed to address disparities that continue to exist in teen pregnancy and adolescent sexual health – by age, race and ethnicity, geography, urbanicity, and among especially vulnerable populations including youth in foster care, parenting teens, and LGBTQ youth (23). Gaps also exist in the current evidence-base related to the program’s focus. Most of the current evidence-based TPP programs are designed to be delivered directly to youth. Few evidence-based TPP programs are available where the focus is on families, schools, neighborhoods, environments, or addressing norms. Only one evidence-based TPP program is designed for working with parents and one other evidence-based TPP program is designed as a systems-level approach for working with an entire school. Furthermore, many of the current evidence-based TPP programs do not address topics important to preventing teen pregnancy, such as cultural norms, gender equity, economic and educational opportunities, and healthy relationships.

Historically, many important innovations have been started through organic processes, resulting in new ideas that are taken up by institutions. However, innovation can also be an organized process consisting of strategic design and support to yield successful interventions. Research has shown that over the past 30 years, methodology exists to cultivate innovation and creativity (24). By providing training on innovation and creating supportive environments, potential innovators, are better positioned to succeed. Research on innovation in the private sector has unveiled a number of key success factors amongst innovation high-performers (25). The research has found that when organizations are strategic (i.e. set compelling and credible

objectives and priorities), they are more likely to succeed at innovation. Furthermore, when there is a collaborative culture with innovation weaved into the organization, innovation succeeds. Organizations that focus on idea generation, development, prototyping and testing to create new approaches that meet the needs of the target population better than competitors are more likely to succeed. Portfolio management and project management are also crucial to innovation success to help size, shape, and accelerate the innovation. And lastly, innovators are more likely to be successful if they develop a strategy for scaling and launching the innovation, create feedback loops to ensure continued learning, and allow for adaptations of the innovation (25). In addition to research on what makes innovations more likely to be successful, several frameworks have been developed to help foster innovation. Many of the existing frameworks focus on an iterative process that moves through different stages, including inspiration, ideation, design, implementation, testing, and evaluation, with emphasis on receiving feedback from the target population (i.e., end user) (26, 27).

EXPECTATIONS OF GRANTEES

Included below are OAH's expectations of grantees throughout the five-year project period. Failure of a grantee to meet major milestones as required/defined by OAH may result in the discontinuation of grant funding at any time during the project period. This FOA is not intended to support rigorous evaluations nor the replication of evidence-based TPP programs. Rather, the purpose is to enable and support early innovation to advance adolescent health and prevent teen pregnancy.

PROJECT APPROACH AND DESIGN

Applicants are expected to clearly describe whether the proposed project will focus on supporting innovation of technology interventions or supporting innovation of program interventions. Applicants are expected to propose a project approach and design that includes (1) a five-year strategy to foster innovation including a description of the applicant's approach to innovation; goals, objectives, and key activities; and a plan for ensuring the need and relevancy of innovations; (2) a plan for selecting innovators that is efficient, competitive, and national in scope; (3) a plan for supporting innovators to develop, prototype, test, and refine interventions that are feasible and likely to show promise in promoting adolescent health and preventing teen pregnancy; (4) a five-year work plan; and (5) a logic model for the overall project.

1. Five-Year Strategy to Foster Innovation

The five-year strategy should describe the applicant's approach for the project; including how it will determine the types of interventions that will be supported and how the portfolio will foster innovation. The strategy should be national in scope and result in reaching innovators from across the country (at least 5-15 per year).

Applicants can use various approaches to foster innovation and should clearly articulate their vision and planned approach. Potential options for an approach to fostering innovation are included below, however the applicant is not limited to using one of these approaches; rather, these are suggestions to show the wide range of approaches available for use.

- **Accelerators and incubators** provide supports to help cultivate entrepreneurs and help their innovations grow. Supports might include mentoring, seed funding, physical space, etc. (28).

- **A cohort approach** would provide funding and support to innovators across the country in different cohorts throughout the five years of funding. The support would be for a specific set of time and funding amount. Different cohorts might receive different amounts of funding.
- **Partnership models** forge partnerships to integrate innovative approaches within a pre-existing innovation infrastructure (29).
- **Prizes and challenges** can encourage program innovation and technology innovation. They also attract interest and attention to a defined program, activity, or issue of concern (30).
- **A combination approach** would combine any of these options or others together to form a mixture that would support innovation to reduce teen pregnancy and promote adolescent health (31).

OAH is especially interested in expanding the evidence base for TPP by supporting early innovations designed to address gaps in the existing evidence. Applicants are expected to support early innovations that address a demonstrated need, are likely to reduce rates of teen pregnancy and/or adolescent sexual risk behavior, and are relevant and feasible for the intended target population. Interventions developed under this FOA should focus on a specific target population in need of programs and products to prevent teen pregnancy and advance adolescent health. Involvement from the target population in the development of the intervention is strongly encouraged to ensure relevance and feasibility. In addition, applicants are expected to identify and support interventions that could be sustainable and have the potential to be taken to scale. Early innovations that show promising outcomes, demonstrate the potential to be taken to scale,

and meet the needs of a target population should receive support from the grantee to help position them for a rigorous impact evaluation in the future.

Applicants will ensure that program materials, including all materials associated with the intervention and any supplemental materials (i.e. curricula, facilitator and participant manuals, videos, podcasts, posters, scripts, participant booklets, pamphlets, and handouts) are medically accurate, complete, and age appropriate, and should ensure that all materials are culturally and linguistically appropriate, and inclusive of LGBTQ youth. Interventions should be implemented in environments that are positive, safe, supportive, and healthy for all youth and their families. Definitions of all terms can be found in **Appendix B**.

To ensure that the most current science is reflected in the program materials, successful applicants will be required to submit all program materials prior to use in the project to OAH for a medical accuracy review. While the applicant may identify the materials proposed for use in the grant, program materials should not be submitted with the grant application. Grantees should do an initial review of the materials for medical accuracy prior to submitting to OAH for final review. The review of materials for medical accuracy will occur prior to the use of any materials in the OAH-funded grant program. Grantees will not be able to begin implementation of materials until after the OAH medical accuracy review is complete and any required modifications have been made. The grantee must verify that all modifications have been made and accepted by OAH.

Grantees should also review all program materials for use in the project for age appropriateness, cultural and linguistic appropriateness, and inclusivity of LGBTQ youth prior to use in the grant. Review of program materials should be conducted after an application is approved for funding using guidance and templates provided by OAH. Grantees are expected to

inform OAH of their review process, results, and changes made to ensure that all materials are age appropriate, culturally and linguistically appropriate, and inclusive of LGBTQ youth.

2. Plan for Selecting Innovators

The applicant should use an open, competitive process for selecting innovators to work with and support over the course of the five-year project. The innovators and their interventions should not be pre-selected and should not be limited to members of an applicant's pre-existing network; instead, the applicant must describe an efficient and objective process to attract and select innovators from across the country. The applicant can suggest one or multiple cohorts of innovators to support over the course of the project. The innovator selection plan, number of innovators, and number of cohorts should align with the applicant's overall five-year strategy and approach to fostering innovation. OAH anticipates that funded recipients will work with approximately 5-15 innovators per year.

Each funded applicant will work with OAH to refine and receive approval for its plan for selecting innovators during the initial 6-12 month planning period. OAH expects that funded applicants will complete the selection of innovators within 10 months of receiving funding. The selection process should have a high likelihood of identifying innovators across the country that are well positioned to design, prototype, and conduct testing and refinement of their interventions. Additionally, the intermediary will be responsible for managing the portfolio of innovators and monitoring the innovator's overall performance.

3. Plan to Support Innovators and their Interventions

Grantees will support innovators to develop, prototype, and test their interventions. Grantees should help to catalyze innovative products, programs, and processes to advance adolescent health and prevent teen pregnancy. Grantees are expected to provide support to innovators to

ensure that they are able to successfully develop, prototype, and test their interventions.

Grantees will work with OAH to refine the plan to support innovators during the initial 6-12 month planning period. It is expected that the innovator support plan might change over time as the grantee learns about what works best and as the needs of the innovators change.

Grantees will assist their innovators in developing milestones for the project. Intermediaries will provide capacity building assistance (CBA) to innovators on reaching project milestones. CBA can include use of a diversity of methods (e.g., online and offline training, coaching, mentoring) and should cover a range of topics, including but not limited to:

- Innovation principles and frameworks and how they might apply to developing programs and technologies to advance adolescent health and prevent teen pregnancy;
- How to best generate ideas, screen for ideas, prototype, and conduct usability testing of interventions;
- How to reach the intended target population (i.e., end user) to ensure that the innovation meets their needs;
- Evaluating innovations; and
- Marketing and business plan development (if applicable).

Grantees should also provide their innovators with logistical support for project management and should create a mechanism and opportunities to support networking and collaboration among innovators and with other relevant stakeholders.

4. Five-year work plan for the Overall Project

Applicants are expected to submit a detailed work plan (as an appendix) for the five-year project period that includes goals, SMART objectives (specific, measurable, achievable, realistic,

and time-framed), activities and a timeline for the overall project. The first 6-12 months of the first grant year are a planning and readiness period. This period should be devoted to hiring and training staff, finalizing partners, finalizing the strategy and approach to fostering innovation, competitively selecting innovation partners, and finalizing support activities.

5. Logic Model for the Overall Project

Applicants are expected to describe the proposed project through a detailed logic model (as an appendix) that clearly depicts the inputs and activities of the project and the intended outputs and outcomes (short- and long-term).

PARTNERSHIPS AND COLLABORATION

OAH expects funded recipients to form partnerships and a collaborative culture to support the overall project. OAH does not expect one organization to have all the technical expertise necessary to carry out this project. Rather, the applicant and its partners should have the collective experience and expertise needed to successfully accomplish the goals and objectives of the project. While the funded recipient will take on primary operational and managerial responsibilities of the project, applicants are encouraged to engage partners who compliment their skills (e.g., TPP expertise, technology development for adolescents, experience fostering the innovation process, usability testing, marketing, communication, and dissemination). These partners are different in nature than the innovators selected by the intermediary. The partnerships to support the project should be formal, with roles, responsibilities, and expectations clearly outlined.

For partnerships that already exist, the application should include a signed Memorandum of Understanding (MOU) that describes how the partner will contribute to the project and clearly

outlines roles, responsibilities, and expectations. For partnerships that have not been forged prior to the application submission, the applicant should describe which partners are needed and why, their roles and responsibilities, and how they plan to forge the partnership.

The applicant will also be expected to form partnerships and collaborations with the innovators-and the second OAH-funded intermediary organization, and others deemed necessary by the applicant. Although each grantee will be independent, it is expected that both will collaborate and align their strategy to prevent duplicative efforts. As the project evolves over the five-year grant period, the need for new partners may emerge, and some previously established partnerships may no longer be needed. The applicant is expected to manage all partnerships and foster a collaborative culture across partners, and is responsible for ensuring that partners meet expectations and successfully fulfill their roles and responsibilities.

MONITORING AND EVALUATION

Both intermediaries and innovators will be expected to monitor and evaluate their projects as part of this FOA, including the collection of performance measure data.

Evaluation at the Intermediary-Level

Grantees are expected to develop a strategic evaluation and learning plan for the project. The evaluation approach should be flexible, with new measures and monitoring mechanisms evolving over time, if needed. Grantees are expected to evaluate the implementation and outcomes of their project, including implementation of the five-year strategy and approach to foster innovation, process for competitively selecting innovators, support provided to innovators, and the outcome of the supported innovators and interventions. An effective evaluation of the overall project requires having clear goals and plans from the beginning of the process.

Applicants must be able to articulate the end goals of the project. A suitable goal provides a specific action to be taken, a timeframe in which the goal will be accomplished, and a way of measuring the success of the action taken. Grantees will be expected to collect evaluation results from across innovators and report progress in summary form to OAH in their semi-annual reports.

Grantees will be expected to develop an evaluation report by the end of the five-year project period, and to disseminate evaluation results and lessons learned throughout the project. Topics for the evaluation report should include but are not limited to:

- Planning – How the intermediary selected innovators, the approach for providing innovation support to innovators, and strategies for forging implementation partners.
- Implementation – A description of how the project was structured, how the structure has changed over time to meet the needs of innovators, and what it would do differently in the future.
- Outcomes – Was the innovation support process helpful and productive? Were the persons/organizations involved in the innovation support process appropriate? Were the goals of the intermediary accomplished? Were any barriers encountered that prevented or hindered achieving the expected outcomes of the intermediary? Has the innovation support resulted in—or will it result in—the creation of multiple interventions to address a target population in need? Will some interventions be positioned and ready for rigorous impact evaluation?
- Lessons Learned – Summary of lessons learned throughout the project to share with stakeholders.

Evaluation at the Innovator-Level

Grantees, together with their partners and innovators, should determine the best approach for evaluating their interventions. Grantees and their partners will provide their innovators with technical assistance and support on developing the evaluation design for their particular interventions. In general, innovators should monitor and evaluate the implementation of their intervention to determine if it is feasible and relevant for the target population, being used as intended, and having the intended outcomes. Testing interventions may take the form of formative assessment, diagnostic testing or usability testing, where goals are measured, the intervention is assessed, refined and re-tested until goals are met or the intervention is deemed not feasible for the intended purpose. Evaluation of the innovators should use a flexible, iterative approach that focuses on providing rapid feedback so that changes can be made and retested within a short period of time.

Rigorous impact evaluation is not the focus of this FOA. Interventions that demonstrate promising outcomes; feasibility and relevance for the target population; and have the potential to be scaled up, should receive technical assistance from the Grantee in preparing for a future rigorous impact evaluation.

Collecting and Reporting Performance Measure Data

Performance measures are critical for accountability purposes and should be a part of the monitoring and evaluation plan for both the intermediaries and the innovators. OAH uses performance measures to demonstrate whether grant projects are making sufficient progress toward their stated missions and are serving the public interest. Performance measures are also

critical for continuous quality improvement, informing stakeholders of progress, and informing sustainability efforts.

Grantees are expected to collect and report performance measures to OAH to assess implementation and to determine if the intervention is observing intended outcomes. The broad categories of the OAH performance measures include reach, dosage of intervention, fidelity and quality, linkages and referrals to healthcare services, cost of implementing the program, sustainability, partnerships, trainings, and dissemination (see **Appendix F**) (OMB #0990-0390, Expires May 2015; OAH will seek renewal.). Grantees and their innovators should use and report to OAH on the existing performance measures to the extent possible, however the existing performance measures were developed primarily for curricula-based programs and thus, OAH anticipates they may not be a good fit for all of the innovations to be developed and evaluated under this FOA. Where the OAH performance measures are not feasible for the innovation projects funded, the grantees will need to develop and propose proxy measures more suitable to the intervention. Performance measures should be developed in consultation with OAH and used for continuous quality improvement and data-driven decision making. Grantees will be responsible for collecting and reporting performance measure data to OAH on its activities and the activities of its partners, including the innovation partners.

Applicants should review relevant state laws, school district policies, and other administrative procedures to ensure the feasibility of data collection. If necessary, applicants should obtain any necessary permission to collect these data. Applicants should indicate their plan for ensuring the innovators will have permissions to collect these data such that the grantee can report them to OAH.

Intermediaries are encouraged to have a staff member dedicated to monitoring, evaluation, performance measures, and learning within their agency. This person can partner with an outside agency for additional evaluation support, but an internal person may be beneficial in guiding learning and continuous quality improvement. This person should oversee collection, submission and analysis of the performance measures among the portfolio of innovators. Responsibilities should include continuous quality improvement and creating a community of learning between the applicant, innovators, and other partners.

DISSEMINATION AND COMMUNICATION

Grantees are expected develop a communication and dissemination strategy to communicate key activities of the initiative as a whole to internal and external stakeholders. The dissemination and communication strategy should complement the overall project approach and evaluation plan. The dissemination and communication strategy should include, but is not limited to, a plan to publicize the opportunity for innovators, market the launch of the initiative and innovator selection, and a strategy to communicate on-going activities, milestones, evaluation results, and lessons learned through the initiative. The strategy should include plans to use diverse dissemination and communication methods to best meet the needs of the target audience.

Grantees should be aware that Federal funding cannot be used for fundraising activities or lobbying. Grantees must comply with the restrictions on lobbying as set out in 45 CFR Part 93. Activities that fall into these categories should not be included in the grantee's work plan or budget.

EXPERIENCE AND CAPACITY

Collectively, the successful applicant and its partners must be able to demonstrate the following experience:

- Experience and success fostering early innovation
- Experience developing and supporting technology-focused or program-focused interventions (*specific to focus area selected*)
- Experience providing support to organizations on developing and evaluating innovative interventions
- Experience in teen pregnancy prevention and adolescent health
- Experience launching a large, national initiative of similar size and scope
- Experience monitoring partner performance and taking corrective action when needed to ensure fulfillment of roles, responsibilities, and stated expectations
- Experience collecting performance data and using data for continuous quality improvement
- Experience evaluating projects designed to foster innovation
- Experience communicating and disseminating information using diverse approaches to reach key stakeholders

In addition, the successful applicant must be able to demonstrate that it has the organizational capacity to successfully manage the proposed project. This includes demonstrating that:

- The proposed program aligns with the organization's mission
- The organization has the capacity to support implementation of the program

- The organization effectively and efficiently manages financial resources, staff performance and strategic relationships with partner organizations
- Data are used to make continuous quality improvements and adjust to meet changing demands and priorities
- The applicant is able to manage multiple complex activities involving collaborative efforts and maintain clear and effective lines of communication between partners and among the innovators
- The organization demonstrates a commitment to the goal of innovation to advance adolescent health and reduce teen pregnancy
- The applicant has a commitment and capacity to continue the activities articulated in the application beyond the life of the grant

PROJECT MANAGEMENT

The applicant should propose an experienced team to manage, implement, and evaluate the proposed project. Applicants should clearly delineate the roles and responsibilities of project staff and their qualifications. If applicable, the applicant should describe how formal partners will contribute to achieving the project's outcomes. The applicant should describe who would have day-to-day responsibility for key tasks such as project leadership, monitoring the project's progress, selection of innovators, providing support for innovators, monitoring and evaluation, dissemination and communication, and report preparation and communication with OAH. The applicant should describe how it will monitor and evaluate its innovation partners and other partners supporting implementation of the project to ensure they fulfill their roles and responsibilities and meet stated expectations.

The Project Director (PD) should have demonstrated capabilities in management, innovation, strategic visioning, leadership, coordination, and collaboration. The PD and larger project team are expected to collectively have experience relevant to all aspects of the project, including:

- Experience and success fostering early innovation
- Experience developing and supporting technology-focused or program-focused interventions (*specific to focus area selected*)
- Experience providing support to organizations on developing and evaluating innovative interventions
- Experience in teen pregnancy prevention and adolescent health
- Experience launching a large, national initiative of similar size and scope
- Experience monitoring partner performance
- Experience collecting data and using data for continuous quality improvement
- Experience evaluating projects designed to foster innovation
- Experience communicating and disseminating information using diverse approaches to reach key stakeholders

CHALLENGES AND RISKS

The applicant should identify the risks in undertaking this project and challenges to the success of this project, including its ability to achieve the intended results within the planned timeframe, and describe how it plans to address the anticipated challenges.

**COOPERATIVE AGREEMENT SUBSTANTIAL PROGRAMMATIC INVOLVEMENT
OF FEDERAL AGENCY**

Awards will be in the form of a five-year cooperative agreement with the grantee. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial programmatic involvement is anticipated between OAH and the grantee during performance of the project or activity.

In addition to the usual monitoring and technical assistance provided under the cooperative agreement (e.g., assistance from assigned Federal project officer, monthly conference calls, occasional site visits, ongoing review of plans and progress, participation in relevant meetings, provision of training and technical assistance), **OAH substantial programmatic involvement will include:**

- 1) Identification of other awardees and organizations with whom the awardee may be asked to develop cooperative and collaborative relationships and partnerships.
- 2) Assisting the awardee to establish, review, and update priorities for activities conducted under the auspices of this cooperative agreement.
- 3) Consulting with the awardee during its preparation and dissemination of materials and performance of activities conducted under the auspices of the cooperative agreement.
- 4) Review of recipient progress during the planning period and approval to move forward with full implementation.
- 5) Review and approval of the criteria and plan for selecting innovators, innovator support plan, and evaluation plans.
- 6) Review all program materials prior to use in the project to ensure the materials are medically accurate and complete.

AUTHORITY: Division H, Title II of the Consolidated Appropriations Act, 2014 (Public Law No. 113-76), and the Continuing Resolution thus far for FY 2015 (Public Law No. 113-164).

II. AWARD INFORMATION

The HHS Office of Adolescent Health intends to make available approximately \$3 million for competitive cooperative agreements. The final funding amount will not be determined until enactment of the FY 2015 federal budget.

Grants will be funded in annual increments (budget periods) and are generally approved for a project period of up to five years, although shorter project periods may be approved. Funding for all approved budget periods beyond the first year of the grant is generally level with the initial award amount and is contingent upon the availability of funds, satisfactory progress of the project, and adequate stewardship of Federal funds.

Award Information

Estimated Funds Available for Competition: \$3 million

Anticipated Number of Awards: 2

Range of Awards: \$1,000,000 - \$1,500,000 per budget period

Anticipated Start Date: 07/01/2014

Period of Performance: Not to exceed 5 years

Budget Period Length: 12 months

Type of Award: Cooperative Agreement. Agency substantial involvement is outlined in Section I.

Type of Application Accepted: Electronic via Grants.gov **ONLY unless an exemption is granted**

III. ELIGIBILITY INFORMATION

1. *Eligible Applicants* include:

- Nonprofit with or without 501C3 IRS status (other than institution of higher education)
- For-profit organizations (other than small business)
- Small, minority, and women-owned businesses
- Universities and colleges
- Research institutions
- Hospitals
- Community-based organization
- Faith-based organizations
- Federally recognized or state-recognized American Indian/Alaska Native tribal governments
- American Indian/Alaska Native tribally designated organizations
- Alaska Native health corporations
- Urban Indian health organizations
- Tribal epidemiology centers
- State and local governments or their Bona Fide Agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federal States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau)
- Political subdivisions of States (in consultation with States)

2. *Cost Sharing or Matching*: None

3. *Screening Criteria*

Application Screening Criteria

All applications appropriately submitted will be screened to assure a level playing field for all applicants. If duplicate applications from the same organization for the same project are successfully submitted, only the last application received by the deadline will be reviewed.

Applications that fail to meet the screening criteria described below will **not** be reviewed and will receive **no** further consideration.

1. Applications must be submitted electronically via www.grants.gov (unless an exemption was granted 2 business days prior to the deadline) by April 10, 2015.
2. The Project Narrative section of the application must be double-spaced, on the equivalent of 8 ½" x 11" inch page size, with 1" margins on all sides (top, bottom, left and right) and font size not less than 12 points.
3. The Project Narrative must not exceed 50 pages. NOTE: The following items do not count toward the page limit: all required forms, including SF-424, SF-424A, SF-424B, SF-LLL, Project Abstract Summary and Budget narrative.
4. The total application including Appendices must not exceed 100 pages. NOTE: items noted above do not count toward total page limit.
5. Proposed budget does not exceed maximum indicated in Range of Awards.

IV. APPLICATION AND SUBMISSION INFORMATION

1. Information to Request Application Package

Application packages may be obtained electronically by accessing Grants.gov at <http://www.grants.gov/>. If you have problems accessing the application or difficulty downloading, contact:

Grant Operations Center, Office of Grants Management Operations Center, telephone 1-888-203-6161, or email ASH@LCGnet.com.

2. Content and Form of Application Submission

Letter of Intent

Prospective applicants are asked to submit a letter of intent as early as possible, but no later than the **deadline indicated in DATES on page 1 of this announcement**. Although a letter of intent is not required, is not binding, and does not enter into the review of a subsequent application, the information that it contains allows HHS/OASH to estimate the potential review workload and plan the review. The letter of intent should be sent to the address listed under the AGENCY CONTACTS section below. The letter of intent should include a descriptive title of the proposed project, the name, address and telephone number for the designated authorized representative of the applicant organization, and the FOA number and title of this announcement.

Application Format

Applications must be prepared using forms and information provided in the online grant application package.

The Project Narrative, and total application including appendices, must adhere to the page limit indicated in Application Screening Criteria. Project Narrative pages must be double-spaced.

The applicant should use an easily readable typeface, such as Times New Roman or Arial, 12-point font. Tables may be single spaced and use alternate fonts but must be easily readable. The page limit does not include budget, budget narrative/ justification, required forms, assurances, and certifications as described in Application Screening Criteria. All pages, charts, figures, and tables, whether in the narrative or appendices, should be numbered. Applications that exceed the specified page limits when printed on 8.5” X 11” paper by HHS/OASH/OGM will not be considered. We recommend applicants print out their applications before submitting electronically to ensure that they are within the page limit and are easily readable.

Appendices

Appendices should include any specific documents outlined in the Application Content section of this FOA. If not specified, appendices may include curriculum vitae, organizational structure, examples of organizational capabilities, or other supplemental information which supports the application. Brochures and bound materials should not be submitted. Appendices are for supportive information only and should be clearly labeled. All information that is critical to the proposed project should be included in the body of the application. Appendices created specifically for the application should use the same formatting required for the Project Narrative, including double-line spacing. However, appendix documents that were not created directly in response to this funding announcement, especially those imported from other sources and documents, may use other formatting but must be easily readable (e.g., organizational structure).

Project Abstract

Applicants must complete the Project Abstract Summary form provided in the application package. The abstract will be used to provide reviewers with an overview of the application, and will form the basis for the application summary in grants management and program summary documents. Abstracts may be published by HHS/OASH and should not include sensitive or proprietary information.

The abstract should clearly specify the intermediary focus area for which the applicant is applying (Program or Technology). The abstract should include (1) project title, (2) applicant organization name, (3) address, (4) Project Director's name and contact information, and (5) website address, if applicable. The abstract should also include the goals and objectives of the project, a description of the overall approach to how innovation will be fostered through the project, identification of key partners, and a brief description of planned evaluation and communication activities.

Budget Narrative

The Budget Narrative text 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 the page.

Electronic Submission

The HHS Office of the Assistant Secretary for Health (HHS/OASH) requires all applications be submitted electronically via the Grants.gov portal unless an exemption has been granted. Any applications submitted via any other means of electronic communication, including facsimile or electronic mail, *will not* be accepted for review.

You may access the Grants.gov website portal at <http://www.grants.gov>. All HHS/OASH funding opportunities and grant application packages are made available on Grants.gov.

Applications will not be considered valid until all application components are received via Grants.gov by the HHS/OASH Office of Grants Management according to the deadlines specified in the DATES section on page 1 of this announcement. Application submissions that do not adhere to the due date and time requirements will be deemed ineligible.

Applicants are encouraged to initiate electronic applications early in the application development process. This will aid in addressing any problems with submissions prior to the application deadline. Any files uploaded or attached to the Grants.gov application must be of the following file formats – Microsoft Word, Excel or PowerPoint, Adobe PDF, or image formats (JPG, GIF, TIFF, or BMP only). Even though Grants.gov allows applicants to attach any file format as part of their application, HHS/OASH restricts this practice and only accepts the file formats identified above. Any file submitted as part of the Grants.gov application that is not in a file format identified above will not be accepted for processing and will be excluded from the application during the review process. The application must be submitted in a file format that can easily be copied and read by reviewers. We do not recommend that you submit scanned copies through Grants.gov unless you confirm the clarity of the documents. Pages cannot be reduced resulting in multiple pages on a single sheet to avoid exceeding the page limitation. All documents that do not conform to the above will be excluded from the application during the review process.

A. **Important Grants.gov Information**

You may access the electronic application for this program on <http://www.grants.gov>. You must search the downloadable application page by the Funding Opportunity Number or CFDA number.

To ensure successful submission of applications, applicants should carefully follow the step-by-step instructions provided at <http://www.grants.gov/web/grants/applicants/apply-for-grants.html>. These instructions are kept up-to-date and also provide links to Frequently Asked Questions and other troubleshooting information.

Applicants should contact Grants.gov with any questions or concerns regarding the electronic application process conducted through Grants.gov.

- You are required to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants or cooperative agreements. It is a unique, nine-digit identification number, which provides unique identifiers of single business entities. The DUNS number is *free and easy* to obtain.
- Instructions are available on the Grants.Gov web site as part of the organization registration process at <http://www.grants.gov/web/grants/applicants/organization-registration.html>.
- All applicants must register in the System for Account Management (SAM)). You should allow a *minimum* of five days to complete the SAM registration. Grants.gov will reject submissions from applicants with nonexistent or expired SAM Registrations. You can register with the SAM online and it will take about 30 minutes (<https://www.sam.gov>.)

- You must renew your SAM registration each year. Organizations registered to apply for Federal grants through <http://www.grants.gov> will need to *renew* their registration in SAM.
- It may take 24 hours or more for SAM updates to take effect in Grants.gov, so potential applicants should *check for active registration well before the application deadline*.
- Applicants must maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by an HHS agency.

An award cannot be made until the applicant has complied with these requirements. In accordance with 2 CFR 25.205, at the time an award is ready to be made, if the intended recipient has not complied with these requirements, HHS/OASH:

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

Should you successfully compete and receive an award, all first-tier sub-award recipients must have a DUNS number at the time the recipient makes a sub-award.

B. Application Content

Successful applications will contain the following information:

Project Narrative

The Project Narrative is the most important part of the application, since it will be used as the primary basis to determine whether or not your project meets the minimum requirements for a grant under this announcement. The Project Narrative should provide a clear and concise

description of your project. HHS/OASH recommends that your project narrative include the following components:

- Project Approach and Design
- Partnerships and Collaboration
- Monitoring and Evaluation
- Dissemination and Communication
- Experience and Capacity
- Project Management
- Challenges and Risks

Project Approach and Design

- The applicant should clearly describe whether its proposed project will focus on supporting innovation of technology interventions or supporting innovation of program interventions.
- The applicant should clearly describe its five-year strategy for fostering innovation. The five-year strategy should include:
 - Focus of the applicant (program or technology)
 - Goals, S.M.A.R.T. objectives, key activities and a corresponding timeline for the overall project
 - Approach for selecting and funding innovators and their interventions, including how it will determine the types of interventions that will be supported and how its approach will foster innovation
 - Plans to ensure interventions are needed, relevant, feasible, and scalable

- The applicant should describe in detail how it will determine the innovators and interventions to support. The applicant should describe the types of innovative interventions within the focus area (program or technology) that it is planning to support and how it will ensure that the supported innovators and interventions (1) address a demonstrated need, (2) are likely to reduce rates of teen pregnancy and /or adolescent sexual risk behavior, (3) expand the evidence base for TPP, (4) are relevant and feasible for the intended target population, and (5) have potential to be taken to scale.
- The applicant should describe how it will ensure that all materials developed with OAH funds by the innovators or intermediary are medically accurate, age appropriate, culturally and linguistically appropriate, inclusive of LGBTQ youth, and trauma-informed. OAH expects that all successful award recipients will ensure that services are widely accessible by not discriminating on the basis of sexual orientation or gender identity.
- The applicant should describe its plan for competitively selecting innovators to receive support, including:
 - A clear description of the selection process;
 - The estimated number of innovators per year and overall, and the estimated number of innovator cohorts;
 - The estimated amount and range of financial awards provided to innovators;
 - The length of time each innovator will receive support;
 - The criteria used to determine the prospective innovators;
 - A timeline outlining the stages of the selection process; and
 - How the opportunity will be marketed to reach potential innovators across the county.

- The applicant should describe its plan to support innovators and their interventions, including the nature, content, and type of support that will be available to the innovators throughout the five-year project to develop, prototype, and test their interventions. The plan should include a description of CBA and logistical support that will be provided to the innovators as well as the creation of a mechanism and opportunities to support networking and collaboration.
- The applicant should describe how it will monitor its portfolio of innovators to ensure they are fulfilling their roles and responsibilities and meeting expectations.
- The applicant should include a detailed work plan (as an appendix) for the five-year project period that includes goals, SMART objectives (specific, measurable, achievable, realistic, and time-framed), activities and a timeline for the proposed project. Grantees should use the first 6-12 months of the first grant year to engage in a planning and readiness period. Grantees are expected to have selected their innovation partners within 10 months of receiving funding. An example work plan template is included in **Appendix D**, or this can be provided in a different format.
- The applicant should include a detailed logic model (as an appendix) to describe the overall project, including the inputs and activities of the project and the intended outputs and outcomes. An example logic model template is included in **Appendix E**, or this can be provided in a different format.

Partnerships and Collaboration

- The applicant should describe how it will form partnerships and a culture of collaboration to support the overall project.

- The applicant should describe its plans to engage partners with complimentary experience and expertise to assist in implementing and supporting the project to ensure success. The applicant should include a description of partners who will be engaged to support the project, the roles and responsibilities of each partner, expectations for each partner, how the partner adds value to the project, and whether the partner has already committed its support for the project.
- For all secured partnerships, the application should include (as appendices) a signed MOU that describes how the partner will contribute to the project and clearly outlines the roles, responsibilities, and expectations.
- For partnerships that have not been secured prior to the application submission, the applicant should describe the partnerships that are needed and why, the roles and responsibilities of each partner, viable options and a timeline for securing potential partners.
- The applicant should describe how it will form partnerships and collaborations with the innovators, the other OAH-funded intermediary organization, and others deemed necessary by the applicant and/or OAH.

Monitoring and Evaluation (M&E)

- The applicant should provide a monitoring and evaluation plan consistent with its goals, objectives, strategy and approach for fostering innovation. The M&E plan should include (1) M&E at the intermediary level, (2) M&E at the innovator level, and (3) collection and use of performance measure data.
- The applicant should describe how it will monitor and evaluate progress and outcomes at the intermediary-level and how it will ensure that the evaluation approach is flexible with the

ability to add and adapt new measures and monitoring mechanisms over time, if needed.

The applicant should describe how it will evaluate the implementation and outcomes of the overall project, including implementation of the five-year strategy and approach to foster innovation, process for competitively selecting innovators, support provided to innovators, and the outcome of the supported innovators and interventions.

- The applicant should describe how it will monitor and evaluate progress and outcomes of the innovators to determine if the interventions are feasible and relevant for the target population, being used as intended, and having the intended outcomes. The applicant should describe how its evaluation will use a flexible, iterative approach that focuses on providing rapid feedback so that changes can be made and retested within a short period of time. The applicant should describe how it will collect evaluation results from across innovators to report progress to OAH on a semi-annual basis.
- The applicant should describe its plans to develop an evaluation report by the end of the grant period and how it will disseminate evaluation results and lessons learned throughout the grant.
- The applicant should describe its plans and capacity to collect and report performance measures to OAH to assess implementation and to determine if interventions are observing intended outcomes. The applicant should describe which existing performance measures (see **Appendix F**) are feasible and applicable, and which are not. Where the existing performance measures are not feasible, the applicant should describe how it will develop and propose proxy measures more suitable and relevant to the interventions.

- The applicant should describe the process that will be used to collect performance measure data to report it to OAH on a semi-annual basis, analyze performance measure data, and use performance measure data to make continuous quality improvements.

Dissemination and Communication

- The applicant should describe its plan for communicating and disseminating information to raise awareness of the overall project, outcomes, and lessons learned with key internal and external stakeholders. The dissemination and communication plan should include activities to publicize the opportunity for innovators, market the launch of the initiative and innovator selection, and communicate on-going activities, milestones, evaluation results, and lessons learned through the initiative.
- The applicant should identify the key internal and external stakeholders for the project and how it will determine the information/message and most effective communication mechanism for the various stakeholders.
- The applicant should describe the diverse dissemination and communication methods (e.g., public website, social media, etc.) that will be used and how it will determine when to use different methods.

Experience and Capacity

- The applicant should provide specific examples of previous projects or work experience, including its role on the project and the outcomes of the project, to demonstrate that it and its proposed partners have the following experience:

- Experience and success fostering early innovation
 - Experience developing and supporting technology-focused or program-focused interventions (*should be specific to focus area selected*)
 - Experience providing support to organizations on developing and evaluating innovative interventions
 - Experience in teen pregnancy prevention and adolescent health
 - Experience launching a large, national initiative of similar size and scope
 - Experience monitoring partner performance and taking corrective action when needed to ensure fulfillment of roles, responsibilities, and stated expectations
 - Experience collecting performance data and using data for continuous quality improvement
 - Experience evaluating projects designed to foster innovation
 - Experience communicating and disseminating information using diverse approaches to reach key stakeholders
- The applicant should describe how the goals and activities of the proposed project align with the organization's mission and vision
 - The applicant should describe the organization's existing infrastructure, experience, and ability to support and manage a project of this size and scope, including the organization's ability to establish partnerships and leverage existing systems and networks to implement and evaluate the project
 - The applicant should describe how the organization effectively and efficiently manages financial resources, staff performance and strategic relationships with partner organizations. Specifically, the applicant should:

- Describe the processes used by the organization to effectively and efficiently manage financial resources, including the level and purpose of funding received by the organization in the past several years to support related projects
- Describe the organization's process for measuring staff performance, how often performance is measured, and how staff are held accountable for achieving outcomes. Describe the level of turnover within the organization and rationale for turnover over the last several years
- Describe processes used to foster and maintain strategic partnerships, and provide examples of the types of partners the organization has engaged in the past in projects
- The applicant should describe how data is used to achieve sustainable impacts and ensure quality implementation. Specifically, the applicant should:
 - Describe the organization's experience in collecting and using data, including what data is collected, who is responsible for inputting and reviewing data, practices in place to ensure data quality, and how data is analyzed
 - Describe how program staff use data to make decisions and quality improvement
 - Describe how the organization's leadership uses data to make decisions and quality improvements
- The applicant should describe policies that it has in place to prohibit discrimination in the provision of services on the basis of age, disability, sex, race, color, national origin, religion, sexual orientation or gender identity. The applicant should describe how it enforces such policies.

- The applicant should demonstrate that it has a commitment and capacity to sustain the activities articulated in the application beyond the life of the grant.
- The application includes a letter of reference (up to 2) (as an appendix) from an agency with whom the applicant has worked to demonstrate its experience and capacity to successfully implement the proposed project.

Project Management

- The applicant should describe how it will manage, implement, and monitor the overall project. The plan should describe an understanding of the complexity of the overall project and potential challenges. The applicant should describe the approach that will be used to monitor and track progress, completion, and quality of all objectives and activities.
- The applicant should provide a description of the project team, including the Project Director and other key staff. The applicant should describe the roles and responsibilities of all staff and how they will contribute to achieving the objectives and outcomes of the grant. The applicant should describe who will have day-to-day responsibility for key tasks such as project leadership; monitoring the project's progress; selection of innovators, providing support for innovators, monitoring and evaluation, dissemination and communication, and report preparation and communication with OAH.
- The applicant should describe the experience of the proposed project team that is relevant to all aspects of the proposed project. This experience must include, but is not limited to, experience and success fostering early innovation; experience developing and supporting technology-focused or program-focused interventions; experience providing support to organizations on developing and evaluating innovative interventions, experience in teen pregnancy prevention and adolescent health; experience launching a large, national initiative

of similar size and scope; experience monitoring partner performance; experience collecting and using data for continuous quality improvements; experience evaluating project designed to foster innovation; and experience communicating and disseminating information using diverse approaches. In particular, the Project Director should have demonstrated capabilities in management, innovation, strategic visioning, leadership, coordination, and collaboration.

- All relevant experience must be clearly described within the narrative and resumes included within the appendices. The application should include resumes or CVs (as an appendix) for proposed staff already employed by the organization or its partners and position descriptions for all open positions that will need to be filled if funds are awarded. The applicant should describe its process and timeline for recruiting and hiring staff.
- Applicants are expected to clearly describe the reporting structure for the project, with oversight processes described. The applicant should describe how it plans to govern and manage the execution of the grant program. Applicants must include within the appendices an organizational chart illustrating the key staff and the monitoring/accountability/governance structure for the project.

Challenges and Risks

The applicant should identify the risks in undertaking the project and challenges to the success of the project, including ability to achieve the intended results within the planned timeframe, and describe how it plans to address the anticipated challenges.

Budget Narrative

You are required to submit a combined multi-year Budget Narrative, as well as a detailed Budget Narrative for each year of the potential grant. Unless specified, you should develop your multi-year budgets based on level funding for each budget period. A level-funded budget is equal to the exact dollar figure of the year one budget. ***Please Note:*** Because the proposal must demonstrate a clear and strong relationship between the stated objectives, project activities, and the budget, the budget justification should describe the ***cost estimated per proposed project, activity, or product***. This budget justification should define the amount of work that is planned and expected to be performed and what it will cost. The Budget Narrative does not count toward your total application page limit.

The application should include a budget narrative for the full project period that assumes level funding for each year. The budget request should support and align with the proposed work plan. The budget narrative should clearly show how the total amount requested for all categories (i.e. Personnel, Fringe, Travel, and Contractual) was determined. The budget narrative should be detailed, reasonable, adequate, cost efficient, and aligned with the proposed work plan. Sufficient detail should be provided so that the reviewer is able to determine the adequacy and appropriateness of budgeted items related to the proposed activities. From the detailed budget narrative justification, the reviewer should be able to assess how the budget relates directly to the goals and objectives in the proposed work plan. The following level of detail should be provided:

- Personnel and Fringe Benefits - Identify each staff position by name, annual salary, and number of months and percentage of time allotted to the project. Itemize the components

that comprise the fringe benefits rate (e.g., health insurance, FICA, life insurance, retirement plan)

- Travel - Identify the purpose of the travel to include locations, names of conference/training if available. Costs can be aggregated by category/purpose, numbers of staff and trips (e.g., project director meetings, site evaluations, training)
- Equipment - List only those equipment items as defined by 45 CFR Part 75.2
- Supplies - Categorize supplies as defined by 45 CFR Part 75.2 according to type, such as office supplies, training materials, etc.
- Contractual - List all sub-recipients/delegate agencies and/or contract providers and the amount of OAH funds and non-OAH resources allocated/contributed for each. Other - Itemize all costs in this category and explain each in sufficient detail to enable determinations for whether each cost is allowable.
- Indirect costs - may be included per 45 CFR 75.414 and the applicable Appendix. The applicant should state which rate is applied to this application.

The following budget restrictions apply:

- Not less than 50% of the total budget should be awarded to directly support a portfolio of innovators to develop, test, and refine early innovations to prevent teen pregnancy and promote adolescent health
- No more than 10% of the total budget should be used for monitoring and evaluation activities, including the collection and reporting of performance measures

Grantees will be required to attend the following meetings and trainings and should include funds in the budget. The location for the meetings has not been determined, however, Grantees can budget for the meetings to occur in Washington, DC.

- One staff to an OAH-sponsored annual Project Director's Meeting

- 2-3 staff to an OAH-sponsored annual Regional Training in years 2-4 (2017-2019)
- 2-3 staff to the HHS Teen Pregnancy Prevention Conference every other year (2016, 2018, 2020)

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this FOA exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged. The applicant should describe any cost sharing or matching funds available and show how they will be used to support the program.

Applications may be funded in whole or in part. Successful applicants may be funded in an amount lower than that requested.

Appendices

All items described in this section will count toward the total page limit of your application.

- **Work Plan.** The application should include a detailed work plan for the five-year project period that includes goals, SMART objectives (specific, measurable, achievable, realistic, and time-framed), activities and a timeline for the proposed project. Grantees should use the first 6-12 months of the first grant year to engage in a planning and readiness period. Grantees are expected to have selected their innovation partners within 10 months of receiving funding. An example work plan template is included in **Appendix D**.
- **Logic Model.** The applicant should include a detailed logic model to describe the overall project, including the inputs and activities of the project and the intended outputs and outcomes. An example logic model template is included in **Appendix E**.

- **Letters of Reference.** The applicant should include Letters of Reference (up to 2) from an agency with whom the applicant has worked to demonstrate its experience and capacity to successfully implement the proposed project.
- **Signed Memorandum of Understanding from Partners.** The application should include signed, detailed MOUs with partners who will assist in implementing and evaluating the project. Each MOU should clearly outline the roles, responsibilities, and expectations of the applicant and the partner.
- **Resume/CV for Proposed Staff and Job Descriptions for Positions to be Hired**
- **Organizational Chart**

3. Submission Dates and Times

The deadline for the submission of applications under this Program Announcement is **5:00 p.m. Eastern Time on the date indicated in the DATES section on page 1 of this announcement.** Applications must be submitted by that date and time.

Applications that fail to meet the application due date will not be reviewed and will receive no further consideration. You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or with <http://www.grants.gov> . Grants.gov can take up to 48 hours to notify you of a successful submission.

Unsuccessful submissions will require authenticated verification from <http://www.grants.gov> indicating system problems existed at the time of your submission. For example, you will be required to provide an <http://www.grants.gov> submission error notification and/or tracking number in order to substantiate missing the cut off date.

4. 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 CFR Part 100.

5. Funding Restrictions

The allowability, allocability, reasonableness and necessity of direct and indirect costs may be charged to HHS/OASH grants in accordance with Department regulations and policy effective at the time of the award. Current requirements are outlined in the following documents: 2 CFR § 220 (OMB Circular A- 21, for Institutions of Higher Education); 2 CFR § 225 (OMB Circular A-87, for State, Local, and Indian Tribal Governments); 2 CFR § 230 (OMB Circular A-122, for Nonprofit Organizations); and 45 CFR part 74, Appendix E (Hospitals). Copies of the Office of Management and Budget (OMB) Circulars are available on the Internet at <http://www.whitehouse.gov/omb/circulars/>.

In order to claim indirect costs as part of a budget request, an applicant must have an indirect cost rate which has been negotiated with the Federal Government or a documented plan, in accordance with the applicable policy and regulation. The Health and Human Services Division of Cost Allocation (DCA) Regional Office that is applicable to your State can provide information on how to receive such a rate. A list of DCA Regional Offices is included in the grant application package for this announcement.

Pre-Award Costs:

Pre-award costs are not allowed.

Salary Limitation:

The Consolidated Appropriations Act, 2014 (P.L. 113-76), and the subsequent Continuing Resolution for FY 2015 (P.L. 113-164), limit the salary amount that may be awarded

and charged to HHS/OASH grants and cooperative agreements. Award funds should not be budgeted to pay the salary of an individual at a rate in excess of Executive Level II. Currently, the Executive Level II salary of the Federal Executive Pay scale is \$181,500. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under an HHS/OASH grant or cooperative agreement.

As an example of the application of this limitation: If an individual's base salary is \$350,000 per year plus fringe benefits of 25% (\$87,500) and that individual is devoting 50% of their time to this award, their base salary should be adjusted to \$181,500, their direct salary would be \$90,750 (50% FTE), fringe benefits of 25% would be \$22,687.50, and a total of \$113,437.50 may be included in the project budget and charged to the award in salary/fringe benefits for that individual. See the breakdown below:

Individual's <i>actual</i> base full time salary: \$350,000	
50% of time will be devoted to project	
Direct salary	\$175,000
Fringe (25% of salary)	\$43,750
Total	\$218,750
Amount that may be claimed on the application budget due to the legislative salary limitation:	
Individual's base full time salary <i>adjusted</i> to Executive Level II: \$181,500	
50% of time will be devoted to the project	
Direct salary	\$90,750
Fringe (25% of salary)	\$22,687.50
Total amount	\$113,437.50

Appropriate salary limits will apply as required by law.

V. APPLICATION REVIEW INFORMATION

1. Criteria: Eligible applications will be assessed according to the following criteria:

Project Approach and Design (30 points overall)

Points	Project Approach and Design - Evaluation Criteria
6	The applicant has identified and described the focus of the proposed project (i.e., supporting innovation of technology interventions or supporting innovation of program interventions.) The extent to which the applicant’s five-year strategy, including goals, objectives, key activities, and timeline, is clear, national in scope, and uses an approach that is likely to foster early innovation.
6	Extent to which the applicant will ensure that the innovators and interventions supported will be (1) aligned with the selected focus area (program or technology), (2) innovative, (3) likely to reduce rates of teen pregnancy and/or adolescent sexual risk behaviors and address gaps in the existing TPP evidence base, (4) relevant and feasible for the intended target population, and (5) have potential to be taken to scale.
6	<p>Extent to which the applicant clearly describes an efficient and objective plan for competitively selecting innovators to receive support. The selection plan aligns with the applicant’s five-year strategy and includes:</p> <ul style="list-style-type: none"> ○ A description of the selection process; ○ The estimated number of innovators (total overall and total per year); ○ The estimated range of the award amounts for innovators; ○ The length of time each innovator will receive support; ○ The criteria used to determine prospective innovators; ○ A timeline outlining the stages of the selection process; and ○ Activities to market and reach potential innovators across the county. <p>The selection plan is likely to result in successfully identifying innovators across the country that are well positioned to design, prototype, and conduct testing and refinement of their interventions within 10 months of initial receipt of funding.</p>
6	Extent to which the applicant describes its plan to support and monitor innovators and their interventions, including the nature, content, and type of support that will be available to the innovators throughout the five-year project to develop, prototype, and test their interventions and plans for ensuring that the innovators meet expectations. The plan includes provision of CBA using a diversity of methods and covering a range of topics, including innovation principles and frameworks, generating and screening ideas, prototyping and conducting usability testing, reaching and meeting the needs of intended users, and evaluating innovations. The plan also includes plans to create a mechanism and opportunities to support networking and collaboration among innovators and with key stakeholders.

3	Extent to which the applicant describes how it will ensure that all intervention materials developed with OAH funds are medically accurate, age appropriate, culturally and linguistically appropriate, sensitive to and inclusive of LGBTQ youth, and trauma-informed.
3	The application includes a detailed work plan and logic model for the five-year project period. The work plan includes goals, SMART objectives (specific, measurable, achievable, realistic, and time-framed), activities and a timeline for the proposed project. The work plan is aligned with the five-year strategy and includes activities for selecting innovators, supporting innovators, monitoring and evaluation activities, and communication and dissemination. The logic model clearly depicts the inputs and activities of the overall project and the intended outputs and outcomes (short- and long-term) and appears reasonable and realistic.

Partnerships and Collaboration (10 points overall)

Points	Partnerships and Collaboration - Evaluation Criteria
4	Extent to which the applicant describes how it will form partnerships and a culture of collaboration to support the overall project. Partners have been selected who have experience and expertise that is complimentary and value added. The roles, responsibilities, and expectations for partners are clearly identified, reasonable, and align with the five-year strategy and work plan.
3	The applicant clearly identifies which partnerships have been secured and which still need to be secured. For all secured partnerships, the application includes a signed MOU that describes how the partner will contribute to the project and clearly outlines the roles, responsibilities, and expectations. For partnerships that have not been secured, the applicant describes a process and timeline for securing the partnerships that appears reasonable and likely to result in securing the partnership.
3	Extent to which the applicant describes how it will form partnerships and collaborations with the innovators, the other OAH-funded intermediary organization, OAH, and others deemed necessary by the applicant and/or OAH.

Monitoring and Evaluation (10 points overall)

Points	Monitoring and Evaluation - Evaluation Criteria
3	Extent to which the applicant describes a monitoring and evaluation plan at the intermediary-level that is flexible and able to add and adapt new measures and monitoring mechanisms over time, if needed. The monitoring and evaluation plan at the intermediary-level includes evaluation of the implementation and outcomes of the overall project, development of a final evaluation report, and plans to disseminate evaluation results and lessons learned.
3	Extent to which the applicant describes how it will monitor and evaluate progress and outcomes of the innovators to determine if the interventions are feasible and relevant for the target population, being used as intended, and having the intended outcomes. The proposed approach is flexible and iterative and likely to allow for changes to be made and retested within a short period of time.
4	<p>Describes the existing performance measures from Appendix F that are feasible and applicable to the project, and for those that are not feasible or applicable, describes how it will develop and propose proxy measures that are relevant and suitable to the proposed interventions.</p> <p>Extent to which the applicant describes the process that will be used to collect performance measure data to report it to OAH twice a year, analyze performance measure data to determine if interventions are observing intended outcomes, and use performance measure data to make continuous quality improvements.</p>

Dissemination and Communication (5 points overall)

Points	Dissemination and Communication - Evaluation Criteria
3	Extent to which the applicant describes its plan for communicating and disseminating information to raise awareness of the overall project, outcomes, and lessons learned with key internal and external stakeholders. The dissemination and communication plan includes activities to publicize the opportunity for innovators, market the launch of the initiative and innovator selection, and communicate on-going activities, milestones, evaluation results, and lessons learned through the initiative.
2	Extent to which the applicant describes the diverse dissemination and communication methods that will be used and how it will determine when to use different methods, including establishing and operating a public website for the project.

Experience and Capacity (20 points overall)

Points	Experience and Capacity - Evaluation Criteria
7	<p>Extent to which the applicant provides specific examples to demonstrate that it and its partners have the following experience:</p> <ul style="list-style-type: none"> • Experience and success fostering early innovation • Experience developing and supporting technology-focused or program-focused interventions (<i>should be specific to focus area selected</i>) • Experience providing support to organizations on developing and evaluating innovative interventions • Experience in teen pregnancy prevention and adolescent health • Experience launching a large, national initiative of similar size and scope • Experience monitoring partner performance and taking corrective action when needed to ensure fulfillment of roles, responsibilities, and stated expectations • Experience evaluating projects designed to foster innovation
6	<p>Extent to which (1) the goals and activities of the proposed project align with the organization’s mission and vision, (2) the organization’s existing infrastructure and experience can support and manage a program of this size and scope, and (3) the applicant demonstrates a commitment and the capacity to sustain the activities articulated in the application beyond the life of the grant</p>
4	<p>Extent to which the organization collects and uses data to make decisions and quality improvements. Extent to which the organization effectively and efficiently manages financial resources and staff performance.</p>
3	<p>Applicant has demonstrated that it has and enforces a policy prohibiting discrimination in the provision of services on the basis of age, disability, sex, race, color, national origin, religion, sexual orientation or gender identity.</p>

Project Management (15 points overall)

Points	Project Management - Evaluation Criteria
4	<p>Extent to which the applicant describes a plan for managing, implementing, and monitoring the overall project that is appropriate given the size and complexity of the project and appears likely to ensure accomplishment of goals and objectives.</p>
3	<p>Extent to which the applicant provides a description of the project team, including the Project Director and other key staff. Includes a description of the roles and responsibilities of all staff and how they will contribute to achieving the objectives and outcomes of the grant.</p>

5	Extent to which the experience of the proposed project team is relevant to all aspects of the project. The proposed Project Director has demonstrated capabilities in management, innovation, strategic visioning, leadership, coordination, and collaboration. The experience of the proposed team includes experience and success fostering early innovation; experience developing and supporting technology-focused or program-focused interventions; experience providing support to organizations on developing and evaluating innovative interventions, experience in teen pregnancy prevention and adolescent health; experience launching a large, national initiative of similar size and scope; experience monitoring partner performance; experience collecting and using data for continuous quality improvements; experience evaluating project designed to foster innovation; and experience communicating and disseminating information using diverse approaches.
3	Extent to which the applicant clearly describes the reporting structure for the project, including oversight processes. The applicant must describe how it plans to govern and manage the execution of the grant program. An organizational chart clearly illustrating the key staff and structure for the project is included.

Challenges and Risks (5 points overall)

Points	Challenges and Risks - Evaluation Criteria
3	Extent to which the applicant identifies the risks in undertaking the project and challenges to the success of the project, including ability to achieve the intended results within the planned timeframe.
2	Extent to which the applicant describes how it plans to address the anticipated challenges.

Budget (5 points overall)

Points	Budget - Evaluation Criteria
5	<p>The extent to which the applicant includes a combined multi-year Budget Narrative and a detailed Budget Narrative for each year of the potential grant. The Budget Narrative clearly shows how the total amount requested for all categories was determined. The extent to which the Budget Narrative is detailed, reasonable, adequate, cost efficient, and aligned with the proposed work plan.</p> <p>The annual budget requested adheres to the following restrictions:</p> <ul style="list-style-type: none"> • Budget no less than 50% of the total budget for awards to support the portfolio of innovators to develop, test, and refine their interventions • Budget no more than 10% of the total budget for monitoring and evaluation activities, including the collection of performance measure data

	<ul style="list-style-type: none"> • Include funds to send project staff to the following OAH-sponsored meetings, DC. <ul style="list-style-type: none"> ○ One staff to an annual Project Director’s Meeting ○ 2-3 staff to an annual Regional Training in years 2-4 ○ 2-3 staff to the HHS Teen Pregnancy Prevention Conference every other year (2016, 2018, 2020)
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2. Review and Selection Process

Each HHS/OASH Program's office is responsible for facilitating the process of evaluating applications and setting funding levels according to the criteria set forth above.

An independent review panel will evaluate applications that pass the screening and meet the responsiveness criteria if applicable. These reviewers are experts in their fields, and are drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies. Based on the Application Review Criteria as outlined under Section V.1, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria. In addition to the independent review panel, Federal staff will review each application for programmatic, budgetary, and grants management compliance. Final award decisions will be made by the Director of the HHS Office of Adolescent Health. In making these decisions, the following additional criteria will be taken into consideration:

- a. Diversity in focus of the applicant (i.e., program intervention vs. technology intervention)
- b. Applicant demonstrates that it has and enforces a policy prohibiting discrimination in the provision of services on the basis of age, disability, sex, race, color, national origin, religion, sexual orientation or gender identity.

Review of Risk Posed by Applicant

The HHS/OASH will evaluate each application in the fundable range for risks posed by an applicant before issuing an award in accordance with 45 CFR Part 75.205. This evaluation may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If we determine that a Federal award will be made, special conditions that correspond to the degree of risk assessed by the applicant will be applied to the Federal award. OASH will use a risk-based approach and may consider any items such as the following:

- (1) Applicant's financial stability;
- (2) Quality of management systems and ability to meet the management standards prescribed in this part;
- (3) History of performance. The applicant's record in managing Federal awards, if it is 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;
- (4) Reports and findings from audits performed; and
- (5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

3. Anticipated Announcement and Award Dates

HHS/OASH seeks to award funds as much in advance of the estimated project start date shown in Section II "Award Information," as practicable, with a goal of 10-15 days.

VI. AWARD ADMINISTRATION INFORMATION

1. Award Notices

The HHS Office of the Assistant Secretary for Health does not release information about individual applications during the review process. If you would like to track your application, please see instructions at <http://www.grants.gov/web/grants/applicants/track-my-application.html>.

The official document notifying an applicant that a project application has been approved for funding is the Notice of Award (NOA), approved by a Grants Management Officer of the HHS/OASH Office of Grants Management. Grantees will receive this document via system notification from our grants management system (Grant Solutions) and/or via e-mail. This document notifies the successful recipient of the amount of money awarded, the purposes of the grant, the anticipated length of the project period, terms and conditions of the grant award, and the amount of funding to be contributed by the grantee to project costs, if applicable. Grantees should pay specific attention to the terms and conditions of the award as indicated on the NOA, as some may require a time-limited response. The NOA will also identify the Grants Management Specialist and Program Project Officer assigned to the grant.

Grantees will be notified by the program office by email and/or letter and will receive summary comments pertaining to the application resulting from the review process. On occasion, some applicants may receive a letter indicating that an application was approved but unfunded. These applications are kept active for one year and may be considered for award without re-competing should funds become available during the hold period.

2. Administrative and National Policy Requirements

In accepting the grant award, the grantee stipulates that the award and any activities thereunder are subject to all provisions of 45 CFR parts 74 and 92, currently in effect or

implemented during the period of the grant or other Department regulations and policies effective at the time of the award.

In addition, recipients must comply with all terms and conditions outlined in their grant awards, the Department of Health and Human Services (HHS) Grants Policy Statement, requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable, as well as any requirements or limitations in any applicable appropriations acts.

Grant funds may only be used to support activities outlined in the approved project plan. The grantee will be responsible for the overall management of activities within the scope of the approved project plan.

Smoke- and Tobacco-free Workplace

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

Acknowledgement of Funding

Federal grant support must be acknowledged in any publication developed using funds awarded under this program. All publications developed or purchased with funds awarded under this program must be consistent with the requirements of the program. Pursuant to 45 CFR § 74.36(a), HHS may reproduce, publish, or otherwise use materials developed under this grant for Federal purposes, and may authorize others to do so.

Trafficking in Persons

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.hhs.gov/opa/grants/trafficking_in_persons_award_condition.html. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity announcement to obtain a copy of the term.

Efficient Spending

This award may also 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 available at http://dhhs.gov/asfr/ogapa/acquisition/effspendpol_memo.html.

Pilot Whistleblower Protection

A standard term and condition of award will be in the final notice of award; all applicants will be subject to a term and condition that applies the terms of 48 CFR section 3.908 to the award, and requires that grantees inform their employees in writing of employee whistleblower rights and protections under 41 U.S.C. 4712 in the predominant native language of the workforce.

Same-sex Spouses, Marriages, and Households

A standard term and condition of award will be included in the final Notice of Award (NOA) that states: “In any grant-related activity in which family, marital, or household considerations are, by statute or regulation, relevant for purposes of determining beneficiary eligibility or participation, grantees must treat same-sex spouses, marriages, and households on the same terms as opposite-sex spouses, marriages, and households, respectively. By “same-sex

spouses,” HHS means individuals of the same sex who have entered into marriages that are valid in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By “same-sex marriages,” HHS means marriages between two individuals validly entered into in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By “marriage,” HHS does not mean registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage.”

Programmatic Reporting

Grantees will submit semi-annual progress reports 30 days after the end of each six-month period of performance. Progress reports must be submitted by upload to our grants management system (GrantSolutions.gov), in the Grant Notes module.

Grantees will submit semi-annual reporting of required performance measure data to OAH 30-days after the end of each six-month period of performance. Performance measures are submitted to OAH through the OAH Performance Measures website. The performance measures were approved by OMB for collection and reporting in 2012 (0990-0390, expires May 2015). OAH will obtain renewal to collect these measures in 2015.

A final progress report covering the entire project period is due 90 days after the end of the project period. Final reports must be submitted by upload to our grants management system (GrantSolutions.gov), in the Grant Notes module.

Financial Reporting

Grantees are required to submit quarterly and annual Federal Financial Reports (FFR) (SF-425). Reporting schedules will be issued as a condition of grant award. A final FFR covering the entire project period is due 90 days after the end of the project period. FFRs must be submitted via upload to our grants management system (GrantSolutions.gov), in the FFR module.

Quarterly cash reporting to the HHS Payment Management System on the FFR is also required. Please note these FFR reports are separate submissions via the Division of Payment Services. At this time, data is not transferable between the two systems and you will report twice on certain data elements. Grantees receiving \$500,000 or greater of Federal funds must also undergo an independent audit in accordance with OMB Circular A-133 or regulations and policy effective at the time of the award.

Non-competing Continuation Applications and Awards

Each year of the approved project period, grantees are required to submit a noncompeting application which includes a progress report for the current budget year, and work plan, budget and budget justification for the upcoming year. Specific guidance will be provided via Grant Solutions well advance of the application due date.

FFATA and FSRS Reporting

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System (<http://www.FSRS.gov>) for all sub-awards and sub-contracts issued for \$25,000 or more as well as addressing executive compensation for both grantee and sub-award organizations.

VII. AGENCY CONTACTS

Administrative and Budgetary Requirements and Program Requirements:

For information related to administrative and budgetary requirements, contact the HHS/OASH Office of Grants Management grants specialist listed below.

Roscoe Brunson
1101 Wootton Parkway, Suite 550
Rockville, MD
Phone: 240-453-8822
Email: roscoe.brunson@hhs.gov

Information on program requirements and Letters of Intent should be directed to the program office at:

Attn: OAH TPP Tier 2A FOA
1101 Wootton Parkway, Suite 700
Rockville, MD 20852
Phone: 240-453-2846
Email: tpptier2a@hhs.gov

VIII. OTHER INFORMATION

Application Elements

- Application for Federal Assistance (SF-424)
- Budget Information for Non-construction Programs (SF-424A)
- Budget Narrative
- Assurances for Non-construction Programs (SF-424B)
- Disclosure of Lobbying Activities (SF-LLL)
- Project Abstract Summary
- Project Narrative
- Appendices including Work plan, Logic Model, Letters of Reference, MOUs, Resumes/CVs, Job Descriptions, Organizational Chart

Evelyn M. Kappeler
Director, Office of Adolescent Health

FOA Appendices

Appendix A – References

Appendix B – Glossary of Key Terms & Definitions

Appendix C - Relevant Resources for Applicants

Appendix D – Example Work plan Templates

Appendix E – Example Logic Model Template

Appendix F – OAH TPP Performance Measures

Appendix A – References

- 1) Hamilton, B.E., Martin J.A., Osterman, M.J.K., & Curtin, S.C. (2014). Births: Preliminary data for 2013. National vital statistics reports 63(2). Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_02.pdf.
- 2) The National Campaign to Prevent Teen and Unplanned Pregnancy (2014). Teen Sexual Behavior and Contraceptive Use: Data from the Youth Risk Behavior Survey, 2013. Retrieved from <http://thenationalcampaign.org/sites/default/files/resource-primary-download/fast-facts-teen-sexual-behavior-and-contraceptive-use-yrbs-aug2014.pdf>
- 3) The National Campaign to Prevent Teen and Unplanned Pregnancy (2014). The National Story. Retrieved from <http://thenationalcampaign.org/data/landing>
- 4) The National Campaign to Prevent Teen and Unplanned Pregnancy (2014). Fast Facts: Teen Pregnancy in the United States. Retrieved from http://thenationalcampaign.org/sites/default/files/resource-primary-download/fast_facts_-_teen_pregnancy_in_the_united_states_aug_2014.pdf
- 5) Guttmacher Institute (2014). Fact sheet: American Teens' Sexual and Reproductive Health. Retrieved from <http://www.guttmacher.org/pubs/FB-ATSRH.pdf>
- 6) Martin, J.A., Hamilton, B.E., Osterman, M.J.K., Curtin, S.C., & Mathews, T.J. (2013) Births: Final data for 2012. Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf
- 7) Hamilton, B.E., Martin, J.A., Osterman, M.J.K., Curtin, S.C. (2014). Births: Preliminary data for 2013. National Vital Statistics Reports, 63(2). Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_02.pdf
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- 9) Martin, J.A., Hamilton, B.E., Osterman, M.J.K., Curtin, S.C., & Mathews, T.J. (2013). Births: Final data for 2012. Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf
- 10). Martin, J.A., Hamilton, B.E., Osterman, M.J.K., Curtin, S.C., & Mathews, T.J. (2013) Births: Final Data for 2012. Hyattsville, MD: National Center for Health Statistics. Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf
- 11) The National Campaign to Prevent Teen and Unplanned Pregnancy (2013). Teen Parenthood Most Common in Rural America: First-Ever Data Comparing Rural, Suburban, and Urban Teen Childbearing. Retrieved from https://thenationalcampaign.org/sites/default/files/media-press-release/ruralteenparents_release.pdf

- 12) Ng, A.S., & Kaye, K. (2012). *Why It Matters: Teen Childbearing and Child Welfare*. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy. Retrieved from <http://thenationalcampaign.org/sites/default/files/resource-primary-download/childbearing-childwelfare.pdf>
- 13) Hamilton, B.E., Martin, J.A., Osterman, M.J.K., Curtin, S.C. (2014). Births: Preliminary data for 2013. *National Vital Statistics Reports*, 63(2). Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_02.pdf
- 14) Saewyc, E. (2014). Adolescent Pregnancy Among Lesbian, Gay, and Bisexual Teens in the *International Handbook of Adolescent Pregnancy* (editors: Cherry, A. and Dillon, M.) page 159-169.
- 15) The National Campaign to Prevent Teen and Unplanned Pregnancy (2012). *Why It Matters: Teen Pregnancy, Substance Use, and Other Risky Behavior*. Retrieved from http://thenationalcampaign.org/sites/default/files/resource-primary-download/risky_behaviors.pdf
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Appendix B - Glossary of Key Terms & Definitions

Age Appropriate- Topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group (32).

Culturally and Linguistically Appropriate- Respectful of and responsive to the cultural and linguistic needs of the population being served.

Early Innovation – an innovation that is in the initial stages of development and is not yet ready to be rigorously evaluated.

Evidence-Based Teen Pregnancy Prevention Programs- Programs identified by HHS as having undergone a rigorous evaluation been shown to be effective at preventing teen pregnancies, sexually transmitted infections, and/or sexual risk behaviors.

Health Disparities - a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion. (33)

Innovation - New or promising approaches, interventions, curricula, or services informed by scientific theory or empirical evidence that may lead to or have the potential to result in a substantial reduction in teen pregnancy rates, sexually transmitted infection (STIs) rates, and associated sexual risk behaviors.

Medical Accuracy- Verified or supported by the weight of research conducted in compliance with accepted scientific methods; and published in peer-reviewed journals, where applicable or comprising information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete (32).

Sensitive and Inclusive of LGBTQ Youth- Supporting youth of all sexual orientations and gender identities/expressions.

Strategic Dissemination and Communication- The targeted distribution and communication of information, knowledge, and results to specific audiences to complement and support the overall project.

Sustainability- The ability for programs to effectively leverage partnerships and resources to continue programs, services, and/or strategic activities that result in improvements in the health and well-being of adolescents.

Trauma-Informed - The way in which a program, agency, organization, or community thinks about and responds to those who have experienced or may be at risk for experiencing trauma.

Appendix C- Relevant Resources for Applicants

Disclaimer: This is a list of some, but not all, of the relevant resources available to applicants. OAH does not endorse any of the resources listed other than those developed by OAH.

COMMUNICATION AND DISSEMINATION

OAH TPP Resource Center. Resources available on Strategic Communication. Available at: http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/strategic-communications.html.

COMMUNITY NEEDS AND RESOURCE ASSESSMENT

Advocates for Youth. The Needs and Assets Assessment: What it is and Why it's Important. <http://www.advocatesforyouth.org/statetppmanual/1106-support-center>.

OAH. A Snapshot of Your Community: Understanding Resources and Needs Assessments. Available at http://www.hhs.gov/ash/oah/oah-initiatives/webinars/slides_needsassessmentwebinar.pdf.

OAH. Best Practices for Conducting a Needs and Resource Assessment: Tip Sheet. Available at http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/tip_sheets/needs-assessment-508.pdf.

CULTURAL AND LINGUISTIC COMPETENCE

Office of Minority Health. The Center for Linguistic and Cultural Competence in Health Care. Available at <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=34>.

Office of Minority Health. National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards). Available at <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>.

DATA ON ADOLESCENT HEALTH & TEEN PREGNANCY

Centers for Disease Control and Prevention. National Vital Statistics System. Available at <http://www.cdc.gov/nchs/nvss.htm>.

Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance System. Available at <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>.

National Campaign to Prevent Teen and Unplanned Pregnancy. National & State Data. Available at <http://thenationalcampaign.org/data/landing>.

OAH. National and State Facts. Available at <http://www.hhs.gov/ash/oah/resources-and-publications/facts/>.

Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps. Available at <http://www.countyhealthrankings.org/>.

EVALUATION

OAH TPP Resource Center. Resources available on Program Evaluation. Available at http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/evaluation.html.

Evaluating Social Innovation. Center for Evaluation Innovation and FSG. Available at http://www.fsg.org/Portals/0/Uploads/Documents/PDF/Evaluating_Social_Innovation.pdf.

GOALS AND OBJECTIVES

Centers for Disease Control and Prevention. Division of Adolescent and School Health. Writing Good Goals and SMART Objectives Tutorials. Available at <http://www.cdc.gov/healthyyouth/tutorials/writinggoal/page001.htm>.

INNOVATION

Intentional Innovation: How Getting More Systematic about Innovation Could Improve Philanthropy and Increase Social Impact. W.K. Kellogg Foundation, by the Monitor Institute and Clohesy Consulting. Available at http://monitorinstitute.com/downloads/what-we-think/intentional-innovation/Intentional_Innovation.pdf.

Design Thinking for Social Innovation. Stanford Social Innovation Review. Winter, 2010. Available at http://www.ssireview.org/articles/entry/design_thinking_for_social_innovation.

The National Science Foundation (NSF) and VentureWell. I-Corp TM curriculum information, a course to help move products to market. Available at <http://venturewell.org/i-corps/>

LGBTQ YOUTH & INCLUSIVITY

Administration for Children, Youth, and Families. Creating a Safe Space for LGBTQ Youth and Teens. Available at <http://ncfy-learn.jbsinternational.com/course/index.php?categoryid=12>.

AIR. A Guide for Understanding, Supporting, and Affirming LGBTQI2-S Children, Youth, and Families. Available at <http://www.air.org/resource/guide-supports-lgbtqi2-s-children-youth-and-families>.

Centers for Disease Control and Prevention. Lesbian, Gay, Bisexual and Transgender Health. Available at <http://www.cdc.gov/lgbthealth/youth.htm>.

HHS Healthy People 2020. Lesbian, Gay, Bisexual, and Transgender Health. Available at <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=25>.

OAH. Engaging Select Populations: LGBTQ Youth. Available at http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/engaging-select-populations.html#lgbtq.

LOGIC MODELS

Center for Disease Control and Prevention. Division of Adolescent and School Health. Manuals/Assistance with Specific Evaluation Steps – Logic Models. Available at <http://www.cdc.gov/EVAL/resources/index.htm#logicmodels>.

ETR Associates. BDI Logic Model. Available at <http://recapp.etr.org/recapp/logicmodelcourse/>.

PERFORMANCE MEASURES

OAH. TPP Performance Measure Resources. Available at <http://www.hhs.gov/ash/oah/oah-initiatives/for-grantees/performance-measures/index.html>.

PILOTING PROGRAMS

OAH. Testing the Waters: Pilot Testing Your Program webinar. Available at: http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/implementation.html.

OAH. Tips and Recommendations for Successfully Pilot Testing Your Program. Available at http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/tip_sheets/pilot-testing-508.pdf.

RECRUITMENT, RETENTION, AND ENGAGEMENT

OAH. Getting Them to Come Back: Strategies for Retaining and Engaging Participants webinar. Available at http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/engagement.html.

OAH. Incorporating Strategies for Engaging Young People Tip Sheet. Available at http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/tip_sheets/youth-engagement-508.pdf.

OAH. Rules of Engagement: Participant Recruitment and Retention webinar. Available at http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/engagement.html.

SUSTAINABILITY

OAH. Sustainability Framework, Assessment, Resource Guide, and E-Module. Available at http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/sustainability.html.

TRAUMA-INFORMED APPROACH

Schladale, J. (2013). A Trauma Informed Approach for Adolescent Sexuality. Freeport, ME: Resources for Resolving Violence, Inc. Available at <http://resourcesforresolvingviolence.com/wp-content/uploads/A-Trauma-Informed-Approach-for-Adolescent-Sexual-Health.pdf>

Substance Abuse and Mental Health Services Administration. Trauma-Informed Approach and Trauma-Specific Interventions. Available at <http://beta.samhsa.gov/nctic/trauma-interventions>.

YOUTH FRIENDLY CLINICAL SERVICES

Centers for Disease Control Elements of a Teen Friendly Reproductive Healthcare Visit. Teens Visiting a Health Clinic. Available at <http://www.cdc.gov/teenpregnancy/teenfriendlyhealthvisit.html#elements>.

Healthy Teen Network. "Keep It Simple: A Lesson in Linking Teens to Sexual Health Care" Lesson Plan. Available at http://www.healthyteennetwork.org/index.asp?Type=B_PR&SEC=%7B2AE1D600-4FC6-4B4D-8822-F1D5F072ED7B%7D&DE=%7B484D59E3-8DA6-47CD-A34B-284380C0A082%7D

Appendix D – Example Work plan Templates

Example Work plan Template #1

September 1, 2013 – August 31, 2014

(Note: Work Plan may be submitted as narrative or other format)

Grantee Name _____

Funds Requested _____

<i>Goal I:</i>		
<i>Objective I:</i>		
<i>Rationale</i> for Objective 1:		
Measures of Accomplishment for Objective 1: a. b. c.		
<i>Activities</i> in support of Objective 1: a. b. c.	Person/agency responsible for <i>Accomplishing Activities</i> . a. b. c.	<i>Activity Timeline</i> . a. b. c.

Example Work plan Template #2
 September 1, 2013 – August 31, 2014

Grantee Name _____

Funds Requested _____

Goal I: Goal Statement															
Objectives	Activities	Timeline												Measures of Accomplishment	Person Responsible
		S	O	N	D	J	F	M	A	M	J	J	A		
Objective 1:	Activity 1:														
	Activity 2:														
	Activity 3:														
Objective Rationale:	Activity 4:														
	Activity 5:														
	Activity 1:														
Objective 2:	Activity 2:														
	Activity 3:														

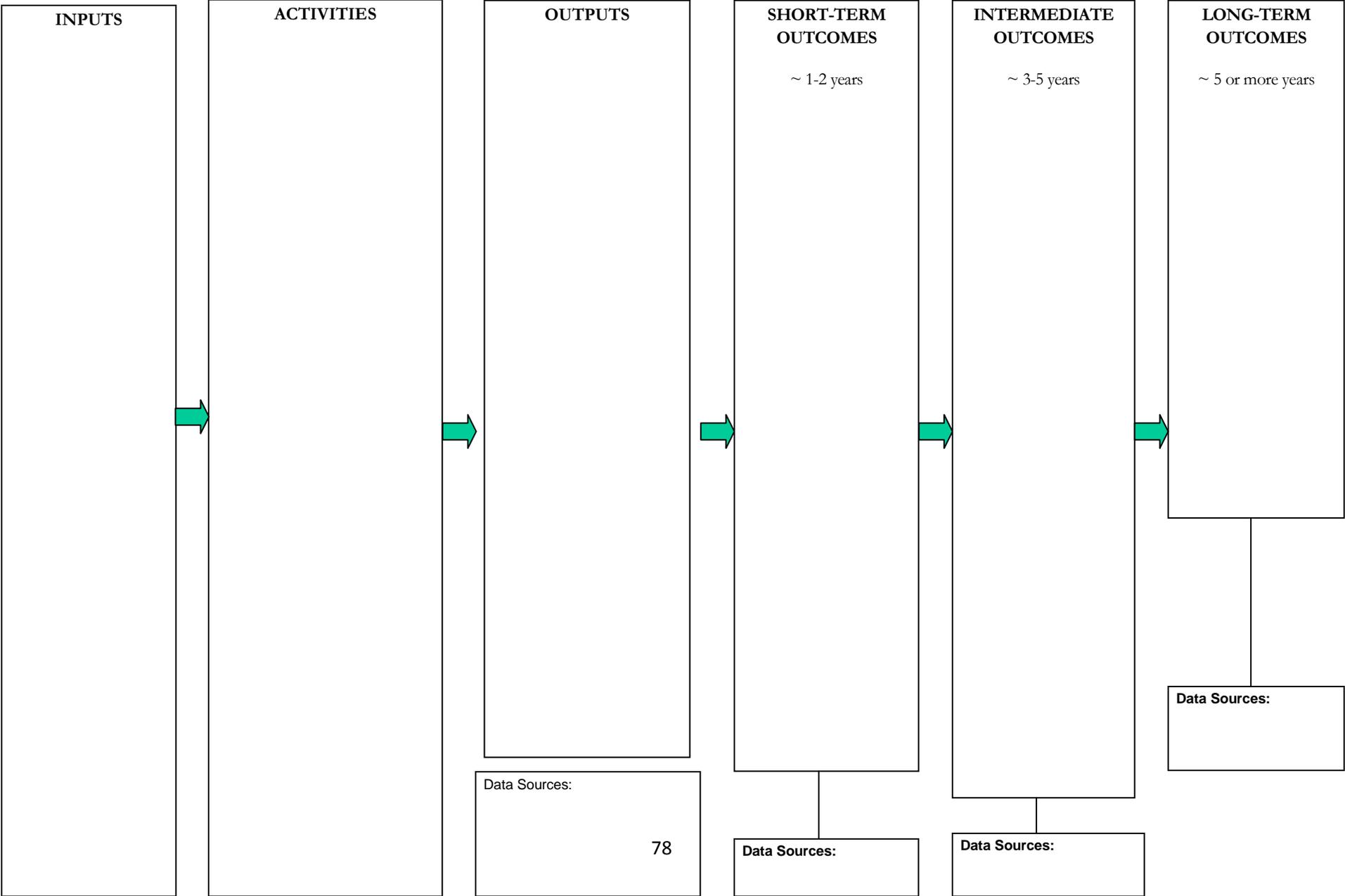
Work plan Instructions

- 1) **Name:** Name of the grantee organization.
- 2) **Funds Requested:** Funds requested for project period.
- 3) **Goal 1:** A broad statement of program purpose which describes the expected long-term effects of a program. Goals should address the program's effect in reducing a health problem and identify the target population to be affected. Although only Goal I is shown as an example in the suggested work plan format, you should include all programmatic goals in your work plan.
- 4) **Objective 1:** A statement describing the results to be achieved and the manner in which these results will be achieved. Objectives should be **SMART**, that is, **S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**ime-phased. **Specific** objectives include *who* will be targeted and *what* will be accomplished; **measurable** objectives include *how much* change is expected specifically enough that achievement of the objective can be measured through counting or through documenting change or completion; **achievable** objectives can be realistically accomplished given existing resources and constraints; **realistic** objectives address the scope of the problem and reasonable programmatic steps; and **time-phased** objectives provide a time line indicating when the objective will be measured or a time by which the objective will be met. Although we only include one-two objectives in the example work plan template, you should list all objectives that support each goal in your work plan.
- 5) **Rationale for the Objective:** why you think the objective will contribute to accomplishing the goal. The objective should relate to the goal and should link to outcomes on the logic model leading to the desired outcomes. In addition, you may provide context that shows why this objective is necessary given your program's resources or constraints.
- 6) **Activities** - describe anticipated events that will take place as part of your program in support of the objective. Although we only include a few activities in the example work plan template for each objective, you should list all activities for each objective.
- 7) **Timeline for Activities** – identify when the activity will be implemented.
- 8) **Measurement of Accomplishment** – these are the quantifiable criteria that describe how you know if you succeeded in accomplishing an objective. Measures might include target numbers or they might include quantifiable changes or completion of an activity.
- 9) **Person Responsible** - who is most responsible for ensuring that each activity is accomplished.

Appendix E – Logic Model Example Template
(Note: Logic Model may be submitted as narrative or other format)

Project Name

Goal:



Appendix F - TPP Performance Measures for Grantee
(OMB 0990-0390, Expiration May 2015, Renewal Pending)

Participant ID (unique and non-identifiable, i.e. no names or birthdates)

Demographic characteristics (collected and entered for every participant individually)

- Age
- Grade
- Gender
- Race
- Ethnicity
- Language spoken at home
- Special populations (if applicable)

Fidelity (based on facilitator and observer logs, observer quality rating & fidelity process form)

- In the past program year, what percentage of sessions were observed by an independent observer for fidelity assessment?
- What is the median percentage of activities completed, across sessions observed?
 - What is the minimum and maximum percentage of activities completed, across sessions observed?
 - Minimum
 - Maximum
 - What percentage of sessions were rated either 4 or 5 for overall quality?
 - For what percentage of sessions completed do you have a completed fidelity monitoring log from the facilitator?
 - What is the median percentage of activities completed, across sessions for which you have a completed fidelity monitoring log?
 - Across cohorts, what is the median percentage of sessions implemented?
 - What is your score on the 24-point fidelity process scale?

Dosage of services received by participants (attendance is entered for every program participant for every scheduled class/session). OAH calculates the following:

- What is the median % of program services received by youth?
- What is the median % of program services received by parents (if applicable)?
- What % of youth received at least 75% of the program?
- What % of parents received at least 75% of the program?

Partners

Formal partners are organizations (e.g., schools) with whom the grantee has an MOU, contract or other formal written agreement in place to provide service or other contribution relevant to the TPP program.

Informal partners are organizations with whom the grantee does not have a formal written agreement in place.

- How many formal/informal partners are you currently working with?
- How many of these formal/informal partners are new for this reporting period?
- How many formal/informal partners did you lose during this reporting period?
- What is the total number of formal/informal partners you have had since the beginning of the project?
- How many formal/informal partners have you lost since the beginning of the project?

Training

- In the reporting period, how many *new* intervention facilitators (including teachers) have you or one of your partners trained? Please include only training provided to new facilitators.
- In the reporting period, how many intervention facilitators (including teachers) have you or one of your partners given follow-up training?

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 presentations have you made at each of the following levels in the past year:
 - National or regional? ____
Please list titles of all presentations and venue (e.g., conference or organization to which the presentation was made)
 - State? ____
Please list titles of all presentations and venue (e.g., conference or organization to which the presentation was made)

Participant-Level Performance Measure Questions
(OMB 0990-0390, Expiration May 2015, Renewal Pending)

Date _____/_____/_____

Demographic Questions (Inform Reach)

1. In what month and year were you born?

MARK (X) ONE MONTH AND ONE YEAR

- | | |
|------------------------------------|-------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> 2002 |
| <input type="checkbox"/> February | <input type="checkbox"/> 2001 |
| <input type="checkbox"/> March | <input type="checkbox"/> 2000 |
| <input type="checkbox"/> April | <input type="checkbox"/> 1999 |
| <input type="checkbox"/> May | <input type="checkbox"/> 1998 |
| <input type="checkbox"/> June | <input type="checkbox"/> 1997 |
| <input type="checkbox"/> July | <input type="checkbox"/> 1996 |
| <input type="checkbox"/> August | <input type="checkbox"/> 1995 |
| <input type="checkbox"/> September | <input type="checkbox"/> 1994 |
| <input type="checkbox"/> October | <input type="checkbox"/> 1993 |
| <input type="checkbox"/> November | <input type="checkbox"/> 1992 |
| <input type="checkbox"/> December | <input type="checkbox"/> 1991 |

Alternative question:

How old are you? _____

2. What grade are you in? (If you are currently on vacation between grades, please indicate the grade you will be in when you go back to school).

MARK (X) ONE ANSWER

- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th
- Ungraded
- College/Technical school
- Not currently in school

3. Are you male or female?

MARK (X) ONE ANSWER

- Male
- Female

4. Are you Hispanic or Latino?

MARK (X) ONE ANSWER

- Yes
- No

5. What is your race?

MARK (X) ONE OR MORE THAN ONE ANSWER

- American Indian or Alaska Native
- Asian
- Black or African-American
- Native Hawaiian or Other Pacific Islander
- White