

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

**Rigorous Evaluation of New or Innovative Approaches to Prevent Teen
Pregnancy (Tier 2B)**

Announcement Type: New

Announcement Number: AH-TP2-15-002

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 Rigorous Evaluation of New or Innovative Approaches to Prevent Teen Pregnancy (Tier 2B)

ACTION: Notice

ANNOUNCEMENT TYPE: INITIALCOMPETITIVE COOPERATIVE AGREEMENT

FUNDING OPPORTUNITY NUMBER: TP2-AH-15-002

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 Thursday, January 29th from 3:00-5:00 pm ET (start time of 2:00 pm CT, 1:00 pm MT, 12:00 pm PT). Potential applicants should call 1-888-566-5780, passcode 3899321, and log-on to <https://www.mymeetings.com/nc/join.php?i=PW1052995&p=3899321&t=c>.

EXECUTIVE SUMMARY: The HHS Office of Adolescent Health (OAH) announces the anticipated 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 **Rigorous Evaluation of New or Innovative Approaches to Prevent Teen Pregnancy (Tier 2B)**. OAH intends to make available approximately \$18 million for an estimated 30 awards.

This funding opportunity announcement (FOA) is one of a series of five (5) FOAs, each with a different focus, currently available from OAH's Teen Pregnancy Prevention (TPP) Program. Applicants may apply for more than one FOA. **This FOA provides information for applying to Rigorous Evaluation of New or Innovative Approaches to Prevent Teen Pregnancy (Tier 2B)**. Other available FOAs 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)
- Supporting and Enabling Early Innovation to Advance Adolescent Health and Prevent Teen Pregnancy (Tier 2A)
- Effectiveness of TPP Programs Designed Specifically for Young Males (Tier 2C).

The purpose of this FOA is to increase the number of evidence-based TPP interventions available by rigorously evaluating new or innovative approaches for preventing teen pregnancy and related high risk behaviors. OAH is especially interested in expanding the evidence base for

the field of TPP by funding rigorous evaluations of innovative interventions designed to address gaps in the existing evidence, reduce disparities in teen pregnancy and associated sexual and reproductive health outcomes, and/or serve high-need populations. This includes, but is not limited to interventions designed for older adolescents (18-19), males, rural youth, and other youth populations at disproportionate risk of teen pregnancy (see data on pages 13-14). OAH is also interested in the use of non-traditional delivery methods (i.e., non-curriculum based approaches). The purpose of this FOA is not to enable and support early innovation that is not yet ready to be rigorously evaluated; that is the purpose of the Tier 2A FOA.

For the purposes of this FOA, OAH defines innovation broadly as new or promising approaches, strategies, interventions, or curricula, 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. A new intervention may either be a novel or recently developed intervention or an intervention that has been in use for some years but has never been rigorously evaluated.

OAH plans to fund projects that have the potential to yield high impact results, reduce public health burden and improve population health. OAH is looking for interventions that are not only effective, but efficient and sustainable. The applicant must be able to demonstrate that the proposed intervention is needed, likely to reduce rates of teen pregnancy and/or adolescent risk behaviors, relevant to the target population, and able to be rigorously evaluated. For this FOA, rigorous evaluation is defined as high quality randomized controlled trials (RCTs), quasi-experimental designs (QEDs), or Regression Discontinuity Designs (RDD) designed and implemented to meet the standards for a high or moderate rating on the HHS TPP Evidence Review (see **Appendix D** or <http://tppevidencereview.aspe.hhs.gov/ReviewProtocol.aspx>.)

I. FUNDING OPPORTUNITY DESCRIPTION:

PURPOSE

The purpose of this FOA is to increase the number of evidence-based TPP interventions available by rigorously evaluating new or innovative approaches for preventing teen pregnancy and related risk behaviors. The applicant must demonstrate that the proposed intervention is needed, likely to reduce rates of teen pregnancy and/or adolescent sexual risk behavior, relevant to the target population, and able to be rigorously evaluated. This is not a service delivery grant. Service may be a byproduct of the funding, but is not the purpose for this FOA.

OAH is especially interested in expanding the evidence base for the field of TPP by funding rigorous evaluations of new or innovative interventions designed to address gaps in the existing evidence and reduce adolescent sexual and reproductive health disparities. This includes, but is not limited to interventions designed for older adolescents (18-19), males, rural youth, and other youth populations at disproportionate risk of teen pregnancy (see data on page 9). OAH is also interested in the use of non-traditional delivery methods (i.e., non-curriculum based approaches).

Overall, grantees will be expected to:

- Engage the target population in the development or finalization of the intervention
- Engage in a 6-12 month planning, piloting, and readiness period
- Implement and rigorously evaluate the proposed intervention
- Ensure that intervention materials are medically accurate, age appropriate, culturally and linguistically appropriate, and inclusive of Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth
- Collect and use performance measure data to make continuous quality improvements

- Document and package the intervention to be implementation ready and able to be replicated if found to be effective
- Disseminate evaluation results and intervention information.

Interventions that are **not** acceptable for this FOA include (1) those already identified as an evidence-based TPP program by the HHS TPP Evidence Review, (2) significant adaptations of evidence-based TPP programs identified by the HHS TPP evidence review, or (3) programs currently undergoing a rigorous evaluation under the OPHS/OAH-TPP PREP Tier2-2010 FOA initially funded in FY 2010

(http://www.hhs.gov/ash/oah/news/assets/funding_announcement_research.pdf). (See a complete list in **Appendix D**).

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, teen pregnancy and STIs. <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 LGBT Topic Area Goal.

This FOA also supports the National Prevention Strategy's ([http://www.surgeongeneral.gov/initiatives/prevention/strategy/#The Goal](http://www.surgeongeneral.gov/initiatives/prevention/strategy/#TheGoal)) 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 FOAs, each with a different focus. Available FOAs 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)
- 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 TPP 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 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). Lesbian, Gay, Bisexual, and Transgender (LGBT) youth are 2-3 times more likely to be involved in a pregnancy compared to non-LGBT youth. Lesbian, Gay and Bisexual (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-LGB youth (14).

Risky behaviors are often co-occurring. Teens who 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).

Gaps in the Current Evidence-Base for Teen Pregnancy Prevention

HHS conducts the [HHS TPP Evidence Review](http://tppevidencereview.aspe.hhs.gov/EvidencePrograms.aspx) (<http://tppevidencereview.aspe.hhs.gov/EvidencePrograms.aspx>) which uses a systematic process for reviewing evaluation studies against a rigorous standard in order to identify programs shown effective at preventing teen pregnancies, STIs, and/or behavioral risk factors underlying teen pregnancy. The HHS TPP evidence review, first conducted in 2009 and updated periodically, is led by the HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE). The most recent update was released in August 2014. There are currently 35 diverse evidence-based TPP program models identified by the HHS TPP Evidence Review.

In 2013, ASPE produced a working paper on the HHS TPP evidence review that notes the need for more research on TPP for specific populations at high risk for teen pregnancies or STIs and identifies gaps in the existing evidence base (22). Grantees currently funded under

OPHS/OAH-TPP PREP Tier 2-2010 FOA (<http://www.hhs.gov/ash/oah/grants/grantee-map.html>) are working to address some of the existing gaps; however there continue to be gaps in the evidence base. There are limited evidence-based TPP programs currently available for many populations at disproportionate risk for teen pregnancy, including:

- **Older teens** – Few of the evidence-based TPP programs were designed and evaluated specifically for older teens (ages 18-19). Only one grantee funded under the OPHS/OAH-TPP PREP Tier2-2010 FOA is developing and evaluating a program for older teens.
- **Males** - Currently, there are no evidence-based TPP programs designed specifically for males and only one grantee funded under the OPHS/OAH-TPP PREP Tier2-2010 FOA is developing and evaluating a program specifically for males.
- **LGBTQ youth** – To date, there are no evidence-based TPP programs specifically tailored to the needs of LGBTQ youth and none under development under the OPHS/OAH-TPP PREP Tier2-2010 FOA.
- **Rural youth** – Relatively few of the evidence-based TPP programs were designed and evaluated specifically for use in rural areas and only one program is being developed and evaluated for rural youth under the OPHS/OAH-TPP PREP Tier2-2010 FOA. Furthermore, some of the studies assessed by the HHS TPP evidence review suggest that youth residing in rural areas may respond differently to programs originally developed in urban settings (22).
- **Latino/Hispanic youth** - Only two of the evidence-based TPP programs are designed specifically for Latino youth. Five additional evidence-based TPP programs were evaluated with predominately Latino research samples; however, the interventions are

not culturally tailored for Latinos (22). Only one grantee funded under the OPHS/OAH-TPP PREP Tier2-2010 FOA is developing and evaluating a program designed specifically for Latino youth.

- **Native American/American Indian youth** – Currently, there are no evidence-based TPP programs designed specifically for Native American or American Indian youth. Three grantees funded under the OPHS/OAH-TPP PREP Tier2-2010 FOA are developing and evaluating programs specifically designed for Native American youth.
- **Expectant and parenting teens** – Two of the evidence-based TPP programs are designed specifically for pregnant and parenting teens and another two are currently being tested under the OPHS/OAH-TPP PREP Tier2-2010 FOA.
- **Foster care youth** - Currently, there are no evidence-based TPP programs designed specifically for youth in foster care. One grantee funded under the OPHS/OAH-TPP PREP Tier2-2010 FOA is developing and evaluating a program specifically for foster care youth.

In addition, many of the evidence-based TPP programs identified by the HHS TPP evidence review were created more than a decade ago (23), and as a result, many do not address the role of technology or use technology for program delivery. 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 (24). The use of internet, texting, and mobile devices was relatively consistent across teens of various socioeconomic and racial groups (25). Interventions which incorporate technologies, such as internet and social media, have strong potential to reach teens of diverse racial, ethnic and socio-economic backgrounds. Further, these interventions have the potential to reach

adolescents in communities with limited school-based TPP programming, as well as youth who have transient living arrangements, such as youth in foster care (26).

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, addressing norms, etc. 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.

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.

PROPOSED INTERVENTION

The applicant should include a clear and thorough description of the proposed intervention that demonstrates why the intervention is promising, innovative, feasible, and likely to have a significant impact on reducing teen pregnancy and existing disparities. The applicant should describe the:

- **Intervention Content and Implementation** – The applicant should clearly describe the content of the intervention and how the intervention will be implemented. The reader should be able to understand what participants will receive. The applicant should also describe what components of the intervention (e.g., curriculum, training materials, identification of core components, fidelity monitoring tools) are already developed and which would need to be developed during the planning year. The applicant should describe how the intervention content or implementation is innovative. The applicant should demonstrate that the intervention is feasible to implement in the target setting.
- **Target Population and Need** – The target population for interventions funded under this announcement should be individuals, families of individuals, or professionals who work closely with individuals, 19 years of age or under at program entry. Youth who are not yet teenagers are eligible if the intent of the proposed intervention is to prevent teen pregnancy. Furthermore, young men older than 19 years who are at high risk for fathering a teen pregnancy are also eligible.

The applicant should describe the target population for the proposed intervention. The applicant should describe the needs of the target population related to teen pregnancy, prevalence of STIs including HIV, risk behaviors, and existing disparities. The applicant should demonstrate that the proposed intervention will address the needs of the target population, fill existing gaps in the HHS TPP evidence review, and is a good fit for the target population. The applicant should also provide evidence that the proposed intervention is relevant, accessible, and likely to resonate with the target population.

- **Theoretical Framework Supporting the Intervention** - The applicant is expected to explain the theoretical framework supporting the intervention. The concepts (key variables) that make up the theoretical framework should be defined and used to guide the hypotheses and chosen research methods.
- **Logic Model**- The applicant is expected to describe the proposed intervention through a detailed logic model that clearly depicts the inputs and activities of the project and the intended outputs and outcomes (short- and long-term). The applicant must clearly explain how the logic model links elements to intended intervention outcomes. The emphasis should be on teen pregnancy-related outcomes, although OAH strongly encourages applicants to consider additional, related outcomes (e.g., education attainment, job readiness, mental health).
- **Formative Research**– The applicant should summarize all formative research that led to the development of the intervention. The formative research should provide justification for why the intervention is likely to result in the proposed outcomes.
- **Scientific Evidence Supporting the Intervention** - The applicant is expected to present scientific evidence to support the proposed intervention and demonstrate its likelihood for success. This should include results of all previous evaluations of the intervention (published and unpublished) and other supporting evidence from the literature. If previous evaluations did not lead to anticipated outcomes, the applicant must describe why, and what will be done differently in the proposed implementation and evaluation of the intervention. This should include documentation of any evaluations of the intervention that have been reviewed for the HHS TPP Evidence Review with a

description of why the intervention did not receive a high or moderate rating and what would be done differently with the newly proposed evaluation. Interventions that have undergone multiple evaluations and have not been found to be effective are not good candidates for this FOA. The applicant bears the burden to describe the potential of an intervention to be effective.

- **Memorandum of Understanding (MOU) with the Copyright Holder (if applicable)** - Applicants who choose to use any copyrighted materials in their proposed project must include a signed MOU with the developer or purveyor of the materials that demonstrates that the applicant has permission to use the materials as planned. This should include, but is not limited to, permission to use the materials as proposed in the application, alter them as needed for compliance with OAH medical accuracy review, and document and disseminate evaluation results. Without an MOU with the developer or purveyor the project will not be funded for implementation by OAH.

INTERVENTION IMPLEMENTATION & WORKPLAN

Work plan

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), and activities for developing and evaluating the proposed intervention. An example work plan template is included in **Appendix E**, or this can be provided in a different format.

Overall, the work plan should include the applicant's plans to:

- Engage the target population in the development or finalization of the intervention
- Engage in a 6-12 month planning, piloting, and readiness period

- Implement and rigorously evaluate the proposed intervention
- Ensure that intervention materials are medically accurate, age appropriate, culturally and linguistically appropriate, and inclusive of LGBTQ youth
- Collect and use performance measure data to make continuous quality improvements
- Document and package the intervention to be implementation ready and able to be replicated if found to be effective
- Disseminate evaluation results and intervention information.

Engage the target population in the development of the intervention

The applicant should describe strategies for engaging members of the target population in the development and implementation of the proposed intervention. The target population should provide significant input into the development and implementation of the intervention to ensure that it addresses needs, fills existing gaps and does not duplicate programs or services already available, and is a good fit. Members of the target population should also provide feedback to ensure that the intervention is relevant to and likely to resonate.

Engaging in a 6-12 month planning, piloting, and readiness period

During the first 12 months of the first grant year, grantees will engage in a planning, piloting and readiness period. This period should be devoted to hiring and training staff; finalizing partnerships; refining and finalizing intervention materials; pilot testing intervention materials and evaluation instruments; finalizing the evaluation plan and obtaining approval from the Institutional Review Board (IRB); ensuring readiness of intervention sites; and otherwise ensuring readiness for full implementation. The duration of the length of the planning period is

contingent upon each grantee's demonstrated readiness, but will not exceed 12 months. The specific milestones that grantees will be expected to successfully complete by the end of the planning period are included in **Appendix G**. Continued funding for full implementation is contingent on the recipient's satisfactory progress in meeting planning period milestones and the continued availability of funds.

Implement and rigorously evaluate the proposed intervention

The applicant should describe how and by whom the intervention will be implemented. The application must include signed MOUs with all implementation partners that clearly outline the roles and responsibilities of the applicant and each partner. The work plan should include activities to monitor implementation partners to ensure accomplishment of objectives and activities. The purpose of this FOA is to rigorously evaluate new and innovative interventions to prevent teen pregnancy. The purpose is not service delivery. As a result, it is expected that applicants not implement the intervention with participants outside of the rigorous evaluation.

The applicant should describe the core components of the intervention and how the proposed team will ensure the intervention is implemented with fidelity and quality. The core components are the parts of the intervention or its implementation hypothesized, or determined by the developer, to be the key ingredients related to achieving the outcomes associated with the intervention. Fidelity refers to the degree to which an implementer adheres to the core components of an intervention. Successful applicants will be required to implement the proposed intervention with fidelity.

Funded grantees will be required to monitor the extent to which the intervention is implemented with fidelity and quality. Grantees will establish and implement a fidelity

monitoring plan that includes, at a minimum, collecting data on fidelity and quality of implementation, reviewing and analyzing data on a regular basis, using data to provide feedback to facilitators and staff, and using the data to make continuous quality improvements to the implementation of the intervention. Grantees will collect and report to OAH fidelity monitoring data from program facilitators as well as data on fidelity and implementation quality from observations of at least 10% of all intervention sessions (OMB #0990-0390, Expiration Date: May 31, 2015, pending renewal).

Applicants should describe strategies planned to ensure that participants are actively engaged in the intervention and retained to receive the majority of the intervention. The work plan should also include any additional activities planned to support implementation of the intervention (e.g., parent information sessions, providing snacks or transportation to intervention participants, use of social media to stay connected with intervention participants).

Applicants are expected to implement interventions in environments that are positive, safe, supportive, and healthy for all youth and their families. This includes, but is not limited to, ensuring inclusivity of all youth, including LGTBQ youth, applying Positive Youth Development practices when interacting with youth, and using a trauma-informed approach. 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. Grantees are also encouraged to establish and maintain linkages and referrals to a network of organizations and healthcare professionals who can provide high-quality, youth-friendly healthcare services for participants.

Applicants are expected to conduct a rigorous, large-scale evaluation of their intervention. The evaluation should adhere to the standards of the HHS TPP evidence review (see **Appendix D** or <http://tppevidencereview.aspe.hhs.gov/ReviewProtocol.aspx>.) Applicants are expected to include a detailed evaluation design plan which should describe the research questions or hypotheses to be studied, target population to be studied, the services provided (if any) to the control group, participant assignment methods, participant recruitment methods, consent methods, participant tracking methods, participant retention methods, data collection plan (including timeline for data collection and power analysis), evaluation monitoring processes, and an overview of the evaluator's qualifications to conduct the research. A detailed description of the evaluation design expectations may be found within the application (see pages 49-60). Applicants are also expected to include an objective(s) and activities for conducting the rigorous evaluation in the work plan. The evaluation activities included each year should align with the applicant's evaluation design plan and should identify who is responsible for each activity.

Ensure intervention materials are medically accurate, age appropriate, culturally and linguistically appropriate, and inclusive of LGBTQ youth

Applicants will ensure that program materials, including all materials associated with the intervention and control 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 should identify the intervention 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.

Grantees will be expected to finalize all intervention materials prior to beginning the rigorous evaluation. Once the evaluation has begun, grantees should not make changes to the intervention materials to avoid negatively impacting the evaluation.

Document and Package the Intervention to be Implementation Ready

By the end of the five-year grant, all applicants funded under this announcement will document their intervention with sufficient detail so it is implementation-ready and can be

replicated by others. Grantees will provide to OAH a complete electronic package of the final implementation-ready intervention prior to the end of the grant. To be implementation-ready, an intervention must have clearly defined program materials and components, necessary staff supports and training, and specified guidelines and tools for monitoring fidelity.

Implementation-ready interventions must include all of the necessary components that will allow the intervention to be effectively implemented by someone other than the original developer.

OAH implementation readiness guidance is available at http://www.hhs.gov/ash/oah/oah-initiatives/for-grantees/program-guidance/Assets/tpp_packaging_guidance.pdf.

Disseminate Evaluation Results and Intervention Information

Grantees will be expected to disseminate their evaluation findings and lessons learned through publications in peer review journals and presentations at professional conferences. In addition to the traditional methods of dissemination, grantees should also communicate information about the intervention to stakeholders through less formal methods to maximize understanding of project impact.

Applicants should develop a plan for widely disseminating the results of the evaluation, including implementation evaluation results, outcome evaluation results, lessons learned, successes, and challenges with key stakeholders including members of the target population, and internal and external partners at the local, state, and national levels. OAH expects the dissemination plan will include publication of at least one article in a peer-reviewed journal and presentations at professional conferences. In addition to disseminating information about the evaluation results, grantees will be expected to prepare and implement a plan for disseminating

information about the intervention, when appropriate, to key stakeholders and organizations who may be interested in replicating the intervention in the future.

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.

COLLECTION AND USE OF PERFORMANCE MEASURES

Performance measures are critical for accountability purposes. 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.

All grantees are expected to collect and report on a common set of performance measures to assess the implementation of the intervention (OMB #0990-0390, Expiration May 2015, pending renewal). The measures were approved by the Office of Management and Budget for collection and reporting in 2012. OAH will seek renewal to collect these measures in 2015. The broad categories of measures include reach, dosage of intervention, fidelity and quality, linkages and referrals to healthcare services, cost of implementing the intervention, sustainability, partnerships, trainings, and dissemination. In addition, grantees will be expected to collect and report as performance measures outcome questions on their survey instruments from all study participants (that is, both intervention and control groups) in the 7th grade and up. The list of

outcome performance measures is included within **Appendix H**. The survey questions should be collected across the duration of the evaluation study.

Grantees 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. Applicants who propose to implement and evaluate a non-curriculum based intervention may need to propose proxy measures to collect some of the measures. Grantees will work closely with OAH to review existing performance measures and revise as necessary to ensure relevance to their funded intervention. .

Measures must be collected for every participant (at the individual level) served with the intervention. Performance measure data must be linked to the individual. Non-identifying identification (ID) numbers will be required for all intervention participants. For each participant, grantees must provide demographic and attendance data linked to that participant ID number.

Grantees must collect all performance measures and report to OAH on a semi-annual basis. Applicants should review relevant state laws, school district policies, and other administrative procedures of their sites or partner organizations to ensure the feasibility of data collection. If necessary, applicants should obtain any necessary permissions (formal agreements with partners, consent forms to parent/guardians, copies of school district approvals, citation to state law, etc.) to collect these data. It is the responsibility of the applicant to produce proof of ability to collect required performance measure data. There are no exceptions or waivers for this requirement. Failure to collect and report on the full set of performance measures at any time during the grant cycle may result in loss of continued funding.

EVALUATION DESIGN PLAN

All grantees are expected to conduct a rigorous impact evaluation of their proposed intervention against a counterfactual (control) condition. The evaluation is expected to meet the standards for either a high or moderate rating on the HHS TPP Evidence Review (see **Appendix D** or <http://tpevidencereview.aspe.hhs.gov/ReviewProtocol.aspx>).

Evaluation designs consistent with the standards of the HHS TPP evidence review may be either RCTs, QEDs, or Regression Discontinuity Design (RDD) (also known as Between Groups Design-Formed by Cut-Off). All randomized evaluations are expected to use the intent-to-treat (ITT) framework for analyses, in which evaluators compare the outcomes of participants (or groups of participants) between those who were assigned to receive the intervention and those who were not assigned to the intervention. Use of the Treatment on Treated (TOT) Framework is allowable for supplemental analyses.

Applicants are expected to have focused research questions and hypotheses that are relevant to their proposed target intervention and aligned with the logic model. Applicants should commit to tracking at least 1 confirmatory outcome related to a measure of sexual risk behavior or its consequences as described within the standards of the HHS TPP Evidence Review (i.e., initiation of sexual activity, frequency of sex, number of sexual partners, contraceptive use, STIs, pregnancies, births). Applicants are also highly encouraged to include plans to define, operationalize, and validate the core components of the intervention.

OAH anticipates that grantees would not collect survey data for more than 3 points in time: baseline, 1 short term follow-up (e.g., between 0-6 months-1 year post-intervention), and 1 long-term follow-up (e.g., 9 months or more post-intervention). Any additional data points

proposed beyond these three points would need to be justified and discussed for feasibility and necessity with OAH. If surveys are not feasible, the applicant should clearly describe why survey data will not be collected and describe what secondary data sources would be used to track the TPP outcome in both the intervention and counterfactual (control) groups. In addition, applicants are permitted and encouraged to collect additional outcomes (e.g., educational attainment, job readiness, mental health) that are relevant to the proposed intervention and included within the logic model. Applicants will be expected to track and evaluate the cost of implementing the intervention.

Use of an independent evaluator¹ is strongly encouraged. Applicants should demonstrate the capability of their lead evaluator to design and implement an evaluation that adheres to the standards of the HHS TPP evidence review. References to the evaluator's prior, rigorous evaluations that would meet the HHS TPP evidence review standards, conducted with similar populations, in similar contexts, and to similar scale (that is, a similar number of sites) should be provided.

Evaluation plans should include each of the following components: (1) Detailed description of the intervention; (2) Impact evaluation design; (3) Implementation study design; and (4) Evaluation processes. More information on the importance of these components can be found in the brief, *Planning Evaluations Designed to Meet Scientific Standards: Communicating Key Components of the Plan for a Rigorous and Useful Evaluation of a Teenage Pregnancy Prevention Program* available at <http://www.hhs.gov/ash/oah/oah->

¹ An independent evaluator is an external person/agency commissioned by the applicant to plan, and conduct the evaluation. An independent evaluator has no pre-existing financial interest to the applicant (PI) or the intervention and has no conflicts of interest (such as but not limited to, being a relative of the proposed PI or having a financial stake in the intervention or its publisher/vendor)

[initiatives/assets/ta_update_1.pdf](#) (28). A description of what should be included to describe the Evaluation Design Plan in the application is included on pages 49-60.

Note: For RCTs, the design, plans and processes for implementation must be consistent with a study that will be rated as having a high quality of evidence, per HHS TPP evidence review standards. For QEDs, the design, plans and processes for implementation must be consistent with a study that will be rated as having a moderate quality of evidence, per HHS TPP evidence review standards. Because evidence standards evolve over time, evaluators should use current standards as guidelines, while also demonstrating an ability to implement and understand best practices for evaluation, above and beyond the current HHS TPP evidence review standards. Grantees and their evaluators will work extensively with OAH's evaluation technical assistance provider, throughout the project period, to ensure the evaluation is well designed and implemented in accordance with both HHS TPP evidence review standards and best practices.

All grantees will be required to participate in OAH's Evaluation Technical Assistance and are expected to implement the recommendations from OAH regarding evaluation technical assistance. Upon funding, through the evaluation technical assistance provider, OAH will review the proposed evaluation design to ensure the design is in a strong position to meet the HHS TPP evidence standards. Revisions to the proposed evaluation design may be required. In addition, OAH through the evaluation technical assistance provider will conduct ongoing monitoring and reporting on the status of each evaluation.

During the planning and piloting period, which is expected to last up to 1 year, grantees are expected to work with OAH to refine, improve, pilot and make any necessary changes to the evaluation design or methods. In addition, during the planning and pilot year, grantees will be

expected to obtain any and all necessary IRB approvals for the evaluation. By the end of Year 1, grantees are expected to have their evaluation plans approved by OAH to be able to begin the evaluation. Failure of a grantee to receive OAH approval for their evaluation plan by the end of year one may result in the no funding for year 2 or termination.

Funded grantees will be expected to transfer data collected through these federal funds to the Federal Government by the end of the grant period. Well in advance of transferring, funded grantees should consult with their OAH Project Officer regarding appropriate data files and documentation to ensure appropriate maintenance and security of all types of data obtained through the grant to allow for subsequent transfer.

In addition to, but NOT in place of a rigorous outcome evaluation that meets the standards of the HHS TPP evidence review, grantees may be permitted, with OAH approval, to conduct additional research, such as qualitative analyses of the intervention. Further, as a condition of the grant award, all funded grantees will be required to participate in a Federal evaluation, if selected, and agree to follow all evaluation protocols established by HHS or its designee. Projects selected for participation in the Federal evaluation will no longer be expected to have a separate grantee-level evaluation and will be required to direct their evaluation budget to support evaluation activities related to the Federal level evaluation.

Table 1. Evaluation Milestones and Timing for Reporting in Semi-Annual Progress Reports

Evaluation Milestone	Timing
Revised evaluation design	Year 1
Evaluation abstract (2-3 pages)	Year 2
Implementation analysis plan (5-6 pages)	Year 2
CONSORT diagram and baseline equivalence tables	Twice yearly for the duration of data collection
Impact analysis plan (10-15 pages)	Year 3
Final impact evaluation report (20 pages)	Year 5
Final evaluation abstract (3-4 pages)	Year 5

CAPACITY AND EXPERIENCE OF THE ORGANIZATION AND ITS PARTNERS

The successful applicant and its partners collectively must be able to demonstrate experience relevant to all aspects of implementing the intervention at the time of application, including:

- Experience in intervention development, particularly interventions aimed at improving outcomes related to TPP and intended for the target population
- Experience implementing TPP programs
- Experience implementing interventions with the target population and within the target setting(s) where the intervention will be implemented
- Experience overseeing and implementing a rigorous evaluation and using advanced statistical methods relevant to analyzing intervention outcomes, including evidence that the proposed PI or a key member of the project team has been the PI or co-PI on at least one study that involved a rigorous evaluation of an intervention, preferably conducted with the target population.
- Ability to recruit a sample of the target population large enough to meet the sample size estimates indicated by power analysis for the proposed evaluation (pages 55-56)
- Capacity and experience accessing and working with large groups of the target population, including evidence of successful recruitment, engagement of the target population throughout the intervention (i.e., program dosage), and high-levels of retention at short- and long-term evaluation follow-ups.
- Experience disseminating evaluation findings and lessons learned in peer-reviewed publications and presentations at professional meetings
- Experience collecting performance measure data and using data for continuous quality improvement.

The successful applicant must describe its organizational capacity for managing the proposed project. Specifically, the applicant should:

- Describe how well the proposed intervention aligns with the organization's mission.
- Describe the organization's existing infrastructure and its ability to support and manage a project of this size and scope within the existing infrastructure.
- Describe how the organization effectively and efficiently manages financial resources, staff performance and strategic relationships with partner organizations.
- Describe how data is used to achieve sustainable impacts and make continuous quality improvements.
- Describe policies that the organization 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 and how the policies are enforced.
- Describe anticipated challenges or risks to the project and the organization's capacity to address the challenges and/or risks.

PROJECT MANAGEMENT & PARTNERSHIPS

The applicant should propose an experienced team to manage, implement, and evaluate the proposed intervention. Applicants should include a clear description of the roles and responsibilities of all proposed staff, including the Principal Investigator (PI)/Project Director (PD) and Lead Evaluator on the project. If the PI/PD and the Lead Evaluator are proposed to be the same person, the applicant should ensure that there is a designated person who would serve as a Program Coordinator/Manager and be involved in the oversight of the intervention's implementation. The PI/PD, Lead Evaluator, and Program Coordinator/Manager are considered

key personnel on the grant. The PI/PD should be responsible for all grant-related milestones. Applicants should include resumes for key staff in the appendices of the application.

The PI/PD, Lead Evaluator, Program Coordinator/Manager, and project team are expected to collectively have experience and training relevant to all aspects of the project, including:

- Experience in intervention development, particularly interventions aimed at improving outcomes related to TPP and intended for the target population
- Experience implementing TPP programs
- Experience implementing interventions with the target population and within the target setting(s) where the intervention will be implemented at the size and scope proposed in the application
- Experience overseeing and implementing a rigorous evaluation of the size and scope proposed in the application, including evidence that the proposed PI or a key member of the project team has been the PI or co-PI on at least one study that involved a rigorous evaluation of an intervention, preferably conducted with the target population.
- Ability to recruit a sample of the target population large enough to meet the sample size estimates indicated by power analysis for the proposed evaluation (page 55)
- Capacity and experience accessing and working with large groups of the target population, including evidence of successful recruitment, engagement of the target population throughout the intervention, and high-levels of retention at short- and long-term evaluation follow-ups.
- Experience disseminating evaluation findings and lessons learned in peer-reviewed publications and presentations at professional meetings

- Experience collecting performance measure data and using data for continuous quality improvement

The application should include a description of who will be responsible for reviewing evaluation plans provided by the evaluator(s) and their qualifications to do so. The description of oversight should discuss how the grantee will make sure that the evaluator stays on schedule, produces the required evaluation products (e.g., design, instruments, data, analysis, reports), and how the project team will provide oversight to determine the quality of the products and whether they meet standards of research evidence and the rigorous requirements of OAH.

The applicant should identify any project- related experience that the proposed team lacks at the time of application. If the project team is lacking any expertise needed to implement and evaluate the proposed intervention at the time of application, the applicant should describe how and when the project team will gain that expertise, including but not limited to: hiring new staff (must include position description in the appendices), subcontracting expertise, and/or collaborating with partners (need to include letters of commitment or MOUs from sites).

The applicant should develop a plan to ensure that all staff responsible for implementing and evaluating the intervention are well trained and prepared to successfully fulfill their roles and responsibilities. The goal is to hire and retain staff who are qualified, well-trained, and actively engaged. Grantees will be expected to assess the professional development needs of staff on a regular basis and use the results to develop a plan for providing ongoing professional development and support for staff.

Applicants may use partnerships to fulfill the capacity needs for successfully completing the project. All partnerships and collaborations to support intervention implementation and

evaluation should be established in writing prior to the application submission, and preferably have previous successful collaborations together. The application should include signed MOUs (in the appendix) with all partners that will assist with intervention implementation and evaluation that clearly outline the applicant and partner roles, responsibilities, and expectations. If the applicant is not able to execute MOUs at the time of application, the application should include signed Letters of Commitment to demonstrate support and describe roles on the project for the proposed intervention from all key implementation partners.

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) Prior approval for change of time that Key Personnel are dedicated to the project and for replacement of Key Personnel.
- 3) Assisting the awardee to establish, review, and update priorities for activities conducted under the auspices of this cooperative agreement.

- 4) Consulting with the awardee throughout the preparation and dissemination of materials related to the grant.
- 5) Review of recipient progress during the planning period and approval to move forward with full implementation.
- 6) Review and approval of implementation plans prior to implementation, evaluation design plan prior to initiating the evaluation, and evaluation analysis plans prior to beginning analyses
- 7) 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 \$18 million for competing cooperative agreements

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: \$18 million

Anticipated Number of Awards: 30

Range of Awards: \$400,000 - \$1,000,000 per budget period

Anticipated Start Date: 07/01/2015

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. Responsive and Screening Criteria

Application Responsiveness Criteria

Applications will be reviewed to determine whether they meet the following responsiveness criteria. Those that do not will be administratively eliminated from the competition and will not be reviewed.

The applicant appears to have demonstrated:

- An Evaluation Design Plan is included in the Project Narrative as indicated on pages 49-60.

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.
6. The application has met the **Application Responsiveness Criteria** outlined above.

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.

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:

- Proposed Intervention
- Intervention Implementation and Work plan
- Collection and Use of Performance Measures
- Evaluation Design Plan
- Capacity and Experience
- Project Management and Partnerships

Proposed Intervention

- The intervention proposed for this FOA must be well defined at the time of application. The applicant should include a thorough description of the proposed intervention that demonstrates why the intervention is promising, innovative, feasible, and likely to have a significant impact on reducing teen pregnancy and existing disparities.
- The applicant should clearly describe the intervention and how the intervention will be implemented. The description should include, but not be limited to, the setting for implementation, the intervention duration, the intended target population to be served,

and mechanism of delivery. The applicant should describe how the intervention content or implementation is innovative and should demonstrate that the intervention is feasible to implement in the target setting. The description should include the development status of the intervention components, such as the curriculum, technology, training materials, and fidelity monitoring tools. The applicant should note which aspects of the intervention, if any, would need to be developed or refined during the planning year.

- The applicant should explain the theoretical framework supporting the intervention, why the theoretical framework was selected for use in the proposed project, and how the theoretical framework was used to develop the intervention.
- The applicant should include a detailed logic model that clearly depicts the inputs and activities of the proposed intervention and the intended outputs and outcomes (short- and long-term). The applicant should clearly demonstrate how the logic model links elements to intended intervention outcomes.
- The applicant should summarize all formative research that led to the development of the intervention. The formative research should provide justification for why the intervention is likely to result in the proposed outcomes.
- The applicant should provide a summary of the scientific evidence that provides support for the proposed intervention. This should include a description of previous research done to date (published and unpublished) on the intervention and should describe clearly why the proposed evaluation of the intervention would add to the knowledge base. If previous evaluations did not lead to anticipated outcomes, the applicant should provide a detailed and clear rationale for why the intervention will be effective in this study. The

explanation should describe any changes or updates to the materials, or change in target population, or other differences in the intervention. Successful applicants must provide specific examples from the literature and/or formative research to support the assertion that the changes would be likely to make the intervention effective. This should include, but is not limited to, documentation of any evaluations of the intervention that have been reviewed for the HHS TPP Evidence Review with a description of why the intervention did not receive a high or moderate rating and what would be done differently with the newly proposed evaluation.

- Applicants who choose to use copyrighted materials in their project must include a signed MOU with the developer or purveyor of the materials in the application that demonstrates that the applicant has permission to use the materials as planned.
- The applicant should describe the need addressed by the intervention, including how the proposed intervention will address gaps in the existing evidence and reduce adolescent sexual and reproductive health disparities.
- The applicant should describe the target population for the proposed intervention. The applicant should describe the needs of the target population related to teen pregnancy, STIs including HIV, behavioral risk factors underlying teen pregnancy, and existing disparities. The applicant should describe programs and resources already available to address the needs of the target population. The applicant must demonstrate where disparities exist in the population and that the target population will be available for the intervention. The applicant should demonstrate that the proposed intervention will address the needs of the target population, fill existing gaps, and is a good fit for the target population.

- The applicant should demonstrate that the proposed intervention is relevant to and likely to resonate with the target population, and that the intervention is feasible and will be accessible to the target population. The applicant should explain what makes the intervention a good “fit” for the target population.

Intervention Implementation and Work plan

- The applicant should 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), and activities for developing and evaluating the proposed intervention. The work plan should also identify, for each activity, the person(s) responsible, timeline for completing activities, and measures of success (see example work plan template in **Appendix E**). The work plan should include the applicant’s plans to:
 - Engage the target population in the development of the intervention
 - Engage in a 6-12 month planning, piloting, and readiness period
 - Implement and rigorously evaluate the proposed intervention
 - Ensure that intervention materials are medically accurate, age appropriate, culturally and linguistically appropriate, and inclusive of LGBTQ youth
 - Collect and use performance measure data to make continuous quality improvements
 - Package the proposed intervention to be implementation ready and prepare for dissemination of final product
 - Disseminate evaluation results and intervention information.
- The applicant should describe strategies for engaging members of the target population and target setting in the development and implementation of the proposed intervention to ensure

that the intervention addresses existing needs, does not duplicate existing programs, is a good fit, and is feasible.

- The applicant should describe activities for the planning, piloting, and readiness period. The applicant should describe how it will meet all planning year milestones included in **Appendix G**. OAH expects that all grantees will complete planning year milestones and receive OAH approval to begin implementation and evaluation of the intervention no later than 12 months after receipt of funding. Failure to meet this objective could result in no funding for year 2 of the project or termination.
- The applicant should describe how, where, when, and by whom the intervention will be implemented. The application must include signed MOUs with all implementation partners that clearly outline the roles and responsibilities of the applicant and each partner. The work plan should include activities to monitor implementation partners to ensure accomplishment of objectives and activities. Applicants should not implement the intervention with participants not included in the rigorous evaluation.
- Applicants should describe plans to monitor the extent to which the intervention is implemented with fidelity and quality. Applicants should describe how it will use fidelity monitoring data to make continuous quality improvements to the implementation of the intervention.
- Applicants should describe strategies planned to recruit the target population to participate in the evaluation, ensure that the target population is actively engaged and receives the majority of the intervention, and retain the target population throughout the evaluation.
- The work plan should include an objective(s) and activities for conducting the rigorous evaluation. The evaluation activities included each year should align with the applicant's

evaluation design plan (see pages 49-60) and should identify who is responsible for each activity. Activities for the first year work plan should include working closely with OAH to finalize the evaluation design plan.

- Applicants should describe the process that will be used to ensure all intervention materials are medically accurate, age appropriate, culturally and linguistically appropriate, and inclusive of LGBTQ youth.
- Applicants should describe how it will implement the proposed intervention in an environment that is positive, safe, supportive, and healthy for all youth and their families.
- Applicants should describe how it will establish and maintain linkages and referrals to a network of organizations and healthcare professionals who can provide a wide range of high-quality, youth-friendly healthcare services for participants and their families. Applicants should describe how the process of making referrals will be integrated into implementation and evaluation of the intervention.
- The applicant should describe plans to document the intervention with sufficient detail so it is implementation-ready and can be replicated by others by the end of the five-year grant.
- The applicant should describe plans to determine how the intervention will be marketed and disseminated to others interested in replication after the end of the five-year grant.
- The applicant should describe its plans for widely disseminating the results of the evaluation and information about the intervention, including implementation evaluation results, outcome evaluation results, lessons learned, successes, and challenges. The dissemination plan should include publication of at least one article in a peer –reviewed journal and presentations at professional conferences.

Collection and Use of Performance Measures

- The applicant should describe its capacity to collect and report all required performance measures (or where relevant, to propose proxy measures) and to use performance measure data for continuous quality improvement.
- The applicant should describe the process that will be used to collect performance measure data from all participants to report it to OAH on a semi-annual basis. Specific activities focused on collection, reporting and use of performance measure data including who is responsible for this task should be included in the work plan.
- The applicant should demonstrate that it has reviewed or is familiar with all applicable laws, policies, procedures and provide documentation confirming that it can collect and report data on all required performance measures from all participants by the end of the planning and piloting period.
- The applicant should describe any potential obstacles to the collection of the performance measures and how they plan to overcome the potential obstacles.

Evaluation Design Plan (Estimate: approximately 10 pages)

- The successful application must contain an Evaluation Design Plan that includes the following information (details on what to include in each section are on pages 49-60):
 - **Impact Evaluation Design:** (a) assignment methods, (b) research questions, (c) counterfactual, (d) target population, (e) recruitment methods, (f) consent methods, (g) tracking methods, and (h) plans for retaining sample
 - **Data Collection Plan:** (a) instruments, (b) timing, (c) procedures/modes, and (d) sampling plan

- **Implementation Evaluation Design**
- **Evaluation Process:** (a) program monitoring, (b) evaluation monitoring, (c) IRB approval, (d) evaluation timeline, (e) plans for dissemination, and (f) limitations
- **Evaluation Qualifications**
- The **Impact Evaluation Design** should include:
 - **Assignment Methods.** The applicant should clearly identify the study design for the proposed evaluation. The application should describe the process by which individuals will be assigned to intervention or comparison groups. This will entail a brief description of the random assignment procedure (if applicable), including an anticipated need for blocking/stratification and a justification for that, or a description of how groups will be formed for a quasi-experimental comparison.
 - **Research Questions.** The application should clearly state the confirmatory and exploratory research questions of the impact evaluation. The application should describe how answering these questions will contribute to a greater understanding of programs, outcomes, and/or policies. The confirmatory outcomes of this cooperative agreement must include at least one measure of sexual risk behavior or its health consequences. Measures meeting this definition include those examining: sexual activity (initiation, frequency, number of partners); contraceptive use; STIs; pregnancies; or births. The research questions should specify the outcome measure of interest, and the timing of the measured impact relative to the end of the intervention. Confirmatory outcomes should be defined and linked back to the logic model. Applicants should consult Peter Schochet’s (2008a) “Technical Methods Report: Guidelines for Multiple Testing in Impact

Evaluations” (<http://ies.ed.gov/ncee/pubs/20084018/index.asp>) prior to proposing confirmatory research questions and outcomes. The applicant should also state proposed exploratory research questions. The applicant should phrase all research questions relative to the control or comparison group and should specify whether any subgroups are of particular interest and, if so, how they will be defined.²

- **Counterfactual and Context.** The application should describe the services available to individuals assigned to the comparison condition. If specific services will be offered to members of the comparison group, the application should describe the content of the comparison group programming (highlighting differences in experiences across intervention and comparison groups to establish the “effective contrast” that is being tested). Applicants should discuss the possibility of contamination of the control group, including what could be shared, the degree to which contamination may occur, and proposed strategies to minimize contamination. The plan should also include a description of related services broadly available to the entire target population in the study region(s) and setting(s) and discuss the degree to which these locations are saturated with programs similar or related to the proposed intervention. The application should include an argument for why the intervention will still have the ability to detect program impacts given the level of saturation of related services in the region (more on this below in the Minimum Detectable Effects section).
- **Target Population.** The applicant should describe in detail the target population for the intervention and evaluation. This description should specify an all

² Applicants should not propose endogenous subgroup analyses. See “[Estimating Program Impacts for a Subgroup Defined by Post-Intervention Behavior: Why is it a Problem? What is the Solution?](#)” (Colman, 2012).

inclusion criteria, including the demographic characteristics of the eligible sample (that is, the pool of youth who will be approached for participation in the evaluation), the exclusion criteria for the youth who will be exempt from the evaluation and clear criteria that can be systematically applied to identify them, the region(s) and settings (e.g., schools, clinics) from which the study sample will be drawn. The application should then provide estimates for the size of the target population in the study region(s) and settings, along with clear evidence that a population of that size exists. If using any technology, the applicant should indicate that the technology is accessible to and used by the target population.

- **Recruitment Methods.** Recruitment plans should specify the procedures for the sites, if applicable, and the recruitment of treatment and comparison group members, including whether the sample will be enrolled in cohorts or on a rolling basis. The application should discuss the proportion of the target population that is expected to be recruited and enrolled in the evaluation, and provide evidence of the ability to recruit the number proposed for recruitment from the target population. Ideally, such evidence would come from reaching similar recruitment targets in a prior evaluation. The applicant should discuss the strategies that will be used to achieve that sample size, and also the anticipated challenges the evaluation team may face and proposed strategies for addressing the challenges.
- **Consent Methods.** The application should discuss the process by which the evaluation team will obtain evaluation consent from treatment and comparison group members, including the timing of the consent process relative to the formation of the study groups (and in an RCT, relative to the timing of random

assignment). The applicant should include an estimate of the number or proportion of sample members who will provide consent, relative to the number who are recruited for potential participation, and evidence that the evaluation team has achieved a similar consent rate in a similar evaluation. If consent must happen after random assignment, strategies to keep the consent process blind to treatment status must be discussed. If consent for programming will be required, the applicant should describe that process and timing, as well.

- **Tracking Methods.** It is critical to obtain comprehensive contact information from sample members and update this information on a regular basis to ensure high response rates, and comparable response rates in the treatment and comparison groups, in follow-up data collections. Applications, including those with school-based designs, must describe their plans to obtain and maintain up-to-date contact/tracking information from study participants.
- **Plans for Retaining Sample in the Evaluation.** The application should describe plans to maximize program sample participation in data collection events. The applicant should describe proposed incentives, or other activities that will encourage participation in data collection, and evidence that the proposed IRB is likely to approve the use of incentives for data collection. In addition, the application must describe its expectations for survey response rates (and a justification for those expectations, based, in part, on previous experience collecting data from similar populations).

- The **Data Collection Plan for Impact Evaluation** should describe what kinds of data will be collected, when data collection will occur, and provide information on modes/methods of data collection.
 - **Instruments.** The applicant should describe the data collection instruments that will be used to answer the research questions. The application should describe the content of the proposed instruments and the items that will be used to operationalize the outcomes from the logic model. The applicant should demonstrate how it will measure the confirmatory outcomes and other outcomes articulated in the logic model (e.g., knowledge, attitudes, other risk behaviors).
 - **Timing.** The applicant should describe the intended timing of the data collection efforts, relative to the end of the intervention, for all sample members. Applicants are encouraged to use a figure or table to present this information. The applicant should describe the timing of the baseline survey relative to evaluation consent and formation of the study groups. OAH anticipates that grantees would not collect survey data for more than 3 points in time: baseline, 1 short term follow-up (e.g., between 0-6 months-1 year post-intervention), and 1 long-term follow-up (e.g., 9 months or more post-intervention). Any additional data points proposed beyond these three points would need to be justified and discussed for feasibility and necessity with OAH. If more than three data points are proposed, the applicant must demonstrate previous success of achieving response rates on three or more follow-up surveys that would have been rated as having “low” attrition, as per HHS evidence standards. Because it is expected that all grantees will examine and report on long-term impacts of the intervention by the 5th year of the

funding, programming for evaluation sample members must conclude in Year 4 of the funding.

- **Procedures/Modes of data collection.** In order to obtain high response rates in survey data collection, it will be necessary to have a well-structured data collection plan that uses multiple modes of data collection and outreach to study participants. Applications should articulate a plan for data collection, including who will be collecting the data, and describe the primary mode and secondary mode(s) by which study participants will be contacted and data will be collected. The applicant should provide evidence that these modes have been used by the evaluation team in similar evaluations, including the response rates acquired through the primary mode, and the extent to which the secondary mode(s) improved response rates. The applicant should describe the systems that will be used to enter data, if applicable, and how survey response rates will be monitored while in the field. The applicant should also discuss plans for youth assent at each follow-up. Applicants should describe whether any administrative records (such as, but not limited to, school academic records) will be used for the analysis and include a description of the source and availability of these data as well as the evaluator's experience using these data sources.
- **Sampling Plan and Power Analyses.** The applicant should demonstrate its ability to detect program impacts by calculating the minimum detectable effect size (MDE) for at least one of the outcomes and for each of the key subgroups that will be used to demonstrate the effectiveness of the intervention. The MDE is the smallest effect that a given study can detect (given assumptions about study

design and Type I and II error). The applicant should provide information on its key assumptions related to the MDE, including (but not limited to) the size of the sample that will be used to estimate impacts and how non-consent and non-response are expected to reduce the analytic sample size. In addition, the application should provide justification that the computed MDE is reasonable and likely to be observed in the given evaluation – for example, by citing literature that shows similarly sized impacts using similar interventions and populations.

Statistical power should be estimated and consistent with study design. The applicant should describe the statistical power analysis used to arrive at the sample size and include the MDE that has an 80% chance of being statistically significant at a specific alpha level. Outcomes and assumptions used in the statistical power calculations should be described. The applicant should provide sufficient justification as to why the study will find an effect larger than the MDE calculated. If the applicant plans to conduct analyses of subgroups, they should present additional statistical power analyses to estimate those MDEs.

- The **Implementation Evaluation Design** should, at minimum, document the applicant's plans to assess, at a minimum, four aspects of implementation, including adherence, quality, counterfactual experience, and contextual factors. If there are additional planned implementation research questions, the applicant should list the question(s) and describe any inputs or outputs that would be measured in order to address the research questions.

- The description of **Evaluation Processes** should include

- **Program Monitoring**

Monitoring Participation. The applicant should describe the expected attendance rates for the intervention and how program attendance will be improved, if not meeting attendance targets. If an applicant is implementing a non-curriculum based intervention, the plan should provide and clearly explain what will be monitored as a proxy for attendance.

Program (Intervention) Improvements. The applicant should describe plans to use implementation and performance measure data to improve implementation or performance of the intervention, for example, to develop staff skills or improve partner adherence to study plans. The applicant should describe the frequency with which data will be assessed for these purposes and the process by which the evaluator and intervention staff will communicate about planned modifications. The evaluation plan should address how these modifications will be documented as part of the evaluation findings.

- **Evaluation Monitoring.** The applicant should describe the systems that the evaluator will use to monitor the quality of the ongoing evaluation. For instance, the applicant should discuss monitoring the contrast between the two groups through attendance monitoring and examining cross-overs and contamination. In addition, the applicant should identify key indicators and systems to be used in the monitoring of sample intake, response rates, and intervention participation.

- **IRB Approval.** The applicant should include a discussion of the process for protection of human subjects and approval by an IRB. This should include a timeline for approval, and the identity of the board(s) from which approval will need to be obtained.
- **Evaluation Timeline.** The applicant should describe the timeline for its evaluation. The evaluation plan should be designed to be executed successfully within a timeframe that includes time for planning and piloting activities, implementation, follow-up data collection, analysis and reporting. Applicants should expect that the first six to twelve months will be devoted to planning activities, such as instrument development and/or piloting the intervention, as well as approval to begin the evaluation. Additionally, the final eight months of the cooperative agreement should be reserved for analysis and reporting. As a result, applicants should assume that sample enrollment and data collection will not occur during these early and late periods of the funded period, and adjust their evaluation designs accordingly.
- **Plans for Dissemination.** The applicant should include a description of its plans to disseminate and publish findings. Applicants should expect to prepare for publishing throughout the life of the cooperative agreement. The final nine months of the cooperative agreement will be focused on preparing a final evaluation report that summarizes the impact and implementation results. A template for the report will be provided by OAH. OAH must be acknowledged as a funding source in all dissemination materials and presentations from this project, with copies of published papers forwarded to

OAH. Grantees may also be asked by OAH to participate in a special issue of a journal to highlight the findings from this set of evaluations.

- **Limitations.** The application should include acknowledgements of any and all potential limitations of the proposed evaluation and how the grantee and evaluators will address them to the extent possible. The applicant should discuss any threats to the validity of the design, and proposed strategies for controlling and assessing them. Other limitations to address may include limitations related to the target population and the external validity of findings; ability to detect impacts given the size of the target population, service saturation in the study region(s), and the possibility for contamination between treatment groups; limitations to the causal validity of the evaluation, related to the assignment and/or nonequivalence of study groups.

- **Evaluator Qualifications.** The applicant must show how the proposed evaluator has the capability to successfully execute the evaluation plan. The applicant should describe the previous experience of the proposed evaluator with each of the following: conducting impact evaluations with a design similar to the design proposed; conducting implementation evaluations or process studies; working with similar interventions and the target population; maintaining high sample retention and response rates; and managing and analyzing data. The plan should also demonstrate that the evaluation will be conducted independently from the implementation of the intervention, by indicating which parties will be responsible for each evaluation activity, including treatment assignment, data collection and maintenance, and

analysis. If data collection plans involve intervention staff, the applicant should demonstrate how the evaluator will ensure the quality and independence of the data collected. For more information on the expectations and importance of an evaluator's independence, see [Frequently Asked Questions: Evaluation Startup \(http://www.hhs.gov/ash/oah/oah-initiatives/ta/tpp-update2-july2011.pdf\)](http://www.hhs.gov/ash/oah/oah-initiatives/ta/tpp-update2-july2011.pdf). The proposed evaluator should indicate sufficient and appropriate staffing for the evaluation proposed including management, oversight, tracking, data collectors, site liaisons, data preparation, data analysis, report writing, etc. The applicant should address whether or not there are conflicts of interest related to the evaluation. Conflicts of interest could be related to part of the intervention, the evaluator, or the relationship between the two.

Capacity and Experience of the Applicant Organization and its Partners

- The applicant should provide specific examples of previous projects or experience, including its role on the project and the outcomes of the project, to demonstrate that it and/or its proposed partners have the following experience:
 - Experience in intervention development, particularly interventions aimed at improving outcomes related to TPP and intended for the target population
 - Experience implementing TPP programs
 - Experience implementing interventions with the target population and within the target setting(s) where the intervention will be implemented
 - Experience overseeing and implementing a rigorous evaluation and using advanced statistical methods relevant to analyzing intervention outcomes, including evidence that the proposed PI/PD or a key member of the project team has been the PI or co-PI

- on at least one study that involved a rigorous evaluation of an intervention, preferably conducted with the target population.
- Ability to recruit a sample of the target population large enough to meet the sample size estimates indicated by power analysis for the proposed evaluation (pages 55-56)
 - Capacity and experience accessing and working with large groups of the target population, including evidence of successful recruitment, engagement of the target population throughout the intervention (i.e., program dosage), and high-levels of retention at short- and long-term evaluation follow-ups.
 - Experience disseminating evaluation findings and lessons learned in peer-reviewed publications and presentations at professional meetings
 - Experience collecting performance measure data and using data for continuous quality improvement.
- The applicant should describe how the goals and activities of the proposed TPP intervention 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 intervention
 - 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 over the last 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 over the last several years and the rationale for the turnover.
- 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 aimed at preventing teen pregnancy as well as the outcomes those partnerships have produced.
- The applicant should describe how data is used to achieve sustainable impacts and ensure quality intervention 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 the organization 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 and how the policies are enforced.

- The applicant should describe anticipated challenges or risks to the project and the organization's capacity to address the challenges and/or risks.

Project Management and Partnerships

- 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 PI/PD, Lead Evaluator, 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 including, but not limited to, leadership of the overall project, developing and pilot testing the intervention, implementing the intervention, conducting the rigorous evaluation, collecting and reporting performance measure data, and disseminating evaluation findings.
- The applicant should describe the experience of the proposed project team that is relevant to all aspects of the proposed project and its evaluation. This experience must include, but is not limited to, expertise in the field of adolescent sexual and reproductive health that is clearly relevant to the proposed intervention; prior experience working with the target population to be served; a clear track record of developing and implementing interventions similar to the proposed project; experience disseminating research findings through presentations and publications; experience conducting rigorous evaluations of TPP, or other

similar, programs, and experience collecting and using data for quality improvement. All relevant experience must be clearly described within the narrative and supported by resumes included within the appendices. The application should include resumes or CVs 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 (in the appendix). The applicant should describe its process and timeline for recruiting and hiring staff.

- The PI(s)/PD and Lead Evaluator should demonstrate experience and training relevant to the topic, size, and scope of the proposed project. The PI/PD and Lead Evaluator should have demonstrated success in disseminating results from previous evaluation projects, including through peer-reviewed publications and presentations. The PI/PD should provide evidence that he/she has been the PI or co-PI on at least one study that involved a rigorous evaluation of an intervention, preferably conducted with the target population. The applicant should include a short description of the study and at least one reference for a supporting publication that demonstrates this experience.
- The application should describe who is responsible for reviewing evaluation plans provided by the evaluator(s) and their qualifications to do so. The description of oversight must discuss how the grantee will make sure that the evaluator stays on schedule, produces the required evaluation products (e.g., design, instruments, data, analysis, reports), and how the project team will provide oversight to determine the quality of the products and whether they meet standards of research evidence and conform to rigorous requirements of OAH.
- Applicants are expected to describe clearly the reporting structure for the project, with oversight processes described. The successful applicant must describe how it plans to govern

and manage the execution of the grant program, including implementation of the intervention and oversight of the evaluation. A description of who is responsible for monitoring all contracts and collaborations, including the evaluation (if a contract), must be included within the application. Successful applicants must include within the appendices an organizational chart illustrating the key staff and the monitoring/accountability/governance structure for the project.

- The applicant should develop a plan to ensure that all staff responsible for implementing and evaluating the intervention are well trained and prepared to successfully fulfill their roles and responsibilities. The goal is to hire and retain staff who are qualified, well-trained, and actively engaged. Grantees should assess the professional development needs of staff on a regular basis and use the results to develop a plan for providing ongoing professional development and support for staff.
- The applicant should clearly describe the roles and responsibilities for all partners who will be involved in developing, implementing, and evaluating the intervention. For each partner, the applicant should describe the partner's experience and expertise related to their role on the project. The application should include signed MOUs with all partners who will assist with intervention implementation and evaluation that clearly outline the applicant and partner roles, responsibilities, and expectations.

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 detailed 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 (e.g., 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, 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 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.

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

- One staff to an annual Project Director’s Meeting
- The PI/PD and Lead Evaluator to an Evaluation Training during the first grant year
- 2-3 staff to an annual Regional Training in years 2-5
- 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. An example work plan template is included in **Appendix E** or this can be provided in a different format.
- **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 F**, or this can be provided in a different format.
- **Signed Memorandum of Understanding (preferred) or Letter of Commitment from Partners.** The application should include signed, detailed MOUs or Letter of Commitment with partners who will assist in implementing and evaluating the project. Each 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 actual 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 adjusted 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:

Proposed Intervention (15 points overall)

Points	Proposed Intervention – Evaluation Criteria
3	Extent to which the content and implementation of the proposed intervention are clearly described (such as the intervention length, delivery mechanism, and intervention setting). If the intervention includes use of copyrighted material, the applicant includes a signed MOU with the developer or purveyor of the materials demonstrating that it has permission to use the materials.

4	<p>Extent to which the intervention is innovative, likely to have a significant impact on reducing teen pregnancy and existing disparities within the target population, and fills a significant gap in the current list of evidence-based TPP program (pages 11-12).</p> <p>Extent to which the proposed intervention is developed for a population at high risk for teen pregnancy, is relevant to and likely to resonate with the target population, and does not duplicate programs or services already available.</p>
4	<p>Extent to which the applicant describes why the intervention is feasible for implementation as proposed. Feasibility may be demonstrated by:</p> <ul style="list-style-type: none"> • Description of community support of the intervention • Provision of evidence that the intervention will get good uptake among the target population • Description of how the setting can support the implementation of the intervention because it has the necessary resources (such as, but not limited to access to technology) • Explanation as to how the proposed facilitators and/or program staff should remain relatively stable over the grant cycle • Description of how participating youth are likely to remain together for the duration of program delivery.
4	<p>Extent to which the application clearly describes the scientific basis for the development of the intervention and provides justification for why the intervention is likely to result in the proposed outcomes and expand the knowledge base through a description of:</p> <ul style="list-style-type: none"> • Formative research that led to the development of the intervention. • Scientific evidence that supports the proposed intervention • Any previous research conducted to date on the intervention and a description of how the proposed evaluation will add to the knowledge base. If previous evaluations did not lead to anticipated outcomes, the applicant provides a detailed rationale of changes that have been made to the intervention and/or evaluation as a result and why it thinks the proposed intervention and evaluation will lead to different results.

Intervention Implementation & Work plan (15 points overall)

Points	Intervention Implementation & Work plan – Evaluation Criteria
4	<p>Includes a detailed work plan and logic model for the five-year project period. The work plan is aligned with OAH expectations for grantees and includes goals, SMART objectives, activities to accomplish each objective, and, for each activity, the person(s) responsible, timeline for completing activities, and measures of success. The logic model clearly depicts inputs and activities of the overall project and the intended outputs and outcomes and appears reasonable and realistic.</p>

5	Extent to which the applicant clearly describes how and by whom the intervention will be implemented over the five-year grant. The applicant’s plans for the initial 6-12 month planning, piloting, and readiness period are likely to result in completing all OAH-required milestones within the first 12 months of funding. The applicant’s plans for years 2-5 are realistic and likely to result in high quality implementation and meet the project goals and objectives.
4	Extent to which the applicant describes how it will ensure that all program materials are medically accurate, age appropriate, culturally and linguistically appropriate, and inclusive of all youth, including LGBTQ youth. The applicant proposes strategies that are likely to result in engaging and obtaining significant input from members of the target population and target setting in the development and implementation of the proposed intervention.
2	Extent to which the applicant includes plans to document the intervention with sufficient detail so it is implementation-ready and can be replicated by others by the end of the five-year grant.

Performance Measures (5 points overall)

Points	Performance Measures – Evaluation Criteria
2	Demonstrates a clear understanding of the performance measure data that will be collected and reported. Identifies a staff person responsible for collection of performance measures data.
3	Describes plans for ensuring all performance measure data is collected and reported to OAH twice a year, including plans to review applicable laws, policies, and procedures to confirm ability to collect required data.

Evaluation Design Plan (35 points overall)

Points	Evaluation Design Plan – Evaluation Criteria
2	<p>Assignment Methods – The extent to which the applicant clearly identifies the study design for the proposed evaluation. The extent to which the applicant explains how they would assign participants to the treatment and comparison groups. The extent to which the applicant has described the assignment mechanism and has justified that the proposed mechanism will produce equivalent groups (intervention and comparison conditions).</p> <ul style="list-style-type: none"> • If a Randomized Controlled Trial (RCT) is proposed: The extent to which the applicant identifies the unit of random assignment and aligns it with the unit of analysis. The extent to which the application describes the procedures to conduct the random assignment, including who would implement the random assignment, how the procedure would be implemented, and procedures to verify probability of assignment groups, described and generated by random numbers. The extent to which the applicant discusses any concerns that proposed strategies or approaches may lead to nonequivalent groups.

	<ul style="list-style-type: none"> • If a Quasi-Experimental Design (QED) is proposed: The extent to which the applicant clearly identifies the unit of matching and aligns it with the unit of analysis. The extent to which the procedures to carry out the matching clearly are described. The extent to which the variables to be used in the matching are supported by precedent in the literature. The extent to which the methods used to form the comparison group are described and the validity of the matching is clear. The extent to which the applicant describes reasons why the comparison group might differ from the treatment group and threaten internal validity, and discusses the ways in which the proposed methods adjust for those differences. • If a Regression Discontinuity Design (RDD) is proposed: The extent to which the applicant clearly identifies the measures and cutoff score and aligns it with the unit of analysis. The extent to which the cutoff score has been clearly delineated and justified.
3	Research Questions - The extent to which the applicant includes a list of research questions that align with the intended goals of the intervention. The extent to which the research questions identify outcome measures that can be used to reasonably evaluate the effect of the intervention (in particular, sexual behavior outcomes). The extent to which the applicant proposes an intention-to-treat analysis.
4	Counterfactual and Context - The extent to which the applicant describes any services provided to the comparison group and contrasts these services to those provided to individuals receiving the intervention. The extent to which the services to be provided to the intervention and comparison groups sound sufficiently different from each other that the proposed project would be likely to change behavior and meaningful impacts on those behaviors detected during analysis.
2	Target Population - The extent to which the applicant clearly defines the target population for the evaluation. The extent to which the applicant provides criteria that will be used to select a sample to evaluate the intervention. The extent to which the applicant provides evidence that a large enough sample exists to evaluate the intervention.
2	Consent Methods - The extent to which the applicant provides an explanation of how the consent of participants will be acquired. The extent to which the applicant describes the estimated rate of consent for study participants and provides a reasonable justification of the expected consent rate.
4	Evaluation Process Recruitment Methods - The extent to which the applicant provides an explanation of their plan to recruit participants for the study. The extent to which the applicant discusses and addresses any challenges they might face when attempting to recruit participants.

	<p>Tracking Methods - The extent to which the applicant describes how the contact information of evaluation participants will be acquired and regularly updated. The extent to which the contact information that will be acquired appears to be comprehensive enough to allow the applicant to remain in contact with participants throughout the study.</p> <p>Plans for Retaining Sample in the Evaluation - The extent to which the applicant discusses any methods to maximize the participation of individuals who are part of the evaluation sample – both treatment and control/comparison groups. The extent to which the methods discussed seems likely to be approved by the IRB and would successfully improve participation. The extent to which the applicant describes and justifies the expected survey response rates.</p> <p>Monitoring - The extent to which the applicant describes the process for monitoring the quality of the evaluation as it is occurring. The extent to which the monitoring process includes an examination of sample intake, response rates at baseline and follow-up, and intervention participation.</p>
<p>3</p>	<p>Data, Instruments & Timing - The extent to which the applicant will gather information about how closely the implementation of the intervention matches the planned intervention, the quality of the intervention services provided, and the experiences of the comparison group and any contextual factors that might impact the intervention’s outcomes. The extent to which the applicant discusses any additional measures and information that the implementation analysis will gather. The extent to which the application describes when the implementation data will be collected and who will collect the data.</p> <p>The extent to which the applicant documents detailed procedures for collecting input and output data for the implementation analysis. The extent to which the applicant provides a detailed description of the impact survey that will be administered. The extent to which the survey would gather information for each measure that the applicant will use to evaluate the impact of the intervention. The extent to which the applicant clearly defines the timing of data collection relative to the delivery of the intervention. The extent to which the applicant describes plans to collect implementation data, and impact survey data at 3 points in time from study participants.</p> <p>The extent to which the evaluation timeline appears to provide adequate time for planning and final analysis by devoting a few months at the start of the grant to planning and piloting and approximately eight months at the end of the grant period for analysis and developing reports. The extent to which the timing of intervention administration, data collections (including a complete an analysis of long-term outcomes), and the reporting process, can be completed by the end of the fifth year of grant funding.</p>

<p>4</p>	<p>Procedures/Modes of data collection - The extent to which the applicant discusses a process for protecting human subjects and a timeline for acquiring the approval of an IRB. The applicant has identified the IRB to be used during the study. The extent to which the applicant provides a detailed explanation of the data collection process, including who will collect the data and primary and secondary methods for contacting participants. The extent to which the staff is available to support the data collection effort appears sufficient. The extent to which the applicant describes any systems that will be used to enter and store data. The extent to which the application discussed whether the mode of data collection is the same for the intervention and control groups. The extent to which the applicant included the expected sample sizes at each data point. If administrative records (such as, but not limited to, school academic records) will be used, the extent to which the applicant described the source and availability of these data as well as the evaluator’s experience using these data sources. The extent to which the applicant describes any limitations of the proposed evaluation and how the evaluator will attempt to address any limitations described. The extent to which there are any obvious limitations that the applicant does not describe or address that might affect the proposed evaluation.</p>
<p>5</p>	<p>Sampling Plan and Power Analyses - The extent to which statistical power for the study has been estimated and the power is consistent with study design. The extent to which the applicant described the statistical power analysis used to arrive at the sample size and includes the Minimum Detectable Effect (MDE) that has an 80% chance of being statistically significant at a specific alpha level, for each outcome. The extent to which the applicant describes the outcomes and assumptions used in the statistical power calculations. The extent to which the assumptions for the MDE calculation are consistent with information presented earlier in the proposal (e.g., the number of participants in the study, after non-consent and non-response). The extent to which the applicant provides sufficient justification as to why the study will find an effect larger than the MDE calculated. If the applicant plans to conduct analyses of subgroups, the extent to which the applicant presents additional statistical power analyses to estimate those MDEs.</p>
<p>6</p>	<p>Evaluator Qualifications - The extent to which the proposed evaluator has a proven track record of conducting quality analysis of similar interventions. The extent to which the evaluator previously has conducted studies with similar content (teen pregnancy prevention), with a similar population, in similar settings as the one proposed, and at a similar scale (that is, a similar number of sites). The extent to which the evaluator demonstrates sufficient staffing to complete all aspects of the study, including data collection, data analyses, and evaluation monitoring.</p>

Capacity of Applicant Organization (10 points overall)

Points	Capacity of Applicant Organization – Evaluation Criteria
4	<p>Extent to which the applicant provides specific examples to demonstrate that it and its partners, individually or collectively, have the following experience:</p> <ul style="list-style-type: none"> • Experience in intervention development, particularly interventions aimed at improving outcomes related to TPP and intended for the target population • Experience implementing TPP programs • Experience implementing interventions with the target population and within the target setting(s) where the intervention will be implemented • Experience overseeing and implementing a rigorous evaluation and using advanced statistical methods relevant to analyzing intervention outcomes, including evidence that the proposed PI or a key member of the project team has been the PI or co-PI on at least one study that involved a rigorous evaluation of an intervention, preferably conducted with the target population. • Ability to recruit a sample of the target population large enough to meet the sample size estimates indicated by power analysis for the proposed evaluation (pages 55-56) • Capacity and experience accessing and working with large groups of the target population, including evidence of successful recruitment, engagement of the target population throughout the intervention (i.e., program dosage), and high-levels of retention at short- and long-term evaluation follow-ups.
3	<p>Extent to which the applicant describes the organization’s re ability to support and manage a program of this size and scope by clearly explaining the following:</p> <ul style="list-style-type: none"> • Existing infrastructure relevant to the proposed project • Ability to effectively and efficiently manage financial resources, including a description of the level of funding and funding from other sources received by the organization in the past several years to implement related projects • Ability to effectively and efficiently manages staff performance, including a description of the level of turnover and rationale for turnover within the organization over the last several years
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 and Partnerships (15 points overall)

Points	Project Management and Partnerships – Evaluation Criteria
3	<p>Extent to which the applicant provides a description of the project team, including the PI/PD, Lead Evaluator, 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>

4	Extent to which the experience of the proposed project team is relevant to all aspects of the project and its evaluation. This experience must include, but is not limited to, expertise in the field of adolescent sexual and reproductive health; prior experience working with the target population to be served; a clear track record of developing and implementing interventions similar to the proposed project; experience disseminating research findings through presentations and publications; experience conducting rigorous evaluations of teen pregnancy prevention, or other similar, programs, and experience collecting and using data for quality improvement.
3	Extent to which the PI(s)/PD and Lead Evaluator demonstrate experience and training relevant to the topic, size, and scope of the proposed project, including demonstrated success disseminating results from previous evaluation projects and documentation that the PI/PD has been the PI or co-PI on at least one study that involved a rigorous evaluation of an intervention, preferably conducted with the target population.
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, including implementation of the intervention and oversight of the evaluation. A description of who is responsible for monitoring all contracts and collaborations, including the evaluation (if a contract), must be included.
2	Extent to which the applicant clearly describes the roles and responsibilities for all partners who will be involved in developing, implementing, and evaluating the intervention, including the partner's experience and expertise related to their role on the project. Includes signed MOUs with all partners who will assist with intervention implementation and evaluation that clearly outline the applicant and partner roles, responsibilities, and expectations.

Budget (5 points overall)

Points	Budget – Evaluation Criteria
5	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.

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. Geographic distribution of communities served nationwide.
- b. Distribution of projects in varying types of communities: rural, suburban, and urban communities.
- c. Representation of diverse interventions.
- d. Representation of a range of populations disproportionately affected by teenage pregnancy as described by the applicant.
- e. The prevalence of teen pregnancy in the geographic community to be served, as indicated by a current government data source.
- f. 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 and 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). 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 2B
1101 Wootton Parkway, Suite 700
Rockville, MD 20852
Phone: 240-453-2846
Email: tpptier2b@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, MOUs, Letters of Commitment, Resumes/CVs, Job Descriptions, and Organizational Chart



Evelyn M. Kappeler
Director, Office of Adolescent Health

Funding Opportunity Announcement Appendices

Appendix A – References

Appendix B – Glossary of Key Terms & Definitions

Appendix C - Relevant Resources for Applicants

Appendix D – Programs Not Eligible for Evaluation and Overview of HHS TPP Evidence Review Study Quality Criteria

Appendix E – Example Work plan Templates

Appendix F – Example Logic Model Template

Appendix G – Planning Year Milestones

Appendix H – 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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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 (28).

Community Needs and Resource Assessment- A needs and resource assessment is a systematic way of gathering information that describes, in detail, the needs and resources of the priority population and the community.

Core Components- The parts of the evidence-based program or its implementation that is determined by the developer to be the key ingredients related to achieving the outcomes associated with the program. Core components often focus on program content and program delivery strategies.

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

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.

Fidelity- The degree to which a program is implemented with adherence to its core components.

Fidelity Monitoring- Steps taken to ensure that an evidence-based program is implemented with adherence to its core components. Fidelity monitoring often includes collecting data on fidelity and quality of implementation from facilitators through independent observations, reviewing and analyzing data on a regular basis, using data to provide feedback to facilitators and staff, and using the data to make continuous quality improvements to the program and its implementation.

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. (29)

Implementation Ready – When a program has clearly defined curricula and components, necessary staff supports and training, and specified guidelines and tools for monitoring fidelity.

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 (28).

Positive Youth Development- An intentional, pro-social approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances youths' strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths.

Scale- Deliberate efforts to increase the impact of service innovations successfully tested in pilot or experimental projects so as to benefit more people.

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 Approach- 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.

Type I Error- A statistical conclusion error in which a program effect estimate is found to be statistically significant when, in fact, the program has no effect on the target population. (30)

Type II Error- A statistical conclusion error in which a program effect estimate is not found to be statistically significant when, in fact, the program does have an effect on the target population. (30)

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 Evaluation Brief – Coping with Missing Data in Randomized Controlled Trials. Available at <http://www.hhs.gov/ash/oah/oah-initiatives/for-grantees/evaluation/ta.html>.

OAH Evaluation Brief – Estimating Program Impacts for a Subgroup Defined by Post-Intervention Behavior: Why is it a Problem? What is the Solution? Available at <http://www.hhs.gov/ash/oah/oah-initiatives/for-grantees/evaluation/ta.html>.

OAH Evaluation Brief – Planning Evaluations Designed to Meet Scientific Standards: Communicating Key Components of the Plan for a Rigorous and Useful Evaluation of a Teenage Pregnancy Prevention Program. Available at <http://www.hhs.gov/ash/oah/oah-initiatives/for-grantees/evaluation/ta.html>.

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

Peter Schochet. (2008). Technical Methods Report: Guidelines for Multiple Testing in Impact Evaluations. Available at <http://ies.ed.gov/ncee/pubs/20084018/index.asp>.

EVIDENCE-BASED TEEN PREGNANCY PREVENTION PROGRAMS

HHS. Teen Pregnancy Prevention Evidence Review. Available at <http://tppevidencereview.aspe.hhs.gov/>.

OAH. Teen Pregnancy Prevention Resource Center: Evidence-Based Programs. http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/.

FIDELITY AND ADAPTATIONS

OAH. Fidelity and Adaptation Guidance and Resources. Available at http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/implementation.html.

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>.

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.

POSITIVE YOUTH DEVELOPMENT

Administration for Children & Families. Positive Youth Development. Available at <http://www.acf.hhs.gov/programs/fysb/positive-youth-development>

Interagency Working Group on Youth Programs. Positive Youth Development. Available at <http://www.findyouthinfo.gov/youth-topics/positive-youth-development/key-principles-positive-youth-development>.

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/keep-it-simple>.

**Appendix D -
TPP Programs that are NOT Eligible* for Evaluation under this FOA & Summary of HHS
TPP Evidence Review Study Quality Criteria**

1. List of Evidence-based TPP Programs Identified by the HHS Teen Pregnancy Prevention Evidence Review
2. List of Programs Currently Being Evaluated Under OASH/OAH-TPP PREP Tier2-2010
3. Summary of HHS Teen Pregnancy Prevention Evidence Review Study Quality Criteria

1. List of Evidence-based TPP Programs Identified by the HHS Teen Pregnancy Prevention Evidence Review <http://tppevidencereview.aspe.hhs.gov/EvidencePrograms.aspx>

- Aban Aya Youth Project
- Adult Identity Mentoring (Project AIM)
- All4You!
- Assisting in Rehabilitating Kids (ARK)
- Be Proud! Be Responsible!
- Be Proud! Be Responsible! Be Protective!
- Becoming a Responsible Teen (BART)
- Children's Aid Society (CAS) -- Carrera Programs
- ¡Cuídate!
- Draw the Line/Respect the Line
- Families Talking Together (FTT)
- FOCUS
- Get Real
- Health Improvement Projects for Teens (HIP Teens)
- Heritage Keepers Abstinence Education
- HORIZONS
- It's Your Game: Keep it Real (IYG)
- Making a Difference!
- Making Proud Choices!
- Prime Time
- Project IMAGE
- Project TALC
- Promoting Health Among Teens! Abstinence-Only Intervention
- Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention
- Raising Healthy Children
- Reducing the Risk
- Respeto/Proteger
- Rikers Health Advocacy Program (RHAP)
- Safer Choices
- Safer Sex Intervention
- Seventeen Days
- Sexual Health and Adolescent Risk Prevention (SHARP)
- SiHLE
- Sisters Saving Sisters
- STRIVE
- Teen Health Project
- Teen Outreach Program (TOP)

2. List of Interventions Being Evaluated under OPHS/OAH-TPP PREP Tier2-2010

- Alaska Promoting Health Among Teens, Comprehensive Abstinence and Safer Sex Project (AKPHATComp)
- Ateyapi Identity Mentoring (AIM) Program
- Be yoU, Talented, Informed, Fearless, Uncompromised, and Loved (BUtiful) (an electronic translation of the intervention SiHLE)
- Be Yourself/Sé Tu Mismo
- Multimedia Circle of Life (mCOL)
- Crossroads
- Demoiselle 2 Femme (3-D Curriculum)
- Development for Youth
- FatherWorks
- Gender Matters (GEN.M)
- Go Grrrls
- Haitian American Responsible Teens (HART) (Becoming a Responsible Teen Adaptation)
- Healthy Futures
- Love Notes
- Reducing the Risk Adaptation
- More than a Dream/Más que un sueño
- Need to Know (N2K)
- Plain Talk Philadelphia
- Planned Potential
- Pono Choices
- Positive Prevention PLUS: Sexual Health Education for California Youth
- POWER Through Choices 2010
- Prevent Second Pregnancy Project (Project Adult Identity Mentoring Adaptation)
- Preventing Adolescent Pregnancy Program (Will Power, Won't Power and Taking Care of Business Curricula)
- Teen Options to Prevent Pregnancy (TOPP)
- Teen Outreach Program (TOP) Plus Text Message Enhancement (TOP®4ME)
- Teen Parent Project
- Teen PEP
- The Lighthouse Project
- The Web of Life

More information about these interventions is available at:

http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/grantees/tier2-by-state.pdf or
<http://www.acf.hhs.gov/programs/fysb/resource/preis-summaries>

Summary of Study Quality Criteria (for a full description, see: <http://tpevidencereview.aspe.hhs.gov/pdfs/Review%20protocol%20v3.pdf>)*

Criteria Category	High Study Rating	Moderate Study Rating	Low Study Rating
1. Study design	Random or functionally random assignment	Quasi-experimental design with a comparison group; random assignment design with high attrition or reassignment	Does not meet criteria for high or moderate rating
2. Attrition	What Works Clearinghouse standards for overall and differential attrition	No requirement	Does not meet criteria for high or moderate rating
3. Baseline equivalence	Must control for statistically significant baseline differences	Must establish baseline equivalence of research groups and control for baseline outcome measures	Does not meet criteria for high or moderate rating
4. Reassignment	Analysis must be based on original assignment to research groups	No requirement	Does not meet criteria for high or moderate rating
5. Confounding factors	Must have at least two subjects or groups in each research group and no systematic differences in data collection methods	Must have at least two subjects or groups in each research group and no systematic differences in data collection methods	Does not meet criteria for high or moderate rating

* Although the criteria states that a majority of study participants must be <19 years old, for this funding announcement, evaluation designs with older male populations (>19 years old) will be accepted.

Appendix E – Example Work plan Templates

Example Work plan Template #1

(Note: Work Plan may be submitted as narrative or other format
September 1, 2013 – August 31, 2014)

Grantee Name _____

Funds Requested _____

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

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

Grantee Name _____

Funds Requested _____

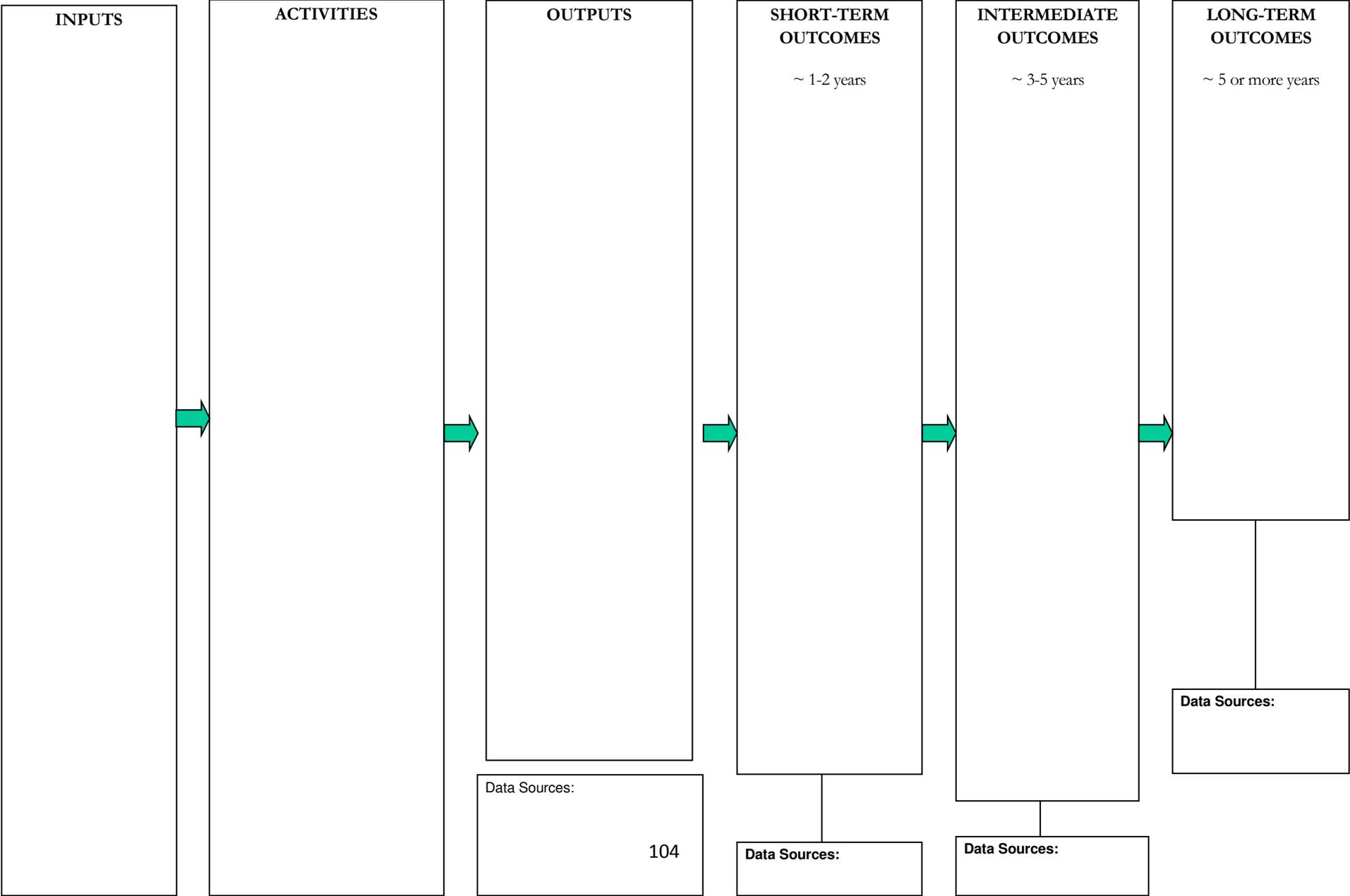
Goal I: Goal Statement															
Objectives	Activities	Timeline												Measures of Accomplishment	Person Responsible
		S	O	N	D	J	F	M	A	M	J	J	A		
Objective 1:	Activity 1:														
	Activity 2:														
	Activity 3:														
Objective Rationale:	Activity 4:														
	Activity 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 F – Logic Model Example Template
(Note: Logic Model may be submitted as narrative or other format)

Project Name



Appendix G - TPP Grantee Planning Period Milestones

All of the following must be completed before OAH will grant approval to begin full implementation:

- Hire all key staff (grantee & all implementation partners)
- Finalize implementation partnerships with signed MOUs outlining clear roles and responsibilities
- Establish a plan to engage the target population in the development and implementation of the intervention
- Complete an in-depth Needs and Resource Assessment
- Finalize intervention materials
- Complete initial review of intervention materials (including supplemental materials) for medical accuracy by project staff or designated contractor.
- Submit all intervention materials (including any supplemental materials) to OAH for final medical accuracy review and complete all required revisions
- Review all program materials to ensure age appropriateness and make revisions as necessary
- Train staff involved in implementation of the intervention & establish a plan for ongoing training & TA
- Pilot test implementation of the intervention with a small number of youth from target population to ensure fit
- Plan for collecting TPP Performance Measures in place
 - if needed, proxy measures proposed to and approved by OAH
- Finalize work plan, including activities for implementing and evaluating the program, monitoring program partners, monitoring fidelity, and planning for sustainability
- Clear, complete implementation plan submitted and approved for each implementation site
- Evaluation materials and evaluation plan finalized
 - Plan for process and implementation evaluation
 - Plan for outcome evaluation
 - Institutional Review Board (IRB) approval for evaluation study obtained by grantee
 - Pilot test and finalize survey instruments
 - OAH approval of final evaluation plan

Appendix H - 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)

Outcomes

(Collected from all study participants in 7th grade and above)

- Ever had sex
- Ever been pregnant/gotten someone pregnant

- # of times been pregnant/gotten someone pregnant
- Any sex in past 3 months
- # of times had sex in past 3 months
- Had sex without a condom in past 3 months
- # of times had sex without a condom in past 3 months
- Had sex without birth control in past 3 months
- # of times had sex without birth control in past 3 months
- Intent to have sex in next year
- Intent to use a condom in next year
- Intent to use birth control in next year

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

Participant-Level Questions

These participant-level survey measures are only required to be collected from youth in grades 7 and above.

The (next/first) questions are about sexual intercourse. By sexual intercourse, we mean a male putting his penis into a female's vagina.

1. Have you ever had sexual intercourse?

- Yes
- No → Skip to **Question 6**

2. To the best of your knowledge, have you ever been pregnant or gotten someone pregnant, even if no child was born?

- Yes
- No → Skip to **Question 3**

2a. To the best of your knowledge, how many times have you been pregnant or gotten someone pregnant?

3. Now please think about the past 3 months. In the past 3 months, have you had sexual intercourse, even once?

- Yes
- No → Skip to **Question 6**

3a. In the past 3 months, how many times have you had sexual intercourse?

4. In the past 3 months, have you had sexual intercourse without you or your partner using a condom?

- Yes
- No → Skip to **Question 5**

4a. In the past 3 months, how many times have you had sexual intercourse without using a condom?

5. In the past 3 months, have you had sexual intercourse without you or your partner using any of these methods of birth control?

- Condoms
- Birth control pills
- The shot (Depo Provera)
- The patch
- The ring (NuvaRing)
- IUD (Mirena or Paragard)
- Implant (Implanon)

- Yes
- No → Skip to **Question 6**

5a. In the past 3 months, how many times have you had sexual intercourse without using any of these methods of birth control?

6. Do you intend to have sexual intercourse in the next year, if you have the chance?

- Yes, definitely
- Yes, probably
- No, probably not
- No, definitely not

7. If you were to have sexual intercourse in the next year, do you intend to use (or have your partner use) a condom?

- Yes, definitely
- Yes, probably
- No, probably not
- No, definitely not

8. If you were to have sexual intercourse in the next year, do you intend to use (or have your partner use) any of these methods of birth control?

- Condoms-
- Birth control pills
- The shot (Depo Provera)
- The patch
- The ring (NuvaRing)
- IUD (Mirena or Paragard)
- Implants (Implanon)

- Yes, definitely
- Yes, probably
- No, probably not
- No, definitely not