

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**AGENCY: Office of Minority Health**

**FUNDING OPPORTUNITY TITLE: Youth Empowerment Program II: (YEP II)**

**ACTION: Notice**

**ANNOUNCEMENT TYPE: Initial Competitive Grant**

**ANNOUNCEMENT NUMBER: MP-YEP-005**

**CFDA NUMBER: 93.910**

**CFDA PROGRAM: Family and Community Violence Prevention Program**

**DATES:**

Applications are due June 13, 2014 by 5 p.m. ET. To receive consideration, applications must be received by the HHS Office of the Assistant Secretary for Health (HHS/OASH), Office of Grants Management (OGM), no later than the applicable due date listed in this announcement (Section IV. 3, Submission Dates and Times) and within the time frames specified in the announcement.

All applications for this funding opportunity must be submitted electronically through Grants.gov, and must be received by 5:00 PM Eastern Time on the applicable due date.

All applicants must submit in this manner unless they obtain a written exemption from this requirement 48 hours in advance of the deadline by the Director, HHS/OASH Office of Grants Management. Applicants must request an exemption in writing via email from the HHS/OASH Office of Grants Management, and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. Note: failure to have an active System for

Account Management (SAM) registration will not be grounds for receiving a waiver to the electronic submission requirement. If requesting a waiver, 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 Project Director; the Grants.gov Tracking Number (GRANTXXXX) assigned to the submissions; and a copy of the "Rejected with Errors" notification from Grants.gov. Send the request to [ogm.oash@hhs.gov](mailto:ogm.oash@hhs.gov).

**The HHS/OASH Office of Grants Management will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted by the deadline. No other submission mechanisms will be accepted. Applications which do not meet the specified deadlines will be returned to the applicant unread. See the heading "**APPLICATION and SUBMISSION INFORMATION**" for information on application submission mechanisms.

*Executive Order 12372 comment due date:* The State Single Point of Contact (SPOC) has 60 days from the application due date to submit any comments

**To ensure adequate time to successfully submit the application, HHS/OASH recommends that applicants register immediately 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](mailto:support@grants.gov).

**Applicants are strongly encouraged to register multiple authorized organization representatives.**

**EXECUTIVE SUMMARY:** The United States Department of Health and Human Services (HHS or Department), Office of Minority Health (OMH) located within the Office of the Secretary announces the anticipated availability of funds for Fiscal Year (FY) 2014 for the Youth Empowerment Program II (hereafter YEP II) under the authority of Section 1707 of the Public Health Services Act (42 U.S.C. §300u-6).

OMH is also announcing a funding opportunity in collaboration with the Department of Justice Office of Community Oriented Policing Services (COPS Office) entitled “*Minority Youth Violence Prevention: Integrating Public Health and Community Policing Approaches*” (MYVP). The MYVP seeks to support interventions that integrate violence prevention and crime reduction models with public health and community oriented policing approaches and requires partnerships among law enforcement agencies, public health agencies, and other community entities. In contrast, the YEP II seeks to support interventions that employ a public health approach to provide critical life skills development, academic skills, career advisement, and mentoring.

The purpose of the YEP II is to support an evidence-based program to address unhealthy behaviors in at-risk minority male youth and provide them opportunities to learn skills and gain experiences that contribute to more positive lifestyles and enhance their capacity to make healthier life choices.

Despite significant improvements in the overall health status of the nation over the past decades, disparities in youth violence continue to persist among racial and ethnic minority populations.

- In 2010, 4,828 young people ages 10 to 24 were victims of homicide – an average of 13 each day.
- Homicide is the second leading cause of death for young people ages 15 to 24 years old. Among homicide victims ages 10 to 24 years old in 2010, 82.8% were killed with a firearm.
- Among 10 to 24 year olds, homicide is the leading cause of death for African Americans; the second leading cause of death for Hispanics, and the third leading cause of death for American Indian and Alaska Natives.
- Homicide rates in 2010 among African American males 10 to 24 years of age (51.5 per 100,000) significantly exceeded those of Hispanic males (13.5 per 100,000) and non-Hispanic White males in the same age group (2.9 per 100,000).

Each year, youth homicides and assault-related injuries result in an estimated \$16 billion in combined medical and work loss costs (Youth Violence: Facts at a Glance 2012; Centers for Disease Control and Prevention; the National Center for Injury Prevention and Control, Division of Violence Prevention).

The YEP II intends to demonstrate the effectiveness and efficiency of strategic partnerships in improving the health status of at-risk minority male youth by addressing youth violence and the resolution of conflicts in a nonviolent manner, low educational attainment, school suspensions and dropout, refusal skills with respect to reduction in substance abuse, counseling and behavioral health, cultural beliefs associated with sexual risk behavior among males, and enhancing the community's capacity to facilitate and sustain mentoring support services for at-risk minority male youth. The YEP II seeks to address unhealthy behaviors in minority males

(10-18 years old) at-risk of violence by providing them opportunities to learn skills and gain experiences that contribute to more positive lifestyles and enhance their capacity to make healthier life choices. Services provided under the YEP II will not be denied to any person based on race, ethnicity, color, national origin or gender.

## **I. FUNDING OPPORTUNITY DESCRIPTION:**

The YEP II focuses on the risk behaviors of at-risk minority male youth at critical stages in their lives, and improving long-term outcomes to increase the quality of their lives. Projects should address one or more of the following focus areas:

- 1) minority male youth violence (including gang violence);
- 2) teen pregnancy prevention education as it relates to males;
- 3) career preparation training that is appropriate for at-risk minority male youth; and
- 4) mentoring support services (education and/or college preparation).

The YEP II seeks to address unhealthy behaviors in at-risk minority youth and provide them with opportunities to learn skills and gain experience that contribute to more positive lifestyles and enhance their capacity to make healthier life choices. The projects supported through the YEP II must use a coordinated intervention strategy that is appropriate for at-risk minority males ages 10 to 18 located in areas with high rates of any of the following: gun violence; homicides; teen pregnancy; low educational attainment, suspensions, truancy, high dropout rates; or delinquency. Applicants must provide educational and other services that are appropriate for at-risk minority males, and must serve a minimum of 50 at-risk youths each grant year. Applicants must maintain the same cohort of 50 youths at-risk for violence

(e.g., fighting, school suspensions, expulsions, episodic violent incidents, weapons possession, detainment, and arrests) and risky sexual behaviors (e.g., such as unprotected sexual activity, exposure to sexually transmitted infections, multiple sexual partners, and responsible for teen pregnancies). The applicant must identify and employ evidence-based models in the design of the project that are appropriate for the minority youth (Appendix A). The applicant must establish a baseline from which risk-taking behavioral, academic success, or life skill changes will be measured. The baseline may be established using educational tools such as surveys, other practice assessment tools, and/or descriptions. Project plans should address factors that lead to positive outcomes and reductions in risk-taking behaviors and build self-confidence and resiliency. Include educational services or strategies that have been successful and suitable for at-risk minority youth. Describe the outcome(s) expected to be accomplished each year. Also, include a description of the volunteer recruitment, training, and supervision plans and protocols, if applicable.

This service demonstration project grant program requires a coordinated intervention strategy and multi-partner approach. The YEP II must be comprised of collaborative partnerships (established by means of a letter of commitment from each collaborating partner). As a condition of award, grantees must execute and submit a Memorandum of Agreement/Understanding. Applicants must identify an established promising prevention model (see Appendix A) that includes a multi-partnership that addresses the following issues: 1) male youth violence that should include organizations that specifically provide minority youth violence prevention services, such as community police programs, juvenile services, or the courts; 2) teen pregnancy as it relates to young minority males that should include organizations such as teen pregnancy prevention counseling services and

fatherhood/parenting services, and community and faith-based organizations; 3) career preparation training that should include organizations that provide job/career training and job placement; or 4) mentoring support services that should include organizations with experience providing one-on-one, group, or peer mentoring services, schools, and universities.

For purposes of this solicitation, the collaborative partners must include Letters of Commitment from organizations that have agreed to participate in the program activities that address the needs of at-risk minority male youth in a localized geographical area. Examples of such collaborative partners may include community and faith-based organizations, nonprofit, for-profits (such as local businesses), health and behavioral health organizations, substance abuse prevention agencies, social services, educational/vocational systems (e.g., elementary, middle school, high schools, colleges and universities), and other governmental and tribal units and agencies. It is expected that the collaborative partnerships will enhance the community's capacity to offer support services to at-risk young minority males by facilitating communication, as well as, improving collaboration among service providers, community stakeholders, and government partners.

#### OMH Expectations:

It is expected that the proposed program will result in the following improvements for the YEP II cohort:

- Reduction in violence, crime and arrest rates
- Reduction in the number of disciplinary actions, suspensions, expulsions in school, district or locally

- Decrease in the behaviors that contribute to injury and violence (Youth Risk Behavior Surveillance System)
- Development of skills and behaviors that lead to healthier lifestyle choices
- Decrease in the number of pregnancies for which members of the cohort are responsible
- Decrease in the number of reported sexually transmitted infections (STIs)
- Reduction in rates of unprotected sexual activity
- Increase rates of condom use and other protective behaviors
- Increase in reading and/or math levels
- Increase in promotion rate to next grade
- Increase graduation and or GED completion rates

The outcomes of these projects will be used to develop other national efforts to address unhealthy behaviors, the elimination of health disparities, and empowering minority males to make better and informed decisions.

**AUTHORITY:** Section 1707 of the Public Health Act (42 U.S.C. §300u-6).

### **AWARD INFORMATION**

OMH intends to make available approximately \$4,000,000 for competitive grants for the YEP II.

Grants will be funded in annual increments (budget periods) and are generally approved for a project period of up to three years, although shorter project periods may be approved. Funding for all approved budget periods beyond the first year of the grant 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: \$4,000,000

Anticipated Number of Awards: 8-16

Range of Awards: \$250,000 to \$500,000

Anticipated Start Date: 09/01/2014

Period of Performance: Not to exceed 3 years

Budget Period Length: 12 months

Type of Award: Grant

Type of Application Accepted: Electronic via Grants.gov **ONLY unless a waiver is granted**

### **III. ELIGIBILITY INFORMATION**

*1. Eligible Applicants*

Eligible applicants that can apply for this funding opportunity are listed below:

- Nonprofit with 501(c)(3) IRS status (other than institution of higher education)
- Nonprofit without 501(c)(3) IRS status (other than institution of higher education)
- For-profit organizations (other than small business) *For-profit organizations must agree to forgo any profit or management fee.*
- Small, minority, and women-owned business
- Universities
- Colleges

- Research institutions
- Hospitals
- Community-based organizations
- Faith-based organizations
- Federally recognized or state-recognized American Indian/Alaska Native tribal governments
- American Indian/Alaska Native tribally designated organizations
- Alaska Native health organizations
- 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 Federated 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:* Cost sharing is not required for the YEP II

3. *Responsiveness and Screening Criteria*

### **Application Responsiveness Criteria**

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

1. The applicant must provide a letter of commitment from each collaborating partner. These should be included in the Appendices and will count toward the page limit.

### **Application Screening Criteria**

All applications will be screened to assure a level playing field for all applicants.

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](http://www.grants.gov) (unless a waiver has been granted) by June 13, 2014, at 5 pm ET.
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 60 pages. NOTE: The following items do not count toward the page limit: required forms, including SF 424 and SF 424A, Budget justification and/or budget narrative.
4. Appendices must not exceed 15 pages.
5. Total application must not exceed 75 pages.

6. Proposed budget must not exceed maximum indicated in Range of Awards.
7. The application has met the **Application Responsiveness Criteria** outlined above.

#### **IV. APPLICATION AND SUBMISSION**

##### **INFORMATION**

###### 1. Information to Request Application Package

Application kits 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](mailto:ASH@LCGnet.com).

###### 2. Content and Form of Application Submission

###### **Applications**

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

**The application narrative must be limited to no more than 60 double-spaced pages, and the total application, including 15 page appendices, and may not exceed the equivalent of 75 8 ½” x 11” pages when printed by HHS/OASH/OGM.**

The applicant should use an easily readable typeface, such as Times New Roman or Arial, 12-point font. Tables may be single-spaced and the use of alternate fonts is allowed but must

be easily readable. The page limit does not include budget, budget justification, required forms, assurances, and certifications. All pages, charts, figures, and tables should be numbered, and a table of contents provided. Applications that exceed the specified limits of 75 pages when printed by HHS/OASH/OGM will be deemed non-responsive and will not be considered. It is recommended that applicants print out their applications before submitting electronically to ensure that they are within the page limit.

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 for the application should use the formatting required for the narrative. Appendices from other sources and documents may use other formatting but must be easily readable.

For all non-profit organization applicants, documentation of nonprofit status must be submitted as part of the application. Any of the following constitutes acceptable proof of such status:

1. A reference to the Applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in the IRS code;
2. A copy of a currently valid IRS tax exemption certificate;

3. A statement from a state taxing body, state attorney general, or other appropriate state official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals; or
4. A certified copy of the organization's certificate of incorporation or similar document that clearly establishes nonprofit status.

For local, nonprofit affiliates or state or national organizations, a statement signed by the parent organization indicating that the applicant organization is a local nonprofit affiliate must be provided in addition to any one of the above acceptable proof of nonprofit status.

Applications must include an abstract of the proposed project. 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 documents.

**The HHS Office of the Assistant Secretary for Health (HHS/OASH) requires that all applications be submitted electronically via the Grants.gov portal unless a waiver 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 application kits are made available on Grants.gov.

Applications will not be considered valid until all electronic application components are received by the HHS/OASH Office of Grants Management according to the deadlines specified above.

Application submissions that do not adhere to the due date requirements will be considered late and 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. It is recommended that scanned copies not be submitted through Grants.gov unless the applicant confirms 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**

Electronic submission via Grants.gov is a two-step process. Upon completion of a successful electronic application submission via the Grants.gov Website Portal, the applicant will be provided with a confirmation page from Grants.gov indicating the date and time (Eastern Time) of the electronic application submission, as well as the Grants.gov Receipt Number. It

is critical that the applicant print and retain this confirmation for their records, as well as a copy of the entire application package.

All applications submitted via the Grants.gov Website Portal then will be validated by Grants.gov. Any applications deemed “Invalid” by the Grants.gov Website Portal will not be transferred to HHS/OASH, and HHS/OASH has no responsibility for any application that is not validated and transferred to HHS/OASH from the Grants.gov Website Portal. Grants.gov will notify the applicant regarding the application validation status.

You will initially receive a notice that your application has been received by Grants.gov and is being validated. Validation may take up to 2 business days. You will receive a notice via email when your application has been validated by Grants.gov and is ready for the HHS/OASH to retrieve and review. If your application fails validation it will **not** be accepted for review. Therefore, **you should submit your electronic application with sufficient time to ensure that it is validated in case something needs to be corrected.**

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

- 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.
- At the <http://www.grants.gov> website, you will find information about submitting an application electronically through the site, including the hours of operation.

HHS/OASH strongly recommends that you do not wait until the application due date to begin the application process through <http://www.grants.gov> because of the time involved to complete the registration process.

- Since October 1, 2003, the Office of Management and Budget has required applicants to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants or cooperative agreements. It is entered on the SF 424. 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.
- Organizations can receive a DUNS number at no cost by calling the dedicated toll-free DUNS Number request line at 1-866-705-5711 or by using this link to access a guide: [https://www.whitehouse.gov/omb/grants/duns\\_num\\_guide.pdf](https://www.whitehouse.gov/omb/grants/duns_num_guide.pdf) . Instructions are also available on the Grants.Gov web site as part of the registration process.
- All applicants must register in the System for Account Management (SAM) (formerly the Central Contractor Registry (CCR)). 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 (<http://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 with the SAM. It may take 24 hours or more for updates to take effect, so

potential applicants should *check for active registration well before the application deadline.*

- Effective October 1, 2010, HHS requires all entities that plan to apply for and ultimately receive Federal grant funds from any HHS Operating/Staff Division (OPDIV/STAFFDIV) or receive sub-awards directly from the recipients of those grant funds to:
  1. Be registered in the SAM prior to submitting an application or plan;
  2. 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 OPDIV; and
  3. Provide its DUNS number in each application or plan it submits to the OPDIV.

An award cannot be made until the applicant has complied with these requirements. At the time an award is ready to be made, if the intended recipient has not complied with these requirements, the OPDIV/STAFFDIV:

- 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.

Additionally, all first-tier sub-award recipients must have a DUNS number at the time the sub-award is made.

- You must submit all documents electronically, including all information included on the SF-424 and all necessary assurances and certifications.

- Prior to application submission, Microsoft Vista and Office 2007 users should review the <http://www.grants.gov> compatibility information and submission instructions provided at <http://www.grants.gov> (click on “**Vista and Microsoft Office 2007 Compatibility Information**”).
- Your application must comply with any page limitation requirements described in this Program Announcement.
- **Attachment Filename Characters are now Validated and Enforced:**
  - Beginning August 15, 2012, applicants are now limited to using the following characters in all attachment file names.
  - Valid file names may only include the following **UTF-8 characters:**
  - **A-Z, a-z, 0-9, underscore ( \_ ), hyphen (-), space, period.**
  - **If applicants use any other characters when naming their attachment files their applications will be rejected.**

## 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 the 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 the project narrative include the following components:

Table of Contents

Project Summary

Background and Experience

Objectives

Program Plan

Evaluation Plan

Management Plan

Appendix

The narrative description of the project must contain the following:

**Table of Contents:** Include with page numbers for each of the following sections.

**Project Summary:** Briefly describe key aspects of the Background and Experience, Proposed Objectives, Program Plan, and Evaluation Plan. The summary should be no more than 3 pages in length.

**Background and Experience:** In terms of the problem, provide data/statistical information of the prevalence of the problem of violence (related to minority male youth), teen pregnancy issues related to minority male youth, the need for counseling and mental health services, or the need for mentoring support services for minority male youth, for example. Describe, with data, the at-risk minority male population in the geographic areas. Also describe the significance of the problem within the at-risk minority male group(s), as documented by local, state, tribal, and federal data and/or reports. Describe existing relationships with collaborating partners and the nature of the relationship. Describe the background/experience of other organizations and experts

with which the applicant plans to partner. Describe the applicant organization's experience in managing projects/activities, especially those that involve the at-risk minority group.

**Objectives:** Identify outcomes, impacts, and performance measures for the proposed activities. Stated objectives must be specific, measurable, achievable, realistic and time-phased. Objectives must address the applicable project focus areas.

**Program Plan:** Describe the evidence-based model(s) that will be employed in the design of the YEP II. Applicants must provide educational and other appropriate services to a minimum of 50 at-risk youths each grant year. Project plans could address factors that demonstrate positive outcomes, reductions in risk-taking behaviors, and build self-confidence and resiliency factors. Include educational services or strategies that have been successful and suitable to the at-risk minority youth. Clearly describe how each objective will be carried out, including strategies, and action steps to be taken in order to achieve each objective. For each applicable focus area, include a project plan that indicates how, when, where, and by whom each activity will be conducted. Describe the strategy for recruiting youth and additional collaborating partners. Describe the role of any proposed collaborating organization(s) or entities in the project. Describe in detail, the coordinated intervention strategy and how the applicant plans to work with the collaborating partners (who will do what). Also, include a description of the volunteer recruitment, selection, training, and supervision plans and protocols, if applicable. Describe any products to be developed, as well as distribution and dissemination channels such as print, in-person, on-line, webinars, satellite-based training, or DVD production. Describe the plan for

testing, validating, and modifying the products, such as educational training curricula and surveys. Provide a detailed work plan that includes timeframes and responsibilities.

**Evaluation Plan:** The applicant must establish a baseline from which at-risk behavior, academic success, and/or life and social skill changes will be measured for each at-risk minority youth population group. The baseline may be established using educational tools such as surveys, and other practice assessment tools, and/or descriptions. Describe/discuss the outcome(s) expected to be accomplished each grant year. OMH expects that applicants will implement the evaluation plan at the beginning of the program in order to capture and document actions contributing to program outcomes, such as the measurement of the direction and size of a change, and the extent to which a change may be attributed to the activity or intervention. The evaluation plan must be able to produce documented results that demonstrate how the strategies and activities funded under the YEP II made the desired difference. The evaluation plan must clearly articulate how the applicant will evaluate program activities. The evaluation plan should include a logic model that clearly illustrates the plan. The description should include data collection and analysis methods, demographic data to be collected, and measures to be used to monitor and evaluate progress toward achieving projected results. It is strongly recommended that applicants refer to “Evaluation Planning Guidelines for Grant Applicants (June 2010)” and develop the evaluation plan for the proposal consistent with these guidelines which include examples of logic models, data collection plans, and other evaluation-related resources. This document is provided as part of the application package.

**Management Plan:** Provide a description of proposed program staff, including resumes and job descriptions for key staff, qualifications and responsibilities of each staff member, and percentage time each will commit to the project. Provide a description of duties for proposed consultants and volunteers, if applicable. Include an organization chart that illustrates the project reporting structure and timeline. Include charts of the required partnership organization's structure. Discuss how these organizations will interface with the applicant organization.

**Appendices:** Include documentation and other supporting information in this section.

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 count toward the narrative page limit, limited to 15 pages).

### **Budget Narrative/Justification**

A detailed Budget Narrative/Justification is required. ***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 detailed budget justification does not count toward the page limitation. The budget request should include funds for up to two key project staff to attend a grantee meeting.

#### Submission Dates and Times

The deadline for the submission of applications under this Program Announcement is **5:00 p.m. Eastern Time on June 13, 2014**. 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.

Grants.gov (<http://www.grants.gov>) will automatically send applicants a tracking number and date of receipt verification electronically once the application has been successfully received and validated in <http://www.grants.gov>.

### Intergovernmental Review

Applications under this announcement are subject to the requirements of Executive Order 12372, “Intergovernmental Review of Federal Programs,” as implemented by 45 CFR part 100, “Intergovernmental Review of Department of Health and Human Services Programs and Activities.” As soon as possible, the applicant should discuss the project with the State Single Point of Contact (SPOC) for the State in which the applicant is located. The application kit contains the currently available listing of the SPOCs that have elected to be informed of the submission of applications. For those states not represented on the listing, further inquiries should be made by the applicant regarding submission to the relevant SPOC. The SPOC should forward any comments to the Department of Health and Human Services [1101 Wootton Parkway, Suite 550, Rockville, MD 20852]. The SPOC has 60 days from the due date listed in this announcement to submit any comments. For further information, contact the HHS/OASH Office of Grants Management at 240-453-8822.

### Funding Restrictions

The allowability, allocability, reasonableness and necessity of direct and indirect costs that may be charged to HHS/OASH grants 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. 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 application kit for this announcement.

*Salary Limitation:*

The Consolidated Appropriations Act, 2014 (P.L. 113-76) limits the salary amount that may be awarded and charged to HHS/OASH grants and cooperative agreements. Award funds should not be budgeted to pay the salary of an individual at a rate in excess of Executive Level II. Currently, the Executive Level II salary of the Federal Executive Pay scale is \$181,500. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under an HHS/OASH grant or cooperative agreement.

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

Individual's <i>actual</i> base full time salary: \$350,000
50% of time will be devoted to project

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

**Appropriate salary limits will apply as required by law.**

#### Other Submission Requirements

The applicant must submit signed Letters of Commitment from each partnering organization.

These should be included in the Appendices and will count toward the page limit.

#### **V. APPLICATION REVIEW INFORMATION**

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

The technical review of the YEP II applications will consider the following four generic factors.

A. Factor 1: Background and Experience (20 points)

- Demonstrated knowledge of problem, including factors that place youth at risk, at the local level.
- Significance and prevalence of the priority areas in the proposed community and at-risk youth population.
- Extent to which the applicant demonstrates access to the relevant community (ies), and whether it is well positioned and accepted by the community (ies) to be served.
- Extent and documented outcome(s) of past efforts and activities with at-risk minority youth (ages 10-18).
- Applicant's capability to manage and evaluate the project as determined by the applicant organization's experience in managing project activities involving at-risk male youth.

B. Factor 2: Objectives (15 points)

- Merit of the objectives.
- Relevance to the YEP II purpose and expectations, and to the stated problem to be addressed by the proposed project.
- Degree to which the objectives are specific, measurable, achievable, realistic and time-phased.

C. Factor 3: Program Plan (40 points)

- Appropriateness and merit of proposed approach and specific activities for each objective.
- Appropriateness of the evidence-based model(s) proposed.
- Logic and sequencing of the planned approaches as they relate to the statement of need and to the objectives.
- Qualifications, experience and appropriateness of proposed partnering organizations.
- Appropriateness of defined roles of partnering organizations including staff reporting channels and that of any proposed consultants.
- The applicant's organization structure and proposed collaborative project organizational structure, inclusive of clearly defined roles and responsibilities (include a chart of the project's organizational structure showing who will report to whom).
- The applicant's demonstration of clear lines of authority between the applicant and partnering organizations.
- Soundness of the established partnership roles in the program as documented by signed Letters of Commitment.

D. Factor 4: Evaluation Plan (25 points)

- The degree to which intended results are appropriate for the objectives of the YEP II overall, stated objectives of the proposed project and proposed activities.

- Appropriateness of the proposed methods for data collection (including demographic data to be collected on the project participants), analysis, and reporting.
- Appropriateness of plans for evaluating project's effectiveness through analysis of data from the participants.
- Sustainability of process, outcomes, and impact measures.
- Clarity of the intent and plans to assess and document progress toward achieving objectives, planned activities, and intended outcomes, including the established baseline.
- Potential for the proposed project to impact the health status of the at-risk minority youth population(s) relative to the YEP II priority area(s) addressed.
- Soundness of the plan to document the project for replication in similar communities.
- Appropriateness of the logic model.

## 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 Youth Empowerment Program II.

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 Deputy Assistant Secretary for Minority Health. In making these decisions, the following additional criteria will be taken into consideration:

1. Geographic distribution.

## **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. When final funding decisions have been made, each applicant will be notified by letter of the outcome. The official document notifying an applicant that a project application has been approved for funding is the Notice of Award (NOA), approved by the Director of the HHS/OASH Office of Grants Management. This document specifies to the grantee 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 needed]. 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.

## 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.

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 successful applicant will be responsible for the overall management of activities within the scope of the approved project plan. 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.

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](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](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.

## Reporting

### Programmatic Reporting

A successful applicant under this notice will submit quarterly progress reports. A final progress report covering the entire project period is due 90 days after the end of the project period.

### Financial Reporting

Grantees are required to submit quarterly and annual Federal Financial Reports (FFR).

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.

Grantees that receive \$500,000 or greater of Federal funds must also undergo an independent audit in accordance with OMB Circular A-133.

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.

### 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.

Ms. Deborah Speight

1101 Wootton Parkway, Suite 550

Rockville, MD 20852

Phone: 240-453-8822

Email: [deborah.speight@hhs.gov](mailto:deborah.speight@hhs.gov)

For information on program requirements, contact the program office.

Jacquelyn Williams

1101 Wootton Parkway, Suite 600

Rockville, MD 20852

Phone: 240-453-8444

Email: [Jacquelyn.williams@hhs.gov](mailto:Jacquelyn.williams@hhs.gov)

## VIII. OTHER INFORMATION

### Application Elements

SF 424 – Application for Federal Assistance

SF 424A – Budget Information

Separate Budget Narrative/Justification

SF 424B – Assurances.

Lobbying Certification

Proof of non-profit status, if applicable.

Copy of the applicant's most recent indirect cost agreement, if requesting indirect costs. If any sub-contractors or sub-grantees are requesting indirect costs, copies of their indirect cost agreements must also be included with the application.

Project Narrative with Work Plan

Organizational Capability Statement and Vitae for Key Project Personnel.

Letter(s) of Commitment from each Partner(s),\

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[DATE]

J. Nadine Gracia, MD, MSCE  
Deputy Assistant Secretary for Minority Health  
Office of Minority Health  
Department of Health and Human Services

## Appendix A

### RESOURCES

The following is not an exhaustive list of model evidence-based, promising practices, and evidence-informed, emerging evidence of effectiveness programs that applicants could use to develop their programs.

#### **Aban Aya Program**

[http://www.hhs.gov/ash/oah/oah-initiatives/teen\\_pregnancy/db/programs/aban\\_aya\\_youth\\_project.pdf](http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/programs/aban_aya_youth_project.pdf)

#### **Adolescent Transitions Program (ATP )**

<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=289>

#### **Aggression Replacement Training (ART)**

<http://www.crimesolutions.gov/ProgramDetails.aspx?ID=254>

#### **Asset-Based Community Development Model (ABCD)**

<http://www.abcdinstitute.org/>

#### **Big Brothers Big Sisters of America (BBBS)**

Community-Based Mentoring (CBM)

[www.bbbs.org](http://www.bbbs.org)

#### **Blueprint for Youth Violence Prevention**

<http://www.blueprintsprograms.com/>

#### **Career Academy**

<http://www.crimesolutions.gov/ProgramDetails.aspx?ID=272>

#### **Community Resiliency Model**

THRIVE (*T*ool for *H*ealth and *R*esilience *I*n *V*ulnerable *E*nvironments )

<http://thrive.preventioninstitute.org/thrive.html>

**Crime Solutions**

<http://www.crimesolutions.gov/Programs.aspx>

**¡Cuidate!**

<http://www.cdc.gov/hiv/prevention/research/compendium/rr/cuidate.html>

**Essentials for Childhood**

<http://www.cdc.gov/ViolencePrevention/childmaltreatment/essentials/index.html>

**FY 2014 Internet Crimes against Children**

<http://www.ojjdp.gov/grants/solicitations/FY2014/ICACProgramSupport.pdf>

**Health Promotion among Racial and Ethnic Minority Males**

<http://grants.nih.gov/grants/guide/pa-files/PA-13-331.html>

**M.E.N Program**

<http://www.partnershipscdc.org/#!/men-program/c1td1>

**Multisystemic therapy (MST)**

<http://www.crimesolutions.gov/ProgramDetails.aspx?ID=192>

**National Centers of Excellence in Youth Violence Prevention (YVPCs)**

<http://www.cdc.gov/violenceprevention/ace/index.html>

**Office of Justice Programs. Model Programs Guide (Office of**

**Juvenile Justice and Delinquency Prevention) CrimeSolutions.gov**

### **Olweus Bullying Prevention Program**

<http://www.blueprintsprograms.com/factSheet.php?pid=17ba0791499db908433b80f37c5fbc89b870084b>

### **Operation Ceasefire**

<http://www.crimesolutions.gov/ProgramDetails.aspx?ID=207>

### **Positive Youth Development (PYD) Model**

Adolescent Transitions Program (ATP) & Responding in Peaceful and Positive Ways

<http://ncfy.acf.hhs.gov/sites/default/files/PosYthDevel.pdf>

<http://aspe.hhs.gov/hsp/PositiveYouthDev99/chapter3.htm#atp>

<http://ncfy.acf.hhs.gov/sites/default/files/PosYthDevel.pdf>

The Social Development Research Group at the University of Washington in Seattle Washington, *Positive Youth Development in the United States: Research Finding on Evaluation of Positive Youth Development Programs* (1998) that highlighted the *Adolescent Transitions Program (ATP) & Responding in Peaceful and Positive Ways* programs

<http://aspe.hhs.gov/hsp/PositiveYouthDev99/chapter3.htm#atp>

### **Promoting Alternative Thinking Strategies (PATHS)**

<http://www.blueprintsprograms.com/factSheet.php?pid=b6692ea5df920cad691c20319a6fffd7a4a766b8>

### **Responding in Peaceful and Positive Ways (RIPP)**

<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=183>

### **STRYVE**

<http://www.cdc.gov/violenceprevention/stryve/index.html>

<http://vetoviolenecdc.gov/STRYVE/>

## **Wise Guys**

J Sch Health. 2011; 81: 152-158

## **Youth Empowerment Model (YEP)**

<http://www.minorityhealth.hhs.gov/>

<http://www.grants.gov/web/grants/view-opportunity.html?oppId=169220>

<http://www.marquette.edu/youth-empowerment-program/anti-violence.shtml>

*Kobie Douglas, Carl C. Bell, Youth Homicide Prevention, Psychiatric Clinics of North America,*

*Volume 34, Issue 1, March 2011, Pages 205-216, ISSN 0193-953X,*

*<http://dx.doi.org/10.1016/j.psc.2010.11.013>.*