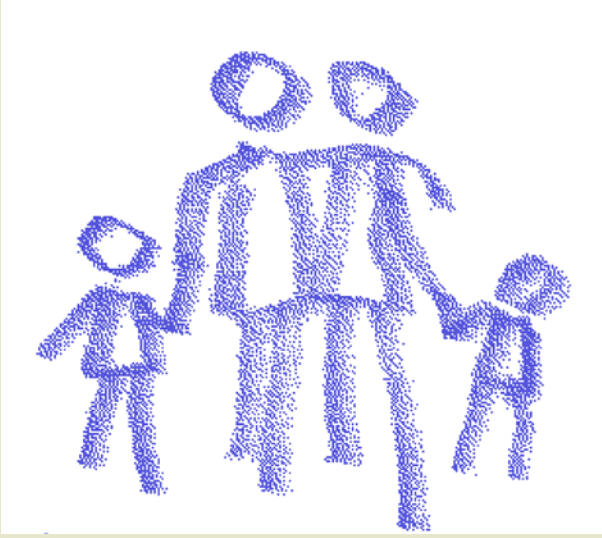
California Department of Health Services
Office of Family Planning



Request for Applications

Male Involvement Program (MIP)

March 2004

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PART ONE:

WHAT THE APPLICANT NEEDS TO KNOW BEFORE SUBMITTING AN APPLICATION

I. INTENT AND PURPOSE

A. Purpose

The Male Involvement Program (MIP) Request for Application (RFA) is being released to solicit applications to fund prevention and health education program activities that address the problems of teen and unintended pregnancies. MIP Program intends to fund local government, non-profit and community-based organizations to alleviate and prevent the unique problems associated with teen and unintended pregnancies that exist in areas of high need as established by the California Department of Health Services (DHS).

B. Funding for RFA

Approximately $2.2 million will be awarded through this competitive bidding process. These grants are funded by the State General Fund and Federal Title XIX. The availability of these funds is contingent upon appropriations in the California State Budget. The DHS reserves the right to modify, reduce or rescind any awards if there is elimination or reductions by the State Budget and Federal Title XIX.

C. Responsibility for the RFA

The California DHS administers the MIP Program and has the sole responsibility for the administration, implementation and evaluation of the MIP Program addressed in this RFA.

D. Male Involvement Program

The Male Involvement Program provides funding to local programs for the purposes of increasing the involvement of adolescent and young males in the prevention of teen pregnancy and early-unintended fatherhood through community engagement, youth leadership and increased responsibility of adolescent boys and young men.

E. Important Dates to Remember

Below is the time schedule for this RFA:

Release of the RFA – March 15, 2004
Applicants' Meeting – Sacramento – April 12, 2004
Notice of Intent to Apply due - April 16, 2004
Applications due – May 7, 2004
Award decisions announced – June 3, 2004
Grant period commences* - July 1, 2004

Grievance deadline—within 15 calendar days after receipt of the notices of award decisions.
**(Contingent upon successful completion of Scope of Work and Budget.)*

F. RFA Forms

The complete RFA and downloaded forms can be accessed through the OFP web-site
www.dhs.ca.gov/ofp/OFP%20main/RFA.htm

II. BACKGROUND

California continues to be a leader in economic achievement and social and cultural development. In the public health arena California leads the country and the world in public health programs. There are few states in the country that enjoy the cultural and geographic diversity and richness that our land and population contribute to our every day lives. California enjoys a multitude of racial and ethnic groups and a geographic landscape that boasts urban, suburban, and rural communities and coastal ranges, deserts, mountains, deltas, and rich agricultural valleys.

Despite the richness and diversity that California enjoys, the State is also in the midst of a public health crisis in which California ranks 28th among states in teen birth rates in the United States. This public health crisis ***is teen and unintended pregnancy and absentee fatherhood resulting from these pregnancies***.

How grave is the problem in California?

- In 2000 more than 56,000 babies were born to teen mothers between the ages of 15-19 years and in 2001, there were 52,966. This is a birth rate of 48.1 per 1,000 in 2000 and 45.1 per 1,000 in 2001 for teens between 15-19 years of age. (1)

- Teen and unintended births cross all racial, cultural, and socio-economic lines. In 2001, approximately 68 percent of all teen births (10- 19 years of age) in California were to Latina teens, 18 percent to White, 8.8 percent to African American, 4.3 percent to Asian/Pacific Islanders, and .6 percent to American Indians. (1)

- In 2001, 36,051 babies or 68 percent of total teen births age 10-19 years of age were born to Latinas. Of these babies, 595 were born to Latina teen mothers 10 to 14 years of age, 12,525 were born to Latina teen mothers 15-17 years of age and 23,526 babies were born to Latina teen mothers 18 to 19 years of age. (1)

- As of 2002 , California ranks 50th in the country in the number of teen births. California had 53,007 births to teens. (2) Between 1991-2000, California reduced its teen birth rate for girls between 15-19 years of age by 35.1%, ranking third in the country for states with the greatest reductions in teen birth rates.

- By the year 2010, California's teen population is expected to grow by 30%. The largest growth is expected among Latinos.

What is the problem in the United States?

- Nearly 450,000 teens give birth each year. (3)

- One out of three children is born out of wedlock; among teens, two out of three births are out of wedlock. (3)

- The U.S. has the highest teen birth rates of all industrialized countries and these continued high birth rates reflect higher pregnancy rates and smaller proportions of pregnant teens having abortions. (4)

- Nearly 80 percent of all teen births are first births, 18 percent are second births and three percent are births to teens who already have two children. (3)

- Teens are having sex at a younger age. In 1999, more than eight (8) percent of teens under 13 years of age reported being sexually active. (5)

What affect do these births have on our society in the United States?

- The Public Health Institute estimated that the age-weighted average annual cost to tax payers, associated with each teen birth rate in California across ages 15-19, is $2,129 and an estimated societal cost of $4,750 per year for each teen birth. (16)

- The poverty rate for children born to teen mothers is nearly twice the rate for all children. (7)

- During the first 13 years of parenthood, teen mothers receive social assistance and food stamps valued at more than $1,400 annually. (8)

- In California, there is an annual net cost to taxpayers of $1.5 billion and an annual total net cost to society of $3.3 billion. (16)

What are the health consequences to the teen mom and her baby?

- Teen mothers under 15 years of age are more at risk for pregnancy complications such as premature or prolonged labor, anemia, and high blood pressure. (7)

Low birth weight is more common among teen babies than among those born to women in their 20's. Low birth weight babies are 40 times more likely to die within the first month of their lives. (7)

- Each year more than three (3) million teens contract sexually transmitted infections (STI) accounting for one fourth of the 12 million Americans infected annually. (7)

- One quarter of HIV cases each year occur in people ages 13-21. Half are among people under 25 years of age. (7)

How are our teen parents affected?

- Teen mothers are less likely to graduate from high school—two out of three teen mothers never finish high school. (7)

- Only one out of every five teen mothers receives any support from the child's father and about 80 percent end up on welfare. (5)

- Teen fathers are more likely to engage in illicit behaviors, use alcohol and other drugs routinely, deal drugs and quit school. (7)

- Adolescent fathers suffer earning losses of 10-15 percent annually as compared to adolescents who delay fatherhood. (8)

- Teen parents are less likely to give their children proper nutrition, health care, cognitive and social stimulation, and nurturing—the things that all children need to get a good start in life. (7)

How are children of teen parents affected?

- Children born to women under the age of 20 are 10 times more likely to be poor. (7)
- Children born to teens are likely to suffer severe health problems and are less likely to receive proper health care. (7)
- Children born to teen mothers are more likely to drop out of school, have lower grade point averages, have poor school attendance and are less likely to go to college. (7)
- Children of teens are more likely to suffer higher rates of abuse and neglect, and to end up in foster care with all its attendant costs. (6)
- Five percent of children in foster care were born to teens. (8)
- Sons of teen mothers are more likely to end up in jail. (7)

The statistics and facts about teen and unintended pregnancies and absentee fathers are staggering. The teen births have a severe economic, social, educational and personal impact on individual lives as well as our society. Although the number of babies born to teens continues to decrease in California, the number of teen births is predicted to increase as the teen population increases in our State. By the year 2010 , the number of teens in California is expected to grow by 30 percent. And, even if the teen birth rate remains at the 2001 rate of 45.1 per 1,000 (52,966 births), the actual number of teen births in 2005 would increase to 63,462 births.

There are no easy and simple approaches to deal with this complex problem. Obviously, there needs to be multiple approaches involving self-esteem, health care, personal choices, educational attainment, parenting, nutrition, etc. Douglas Kirby. Ph.D. recently published the latest research results on approaches for dealing with teen pregnancy. His advice is that there is no single or simple approach that will significantly reduce adolescent pregnancy. (9) Thus, it makes sense to encourage responsible sexual behavior to prevent unintended pregnancies and sexually transmitted infections (STI's). (11)

Finally, teens are asking for our help. Nearly 88 percent of teens in the U.S. identify teen pregnancy as a significant problem. (11) Fifty-one percent of teens surveyed indicate that they would delay sexual activity if they had an adult they trust with whom they could discuss sex and other important issues. (12) Teens indicate that their parents have the most influence on their sexual beliefs and behavior. Teens want their parents and other adults they can trust to talk to them about sex, listen to their concerns and provide accurate straightforward information. (10)

Our challenge is significant. Children -our most prized national and state treasure- are being adversely affected by this public health crisis. The call to action is challenging. We know that over the last seven years the decline in teen births is due to many factors; some of the decline is due to the efforts funded by DHS TPP Programs. Our challenge is clear and DHS/OFP is ready to continue the support of local efforts through this RFA.

> *"Our children are our future. And helping young people avoid becoming parents until they are ready to provide a secure future for their own children is more important than ever. Effective teenage pregnancy prevention requires a partnership among parent, schools, and communities. Our future depends on the decisions we make for our children today."*
>
> *--Get real! About Teen Pregnancy Campaign, Wellness Foundation*

III. MIP PROGRAM GOALS

The over-riding purpose of this RFA is to promote and support the well-being, health, and development of California's youth.

The specific purpose of the MIP Program is to fund communities to implement single and multidimensional prevention strategies that are locally developed and that address the RFA purpose and goals.

The specific goals of this RFA are to:

1. Reduce teen and unintended pregnancies.
2. Promote responsible parenting.
3. Promote the roles of males in the prevention of teen and unintended pregnancies.
4. Increase the number of fathers who support the economic, social, and emotional well-being of their children.
5. Promote postponing parenthood until one is able to provide for the physical, emotional, social and economic well-being of a child.
6. Increase community involvement in building healthy families through awareness of the effects of teen and unintended pregnancies.

Promote and support the development of self-assured, future-oriented youth capable of navigating through adolescence to responsible adulthood and contributing positively to society.

IV. MIP PROGRAM DESCRIPTION

Male Involvement (MIP) Program

The State of California has a nine year commitment to initiating and developing prevention services for males through its Male Involvement Program. MIP has constructed community partnerships to reach males ages 12-24 (average age of participants is 13 years old) with a positive messages about what young and adult men can do to prevent unintended pregnancy, prevent early-fatherhood, communicating sexual limits and desires with partners, and making positive contributions to their family and community. MIP efforts strive to:

1. Reinforce the message that males are necessary and desired partners in reducing teen pregnancy and early fatherhood in our communities;
2. Provide young men with medically accurate sexual & reproductive information;
3. Build relationships with clinical and social service providers to expand the range of needed services available to males in their communities;
4. Develop and implement male specific prevention education approaches that engage and reach young men at sites where they congregate;
5. Assist young men to understand the responsibilities they have to themselves, their families, and community to make positive life choices;
6. Facilitate discussions about the affirming aspects of being a man and assist young men to construct and nurture a positive personal identity; and

7. Work with males to reinforce the message that fathers contribute to the well-being of their children by supporting their physical and emotional development and the provision of financial resources.

V. DEFINITIONS

Activity - The way an agency will accomplish a stated objective; the step-by-step plan.

Adult Caregiver - An adult other than the legal parent/guardian caring for an adolescent.

Board Resolution - A formal decision by the governing body of a public agency or community based non-profit organization to authorize the application for government funding.

Clinics – A community-based clinic licensed under Section 1204 of the Health and Safety Code; and a community clinic exempt from licensure under subdivision (a), (b), (c), (f), (g), (k) and (m) and Section 1206 of the Health and Safety Code.

Clinical Mental Health – See Mental Health Services definition.

Clinical Services – Personal family planning reproductive health care with a focus on access to all family planning methods; individualized education and counseling about positive sexual practices and relationships; and, prevention of conditions that threaten reproductive capability including diagnosis and treatment of sexually transmitted infections (STIs), HIV testing and limited cancer screening.

Collaborative Alliance - A group of agencies/entities convened to participate in a joint decision-making process that provides input and supports the development of a teen pregnancy prevention project. The alliance uses formal letters of understanding but may have no formal subcontracts with the involved agencies. The alliance meets regularly on an as-needed basis.

Collaborative Partnership - A group of agencies operating under a formalized partnership and function as a TPP project/program. The partnership operates under formal contract agreements between the TPP Program applicant/lead agency and its collaborating agencies/entities to provide specific services/activities outlined in the Scope of Work. The partnership conducts regular meetings with collaborators operating under by-laws or other formal procedures.

Contract – A formal document that has to be approved by the Department of General Services (DGS). A contract delineates how the funds are to be spent; the services to be provided by the applicant, the budget, the evaluation process and the payment provisions.

Corporation - An entity created by or under the authority of the laws of the State of California, which has the legal authority to engage in certain activity.

Culturally Appropriate - The organization's capacity to design and implement programs, interventions, and services which effectively incorporate cultural and language barriers to the delivery of appropriate and necessary services.

Culturally Competent - Recognition of the values and racial and ethnic diversity within communities served. Knowledge and respect for diverse attitudes, beliefs, behaviors, practices and communication patterns that could be attributed, for example, to race, ethnicity, religion and socio-

economic status. Development of a workforce that reflects the race, ethnicity, and/or other societal factors present in the population served.

Current Applicant - Any agency funded by OFP as a Lead Agency through MIP, I&E, CCG, or TSO within the last three fiscal years (FY01-02, FY02-03, FY03-04).

Curriculum Based - A written plan with specific content designed to deliver information in an educational format. The DHS/OFP has specific criteria associated with curriculum guidelines. Please refer to **Appendix IX** for details.

Family PACT Program - A state program that provides comprehensive family planning services to low-income men and women with a family income at or below 200 percent of the federal poverty level with no other source of family planning coverage. Eligible persons are individuals at risk of pregnancy or causing pregnancy who do not qualify for Medi-Cal and do not have access to health insurance. Eligibility is determined at the provider's office with point of service activation of a client membership card.

Direct Cost - Any cost that can be identified with specific activity requirements of the grant.

Goal - A broad statement of the project's intent and/or objective.

Grant Agreement - A statutorily based formal agreement between the DHS and a successful applicant agency awarded funds for the implementation of a TPP local project. A grant agreement is similar to a state contract in that it delineates how the grant funds are to be spent; the services to be provided by the applicant, the budget, the evaluation process and payment provisions. Grant agreements are exempt from review and approval from the Department of General Services.

Hot Spot - Specific geographic areas designated by DHS where teen birth rates are equal or higher than the state average.

Indirect Cost Rates/Overhead - An amount or pro rata shares of salaries and benefits attributable to common or joint functions and activities of an organization.

In-kind Services - Non-monetary resources and services contributed by an entity/individual to assist the program in carrying out its goals, objectives, and activities.

Lead Agency - The agency with whom the State has a formal written grant agreement.

Letter of Commitment – A letter documenting the applicant's ability to provide services to the target population(s) at agencies specified in the application. It is commitment from agencies who will be providing specific services to the applicant. Refer to "Letter of Commitment Guidelines" **(Appendix X)**.

Letter of Support – A letter documenting an agency's support of an applicant's proposed efforts in the community or their involvement in the planning of the proposed project.

Linguistically Appropriate – Accessibility to service providers who can communicate effectively in the language of their clients.

New Applicant – An agency that has not been funded as a Lead Agency to Male Involvement Program (MIP), Information and Education Projects (I&E), Community Challenge Grant (CCG) Program and TeenSMART Outreach (TSO) within the last three fiscal years. Agencies who

subcontract under an OFP funded Lead Agency and have not been funded as a Lead Agency with OFP are considered as a new applicant.

Medically Accurate Information –Information verified or supported by research conducted in compliance with scientific methods and published in peer-review journals, when appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, such as the Centers for Disease Control and Prevention." (Education Code Section 51553(b)(1)(B)(ii).) Factual information presented in a TPP program must be medically accurate. Course material and instruction must be medically accurate, objective and free of racial, ethnic and gender bias.

Mental Health Services - Formal assessment, evaluation, treatment or analysis of a client/patient's psychiatric disorder by a licensed psychiatric provider, either individually or in a group setting.

Non-profit - A group, often a corporation, organized for purposes other than generating profits and is certified by the IRS or Franchise Tax Board as a non-profit entity.

Objective – A statement that indicates the population targeted, the strategy to be implemented, how the outcome will be measured, the result expected and when the strategy will be started and completed.

Outreach - An organized effort to extend services beyond usual limits such as a particular segment of a community not receiving the services.

Parental Consent - A formal process by which a parent/guardian provides permission for their child to participate in a teen pregnancy prevention activity.

Program Consultant – An OFP designated person who's responsible for managing performance of the grantee.

Prospective Payment - Any payment made to a grantee before work has been performed.

Public Entity - A county, city, district, local public body, state board, state commission, federal agency, or joint powers authority.

Reliable Data – Factual information that is medically accurate (see definition above) and derives from source(s) that are regularly used in public health programs, such as governmental sources, both national, state and local (i.e., the National Center for Health Statistics, Centers for Disease Control and Prevention; California DHS, County Health Department registries); professional sources (i.e., American Public Health Association, National Association of Pregnancy, Parenting and Prevention). Data sources cited should be no older than five (5) years.

Responsive Bidder - An applicant whose proposal meets the specifications and other requirements contained in the RFA.

Strategy - How an agency will work toward achieving the stated goal; the plan devised to achieve a stated goal.

Sectarian - Related to a religious denomination that adheres collectively to a particular religious creed.

Unintended Pregnancy –A pregnancy that was not planned or wanted at the time conception occurred, irrespective of whether contraception was being used (Institute of Medicine, The Best Intentions, 1995).

Volunteer – A person providing services without compensation.

VI. TARGET POPULATIONS

The populations targeted for the strategies designed to meet the goals of this RFA include but are not limited to:

A. Pre-sexually active adolescents
B. Sexually active adolescents
C. Pregnant and parenting adolescents
D. Parents and families, and adult caregivers
E. Young adults at-risk for unintended pregnancy and/or absentee fatherhood
F. Youth serving personnel (e.g. teachers, faith leaders, counselors, community workers, coaches, etc)

The number of target populations selected for the application is limited per the guidelines for developing projects under VII. Program Information, B. Funding Levels. (Please refer to Part One, Section VII, "Program Information," "B. Funding Levels," for the minimum and maximum requirements on target populations to be selected). Additional target populations other than those outlined may be selected and addressed by local programs; however, the prevention strategies proposed and the target populations must be consistent with the MIP Program goals and fully justified in the application. The community planning process (described in Section XII, "Community Collaboration, A. Collaboration for Planning") and the needs assessment process required (Section XIV, "Community Needs Assessment") will assist applicants to define other target populations beyond those listed above. This may include ethnic/cultural groups, youth under court supervision, young men in jails, foster youth, and youth at risk of unintended pregnancy for example.

Applicants are required to define the target population in the proposed Scope of Work. The applicant should define and provide adequate information regarding the target population(s) to be served and demonstrate the need for the strategy selected.

This RFA delineates target populations. Applications may target adolescents at the middle school age level and above. Activities will be supported in the elementary schools if the community planning process and needs assessment identify this target population to be at risk. Additionally, "sexually active" as used in this RFA includes any type of sexual activity, i.e. any and all types of kissing, petting, mutual masturbation, oral sex, anal sex, as well as vaginal sex--not only sexual intercourse. Pre-sexually active adolescents are teens or pre teens not engaging in any type of sexual activity.

Target populations in terms of age are intentionally open-ended and non-specific in order to give applicants the latitude to define the target populations according to the need in the community. Young adults are defined as persons between the ages of 18-24 years of age.

VII. PROGRAM INFORMATION

A. Eligibility/Who May Apply

County and city governments, local health jurisdictions, other public entities-- such as schools, school districts, and County Offices of Education--and private non-profit corporations organized for non-sectarian purposes in California are eligible to apply for these funds.

These funds are being made available in an open competitive application process. Although, no preference is given to current OFP providers/grantees/contractors, past performance of a current or past grantee/contractor is evaluated and will qualify or disqualify an Applicant from further review of their application. For those Applicants with no prior OFP grants, their past or current performance for agencies listed in their references will be thoroughly researched. The same qualifying/disqualifying factors apply to all applicants. The award of funds will be based on the review processes described in Section VIII. "Application Submission Requirements and Review Process."

Applicants claiming private non-profit status must submit as part of their application either: (a) certification from the State of California, Office of the Secretary of State, or (b) a letter from the federal Department of the Treasury, Internal Revenue Service, classifying the applicant agency as a private non-profit corporation.

Organizations that have applied for non-profit status but are not yet certified may submit an application; however, DHS cannot enter into a grant agreement unless non-profit status is obtained. PART TWO of this RFA contains specific information about the documentation required to verify that an application for non-profit status is pending.

The California Constitution, Article XVI, Section 5, prohibits the State from granting or otherwise using state funds to aid any religious sect, church or sectarian purpose. Nevertheless, all non-profit corporations, including those associated with religious organizations but organized for solely non-sectarian purposes, may apply. The State will remove funding if it finds that program strategy, activities, educational materials (e.g., curriculum, handouts, audio-visuals) or any other aspects of a program involve or include sectarian beliefs or religious doctrine.

All organizations interested in submitting an application for these funds must include plans for community collaboration with parents, families, local agencies, businesses, school leaders, community groups, private organizations, and others to ensure the planning of non-duplicative, well-integrated and cost-effective services responsive to the needs of all proposed target populations.

B. Funding Levels

Funding for the MIP Program covered by this RFA will be made available through the Budget Act and Federal Title XIX matching funds for Fiscal Years 2004-2005 through 2006-2007. It is anticipated that the program will receive a State General Fund appropriation of $1.1 million which will be matched with an equal amount of $1.1 million Federal Title XIX funds. The funding level for the program will be final only after the Budget Act for the fiscal year is signed. All state appropriations are subject to modification or complete elimination. Therefore, if the appropriation

level is modified, the grant awards will be modified as well to reflect the changes. Any changes may include elimination of funding or a reduction of funding.

The anticipated annual funding levels for the MIP Program is $2.2 million.

These funds will be awarded to support the services and activities as outlined in this RFA for pregnancy prevention programs. DHS anticipates funding approximately 20-25 grants. Grant awards will range between $100,000 - $150,000 per fiscal year per grantee/agency. Funds are available only during the fiscal year appropriated. There will be no "roll-over" of funds from one fiscal year to subsequent fiscal years. No cost of living or increases to these appropriations will be made in future fiscal years. Therefore, funding amounts will not change from year to year. The minimum and maximum funding levels are delineated below. No grants will be awarded below or above those amounts. Projects will be funded based on the Scope of Work, type of project, number of target populations, number of strategies, type of collaboration, and number of subcontractors.

Level of funding will be awarded as follows:

$100,000-$150,000 will be awarded to projects each year. The MIP projects will be required to meet all of the following criteria:

- Address no more than three (3) target populations;
- Implement at least four (4) but no more than six (6) , strategies;
- Support a Collaborative Alliance;
- Provide information and referral for comprehensive reproduction health care services through the Family PACT (Prevention, Access, Care & Treatment) Program.
- May include a small number of partners and/or subcontractors; and,
- Participate in the three levels of evaluation.

Agencies may apply as a lead agency and also be a subcontractor in other applications or future TPP competitive bidding processes. For instance, MIP Program applicants may participate and provide services as a lead or subcontractor under a comprehensive regional TPP proposal, if such RFAs are issued by OFP. However, MIP projects must be integrated as part of future proposed TPP projects. An agency may also be a subcontractor in more than one application and in more than one geographic location (e.g., county). Agencies may not submit multiple applications for the same region and/or geographic area. The only exception is for agencies serving in multiple counties/regions, serving separate geographic areas. Additionally, a current OFP-funded agency may apply to provide similar services at a different location and geographic target population.

If an agency plans to apply for future TPP funding, they will need to demonstrate how they would incorporate the MIP Project into the new TPP Program. This will mean that agencies will need to provide more information and are expected to have more requirements in the future application.

C. Grant Period

The term of the agreement is for 12 months and is subject to appropriation of funds in the FY 2004-2005 Budget Act. The grant agreements will be extended for an additional 24 months for a total of 36-month project period, subject to the appropriation of funds in the subsequent fiscal years through FY 2006-07. At the discretion of the DHS, projects may be extended for up to an additional 24 months through June 30, 2008 and/or June 30, 2009 for a total of five years, based upon satisfactory grant performance, compliance with grant agreement requirements, trends in teen pregnancy, and other factors deemed appropriate by DHS. Grantees receiving continuation funding will be required to submit a Scope of Work for each subsequent project year. Projects are expected to begin on July 1, 2004 and operate through June 30, 2007.

D. Pre-Application Conference: Applicants Meeting

In order to clarify information contained in this RFA, OFP will be conducting a half-day informational session. The **Applicants' Meeting** will be held on April 12, 2004, in Sacramento in the afternoon from 1:30 pm. – 3:30 p.m. and will provide an overview of the RFA, the Teen Pregnancy Prevention (TPP) Programs and information about teen pregnancy in California. The session will also provide an opportunity for applicants to ask specific questions about the RFA for the MIP Program and future RFAs for the TPP Programs.

Verbal remarks provided in response to questions/inquiries are unofficial and are not binding for DHS unless later confirmed in writing.

Applicants should carefully review this RFA before the applicant meeting to become familiar with the qualification requirements, Scope of Work and application content requirements. Prospective Applicants are encouraged to bring their copy of this RFA to the Applicant Meeting to reference during the presentation.

Applicants should refer to the RFA Section VII entitled "Applicant Questions" under **F.** below for instructions on how to submit written questions and inquiries prior to the conference date.

Applicants are responsible for their costs to attend and participate in the conference. Those costs cannot be charged to DHS or included in any cost element.

DATE AND LOCATION OF THE APPLICANTS MEETING:

April 12, 2004, from 1:30 p.m. to 3:30 p.m. in Sacramento at 1500 Capitol Avenue, in the Auditorium.

E. Reasonable Accommodations

Upon request, DHS/OFP will provide reasonable accommodation to a prospective applicant with a hearing or other impairment who needs assistance to participate and/or attend the Pre-Application Conference. Call OFP at **(916) 650-0414** or FAX at **(916) 650-0455** by **March 24, 2004.**

F. Applicant Questions

If a potential applicant, upon reviewing this RFA, has any questions or discovers any problem, including any ambiguity, conflict, discrepancy, omission, or any other error in this RFA, the applicant may request clarification in writing. All such communications should identify the author, agency name and address, specific question or discrepancy, RFA Section and page number and other relevant information.

Written questions or inquiries must be received by OFP by no later than **5:00 p.m. on April 14, 2004.** Written questions or inquiries may be submitted by mail to the address listed below or submitted by **FAX to (916) 650-0455**. Applicants may call **(916) 650-0414** to confirm receipt of FAX.

Male Involvement Program
RFA Questions
PCFH/Office of Family Planning
California Department of Health Services
Suite 73.430, MS-8403
P.O. Box 997413

Sacramento, CA 95899-7413

Fax: (916) 650-0455
Telephone: (916) 650-0414

Questions received at the Applicant Conference or submitted in writing directly to OFP will be compiled. A summary of the written questions and their respective responses will be mailed to the entities that (1) submit a Notice of Intent to Apply, (2) attend the OFP Applicant Conference, and/or (3) submit written questions to OFP that are received on or before April 14, 2004.

After **April 14, 2004 at 5:00 p.m.**, the question and answer period will be closed and OFP will **NOT** provide any further technical assistance concerning the RFA.

Agencies are encouraged to thoroughly examine this RFA and become fully aware of its requirements. Prospective applicants are reminded that applications are to be developed solely on the material contained in this document and any written addendum issued by OFP.

G. Voluntary Notice of Intent

Prospective applicants are strongly urged to indicate their intention to submit an application. Failure to submit a Notice of Intent will not affect the acceptance of any proposal. The Notice of Intent is not binding and prospective Applicants are not required to submit an application merely because a Letter of Intent was submitted. The purpose of the Notice of Intent is to assist DHS in estimating the likely number of applicants in order to assemble an adequate number of reviewers and to develop other logistics for the review process.

Applicants should use "Notice of Intent to Apply for the Male Involvement Program Funds" form **(Attachment XI).** Forms may be faxed (facsimile) and submitted by **April 16, 2004**. The Notice of Intent should be addressed to:

Anna Ramírez, M.P.H., Chief
PCFH/Office of Family Planning
California Department of Health Services
Suite 73.430, MS-8403
P.O. Box 997413
Sacramento, CA 95899-7413
Fax: (916) 650-0455
Telephone: (916) 650-0414

If a Collaborative Alliance changes the lead agency after submitting a Notice of Intent, please have the formerly designated lead agency notify OFP of the change and provide updated information on the new Lead Agency. Notices of Intent will be posted on the OFP Website so that applicants can review the names of other agencies in their geographic area that may be applying.

VIII. APPLICATION SUBMISSION REQUIREMENTS AND REVIEW PROCESS

A. Application Submission

The person authorized to legally bind the applicant must sign applications. Applicants must submit the signed original application (clearly marked "Original") and four (4) copies of the entire application package, including attachments. Place the proposal marked "Original" on top, followed by the four (4) extra copies. Place all proposals in a single package if possible, and seal it. If you submit more than one package, carefully mark on the outside of each package "1 of X', "2 of X", etc.

The original and all four copies must be received by OFP on or before 5:00 p.m. on May 7, 2004. Applications with a postmark on or after May 7, 2004, but not received by 5 p.m. May 7th will be returned unopened.

DO NOT ELECTRONICALLY TRANSMIT APPLICATIONS BY FACSIMILE (FAX) OR E-MAIL. FAXED OR E-MAILED APPLICATIONS WILL NOT BE ACCEPTED.

It is the sole responsibility of the applicant(s) to insure that its application package is received by OFP no later than the above deadline. Late applications will not be reviewed or scored. **NO EXCEPTIONS WILL BE MADE**.

Label and submit your application package using one of the following methods:

Regular Mail:

Anna Ramírez, M.P.H., Chief
PCFH/Office of Family Planning
California Department of Health Services
P.O. Box 997413
MS 8403
Sacramento, CA 95899-7413
ATTN: MIP PROGRAM RFA

Hand Delivery or Overnight Mail:

Anna Ramírez, M.P.H., Chief
PCFH/Office of Family Planning
California Department of Health Services
1615 Capitol Avenue, Suite 73.430
Fourth Floor, Room 435
Sacramento, CA 95814
ATTN: MIP PROGRAM RFA

PLEASE NOTE: The address to hand-deliver or overnight your application is different from the address used for regular mail. Use the correct address for the type of delivery.

All applications will be date and time stamped upon receipt. If an application is hand-delivered to OFP, an "Application Receipt" will be provided upon request to the hand carrier.

Application Modifications after Submission; Withdrawal and/or Resubmission of an Application

All applications shall be complete when submitted. However, an entire application may be withdrawn and the applicant may resubmit a new application prior to the application deadline.

To withdraw an application, the applicant shall submit a written withdrawal request signed by an authorized representative of the Applicant. Address the envelope to the same person and appropriate address listed above for delivery of applications. Add an additional line to the address on the envelope stating "Withdrawal RFA."

You may also fax your written withdrawal request to

Anna Ramirez, Chief,
Office of Family Planning
Department of Health Services
FAX (916) 650-0455

Applicants who fax their withdrawal requests must call **(916) 650-0414** to confirm receipt of a faxed withdrawal request. Applicants must follow up the faxed request by mailing or delivering the signed original withdrawal request within 24 hours after submitting the faxed request.

An originally signed withdrawal request is generally required before DHS/OFP will return an application to an applicant. DHS/OFP may grant an exception if the applicant informs DHS that a new or replacement application will immediately follow the withdrawal.

After withdrawing an application, an applicant may resubmit a new application according to the proposal submission instructions. Replacement proposals must be received at the stated place of delivery or postmarked by the application due date and time.

B. DHS Rights

DHS is authorized to verify any and all information contained in an application, including but not limited to verification of prior experience and the possession or other qualification requirements; and check any reference identified by an Applicant or other resources known by the State to confirm the Applicant's business integrity and history of providing effective, efficient and timely services.

DHS/OFP may request an Applicant to submit additional documentation during or after the application review and evaluation process. Failure to submit the required documentation by the date and time indicated may cause DHS/OFP to deem an application non-responsive. DHS/OFP, at its sole discretion, reserves the right to collect the following omitted documentation and/or additional information:

a) Signed copies of any form submitted without a signature.
b) Data or documentation omitted from any submitted RFA attachment/form.
c) Information/material needed to clarify or confirm certifications or claims made by an Applicant.
d) Information/material needed to correct or remedy an immaterial defect in a proposal.

The DHS/OFP may also waive any immaterial defect in any application and allow the Applicant to remedy those defects. DHS/OFP reserves the right to use its best judgment to determine what constitutes an immaterial deviation or defect. DHS' waiver of an immaterial defect in an application shall in no way modify this RFA or excuse an applicant from full compliance with all bid requirements.

The issuance of this RFA does not constitute a commitment by DHS/OFP to award any grants, any specific number of grants, or all grant money. DHS/OFP reserves the right to reject all proposals and to cancel this RFA if it is the best interests of DHS to do so.

C. Nonresponsive Applications

In addition to any condition previously indicated in this RFA, the following occurrences **may** cause DHS/OFP to deem a proposal non-responsive:

a) An Applicant submits an application that is conditional, materially incomplete or contains material defects, alterations or irregularities of any kind.

b) An Applicant supplies false, inaccurate or misleading information or falsely certifies compliance on any RFA attachment.

c) If DHS/OFP discovers, at any stage of the evaluation process or upon award of a grant that the applicant is unwilling or unable to comply with the grant agreement terms, conditions and exhibits cited in this RFA or the resulting grant agreement.

d) If other irregularities occur in an application response that are not specifically addressed herein.

D. Confidentiality

All materials submitted in response to this RFA will become the property of the DHS and, as such, are subject to the Public Records Act (Government Code section 6250, et seq.). DHS will disregard any language purporting to render all or portions of any application confidential.

However, the contents of all applications, draft RFAs, correspondence, agenda, memoranda, working papers, or any other medium that discloses any aspect of an Applicant's application shall be held in the strictest confidence until the grant awards are made. DHS/OFP shall hold the content of all working papers and discussions relating to an application confidential indefinitely, unless the public's interest is best served by disclosure because of its pertinence to a decision, agreement, or the evaluation of an application. An applicant's disclosure of this subject is a basis for rejecting an application and ruling the applicant ineligible to participate further in the application process.

E. Cost of Developing Application

The cost of developing applications is entirely the responsibility of the proposing entity and shall not be chargeable to the State of California or included in any cost elements of the application.

F. Application Evaluation and Selection

1. Stage 1 – Application Screening: Required Attachment/Certification Checklist Review

a. Shortly after the application submission deadline, OFP staff will convene to review each application for timeliness, completeness and initial responsiveness to the RFA requirements. Omission of any required document or form, failure to use required formats for response, or failure to respond to any requirement may lead to rejection of the application prior to further evaluation. If an application is failed, it is rejected and will not undergo a more complete substantive/narrative review. This is a pass/fail evaluation.

b. In this review stage, OFP will compare the contents of each application to the claims made by the applicant on the Applicant Checklist **(Attachment III)** to determine if the applicant's claims are accurate.

c. If deemed necessary, OFP may collect additional documentation (i.e., missing forms, missing data from RFA attachments, missing signatures, etc.) from an Applicant to confirm the claims made on the Applicant Checklist and to ensure that the proposal is initially responsive to the RFA requirements.

d. If an applicant's claims on the Applicant Checklist cannot be proven or substantiated, the proposal will be deemed non-responsive and rejected from further consideration.

2. Stage 2--Substantive Review

In Stage 2, each application will undergo a detailed appraisal of its adequacy, thoroughness and the degree to which it complies with the substantive RFA requirements of each section and the project as a whole. The appraisal will result in a score of "adequate" or "inadequate". If the proposed project is determined to be adequate, the application will progress to Stage 3- Applicant Performance, and Stage 4- Funding Decision. The Stage 2 appraisal also provides a mechanism for use in Stage 4 to assist evaluators in determining which of two (2) or more projects serving the same target population in the same geographic area should be funded.

<u>The following substantive elements will be evaluated:</u>

- The degree of collaboration and community input.
- The degree of involvement of youth, parents and families within the community.
- The degree of involvement of non-governmental organizations.
- The degree of need for the project.
- The presence of geographic, economic and ethnic diversity of the population.
- The project's feasibility (measurable objectives and activities).
- The project's cost effectiveness.
- The degree to which the project objectives, activities and/or outcomes can be measured and evaluated.
- The degree of the applicant's administrative, fiscal and programmatic capability to implement the program design.
- The degree to which proposed project and strategies are based on research and tested program designs.
- The degree of inclusion of innovative strategies, particularly those strategies targeting parents or other adults, young men and fathers.
- The degree to which selected strategies are appropriate to the need of the target populations.

Scoring the Adequacy of a proposal. There are eight major sections that must be addressed in a proposal. Each section has several criteria that must be addressed in the proposal. Each of the eight major sections of a proposal is assigned the following weights:

- Applicant capability 15%
- Community Collaboration 10%
- Clinical Services Linkage 10%
- Community Needs Assessment 15%
- Project Description 15%
- Project Scope of Work 15%
- Evaluation Plan 10%
- Budget and Justification 10%

When totaled, the weights will add up to 100%. Within each section there are several criteria that must be satisfactorily addressed by the applicant. Each criterion will be appraised as ***"inadequate," "adequate,"*** or "***not applicable***." For a section to be considered "adequate," 70% of the criteria must be assessed as "adequate," and if so, that section's score is assigned a percentage weight. If a criterion is "not applicable," its percentage weight within the section will be zero. Therefore, each section will receive either the full weight or zero weight for the section. In order for applications to pass Stage 3, the total weight of the sections deemed "adequate" must equal 70% or higher.

Each application will undergo an initial evaluation by two independent reviewers who will, individually, score the application and determine tentative recommendations of "adequate" or "inadequate" for each criterion, section and entire proposal. All applications will be further presented by the reviewers to an evaluation team facilitated by OFP. During the evaluation team meeting, the reviewers may further consider their individual evaluations and make a joint final recommendation as to whether an application is "adequate" or "inadequate." Scoring disagreements that are 20 % apart or more will be sent to a third independent reviewer; the third assessment will be viewed as final. Review team members are comprised of State employees working in the public health or health related services area.

"Inadequate" and "Adequate" are defined below. Following the definitions below is a list of the considerations evaluators may take into account when appraising a section.

INADEQUATE	ADEQUATE
"Inadequate": The application, i.e., content and/or explanation offered is poor and barely meets DHS' needs requirements and/ or expectations. Responses to most criteria are missing, insufficient, incomplete, and/or incoherent. The project has limited feasibility and cannot be measured. The omission(s), flaw(s) or defect(s) are consequential, unacceptable and/or material. 30% or more of the criteria within each section are appraised as "inadequate" and 30% or more of the sections of the proposal, as weighted, are appraised as "inadequate."	**"Adequate":** At a minimum, the application generally, but does not fully, address all of the needs, requirements or expectations of the RFA, but the project appears feasible and measurable. The application shows a basic understanding of the administrative and fiscal requirements to implement the project. The omissions(s), flaw(s) or defects(s), if any, are inconsequential, acceptable and/or immaterial. At least 70% of the criteria within each section are appraised as "adequate," and 70% of the sections of the proposal, as weighted, are appraised as "adequate."

In determining the adequacy of specific portions of a section, evaluators may consider the extent to which a proposal responds to the following criteria:

- Contains depth, breadth and includes significant facts and details;
- Is fully developed, comprehensive and has few if any weaknesses, defects or deficiencies;
- Demonstrates that the applicant understands DHS/OFP's requirements;
- Illustrates the applicant's capability to perform the services proposed and meet its Scope of Work requirements;
- If implemented, will contribute to the achievement of DHS/OFP's goals and objectives;
- Demonstrates the applicant's capacity, capability and/or commitment to exceed service needs (i.e., enhanced features, approaches, or methods; creative or innovative solutions).

The following sections and criteria will be assessed as "Adequate," "Inadequate," or "Not Applicable."

Applicant Capability: 15%

1. Description of the history, primary mission, current services and programs, current participant caseload and participant profile of the applicant.
2. Demonstration of the applicant's organizational capability and resources to ensure timely start-up and implementation of the proposed project.
3. Explanation of the applicant's history of involvement with issues that pertain to the MIP goals.
4. Establishment of the applicant's ability to assess the service needs of the population(s) to be served, and to address the cultural aspects of the target population.
5. Demonstration by job duty statement that key project staff positions will have the knowledge, experience and education to implement the proposed project.
6. Explanation of extent to which the applicant has the financial ability to conduct the project (given that funding will be provided on a reimbursement basis).
7. Explanation that the applicant's audit history demonstrates sound financial management practices.

Community Collaboration: 10%

1. Demonstration that collaborative community input and decision-making were used to identify project strategies that will best meet local needs and achieve the goals of decreasing teenage and unintended pregnancies and absenteeism among teenage fathers.

2. Description of a workable plan to develop, maintain and sustain a community collaborative as a part of the proposed project.

3, Explanation of the collaborative level the project proposes to support.

4. Description of how each collaborative member was specifically involved in the development of the application.

5. Description of the background of the collaborative.

6. Description of the communication system that will be used to ensure that the collaborative and other community members can provide ongoing input into the implementation and evaluation of the project.

7. Description of the staff position that will have lead responsibility for supporting the collaborative structure and of his/her duties.

8. Inclusion in application package the required Letter of Commitment, School Agreement Form, or a Memorandum of Understanding for each collaborator listed on the collaborative roster.

9. Definition of each collaborator's capabilities and duties supporting the proposed project's Scope of Work.

Clinical Services Linkage: 10%

1. Identification of the Family PACT Provider(s) involved in the project.

2. Description of how the Family PACT provider(s) participated in the development of the application.

3. Description of how the referral to clinical services is anticipated to operate throughout the project period.

4. Description of the communication system used to ensure that the Family PACT providers will provide on-going input in the implementation of the project and the referral mechanism developed.

5. Identification of the staff person responsible for on-going communication between proposed project staff and Family PACT provider(s).

6. Inclusion of the Collaborative Roster Form **(Attachment V)**, list the name of each Family PACT provider and their address.

7. Inclusion of Letter of Commitment, as appropriate from each Family PACT provider involved.

Community Needs Assessment: 15%

1. Inclusion of a community needs assessment(s) that supports the target population(s) and strategies selected for the proposed project.

2. Demonstration of the community needs assessment(s) that the proposed project goals, project design and activities are appropriate for the target populations.

3. Description of the community needs assessment(s) of the prevalence of teen and unintended pregnancy, teen parents, or absentee fathers in the community to be served.

4. Demonstration of the community needs assessment of a thorough understanding of the characteristics of the target populations to be served.

5. Identification of community needs assessment of conditions that may put target populations at high risk for teen pregnancy or parenting.

6. Demonstration of the community needs assessment(s) of a thorough familiarity with current teen pregnancy and absentee fatherhood prevention projects and health services in the community.

7. Explanation of the community needs assessment(s) of why the proposed project is needed and justification of how a more comprehensive approach will enhance the existing services.

8. Identification of the community needs assessment(s) of the existing gaps in current service that will be addressed and/or improvements that will be implemented by the proposed project.

9. Demonstration of the community needs assessment(s) of a thorough familiarity with the attitudes, beliefs and values of the community to be served about the causes, consequences, and solutions of teen pregnancy, unintended pregnancy and absentee fatherhood.

10. Identification of the community needs assessment(s) of the assets, resources, and opportunities that exist in the community to support the implementation of the proposed project.

11. Anticipation of the community needs assessment(s) of the likely obstacles to the implementation of the project, and provision of measures to overcome those obstacles.

12. Reliance of community needs assessment(s) on other identifiable data and information where census track data is unavailable.

Project Description: 15%

1. Demonstration of the project description of the overall approach and purpose of the proposed project.

2. Inclusion of brief rationale for selection of each proposed goal and affiliated strategy.

3. Justification by the project description of the appropriateness and likelihood of success for each proposed goal and affiliated strategy.

4. Identification by the project description of the specific target population(s) to be served.

5. Identification by the project description, for each population, the type of services to be provided, how these services will be accomplished, how the target populations will benefit, how these services will support project goals, and how the success of these services will be measured.

6. Description of the organizational structure of the proposed project.

7. Description of the community collaboration for the proposed project.

8. Identification of the curricula to be used as part of the proposed project?

9. Inclusion of required documentation if proposed project includes formal mentoring.

10. Inclusion of required documentation of Curriculum Profile **(Attachment VII)**.

Project Scope of Work: 15%

1. Inclusion in the formal and narrative project Scope of Work, detailed objectives, activities and expected results of the proposed project.

2. Consistency of goals of the proposed project with the goals of this RFA.

3. Furtherance of the goals of this RFA by the proposed project.

4. Identification by the proposed project of measurable and specific objectives with appropriate strategies.

5. Identification of the gender served by each objective and strategy.

6. Identification of the age group(s) to be served, by total number, served by each objective and strategy.

7. Identification of the ethnic groups to be served, by total number, served by each objective/strategy.

8. Indication of the minimum number of participants served by each objective and strategy.

9. In the case of sessions or presentations, or meetings, an indication of the number of participants that will attend, and the number of minutes that each will last.

10. Identification of the curricula, if any, that will be used to accomplish each objective and strategy.

11. Specification of whether each objective/strategy is part of the Statewide Outcome Evaluation.

12. Indication of the expected results of each objective/strategy in measurable terms.

13. If the objective/strategy involves individual participants, indication of the expected results at completion of the objective/strategy in measurable terms.

14. Step by step description of how each objective/strategy is to be accomplished.

15. Demonstration that accomplishment of each objective/strategy is reasonably achievable (based on step by step description).

16. Specification of the individual, group or agency assigned to each activity or task.

17. Specification of the time period (month and year) for each activity/task.

18. Identification by actual name and/or location of the service site for each activity or task.

Evaluation Plan: 10%

1. Description of the applicant's past experience and capacity to collect and report data.

2. Identification of the staff responsible for performing evaluation activities, and the percentage of staff time and budget amount allocated for evaluation.

3. Provision of evaluation activity, sufficient to ensure an adequate evaluation of outcomes.

4. Provision of evaluation activity reasonably proportionate to the tasks or activities designed to serve the community.

5. If applicable, familiarity of the applicant with the requirements of obtaining approvals for conducting pre- and post-survey tests in schools.

6. A step-by-step outline of how the agency plans to accomplish the three levels of Evaluation: Process, Statewide Outcome, and Continuous Program Improvement (CPI) requirements, including measurement tool development, data collection, data analysis and feedback.

Budget and Justification: 10%

1. Specification of a first year budget that is realistic, appropriate and cost-effective.

2. Exclusion from the budget of prohibited expenses for bonuses, commissions, lobbying, fund raising, real property acquisitions, lease/purchase options for the acquisition of equipment, interest payments, clinical services, grant writing, religious services, religious educational materials, clinical mental health services, and food and refreshments (except for that provided to persons in target populations during prevention, and/or educational activities).

3. Inclusion of budget allocation of a minimum of 10% for evaluation activities.

4. Inclusion in the budget justification of a breakdown of costs related to evaluation activities.

5. Specification of personnel costs, fringe benefits, operating expenses, equipment costs, travel and per diem expenses, subcontracts, consulting services, indirect and other costs as required by this RFA.

6. Explanation in the budget justification of the appropriateness and necessity of the cost of each line item as it relates to the achievement of the proposed project's goals and objectives

7. Budget justification for the specific objectives that each staff position/classification will be responsible for completing.

Stage 3 –Applicant Performance

In this stage, OFP will assess the current and/or past performance of applicants.

a. For applicants who have previously received OFP funding, defined as a current applicant (refer to X. Definitions), the review process will consider the degree of satisfactory past performance and compliance with contract and/or grant requirements for CCG, MIP, I&E and/or TSO Programs. If a review indicates that administrative and/or programmatic compliance performance was poor or inadequate, then the application will be excluded from further consideration. This determination is pass/fail.

The review of programmatic and administrative compliance must demonstrate that major responsibilities, such as the following, were satisfactorily accomplished and done so in a timely and professional manner:

1. Implemented fiscal control measures
2. Submitted all required progress reports in a timely manner and included documentation on satisfactory achievement of the objectives, activities, and deliverables contained in the Scope of Work
3. Obtained independent financial audits
4. Successfully completed program objectives
5. Successfully participated in statewide evaluation, and regularly submitted survey tools/pretest-posttests
6. Obtained community matching funds (CCG only)
7. If applicable, participated in training events, and collaborative roundtable meetings as required in the contract/grant agreement
8. Adequately fulfilled staffing patterns promised by the grantee and necessary to successfully accomplish the program objectives and deliverables
9. Provided timely notification of budget revisions, contract/grant amendments, and agency changes; and submitted timely and properly prepared invoices
10. Adequately communicated with OFP Consultant in a timely manner, regarding program issues

b. For applicants who have not previously contracted or have no history with the OFP within the last three years as a lead, defined as a new applicant (refer to X. Definitions) the review process will consist of an assessment of written responses to questionnaires filled out from at least three references **(Attachment XII)**. If the

applicant does not receive the **minimum three references**, the application will be **deemed incomplete and will be excluded from further consideration**. This determination is pass/fail. References must be: 1) from an agency who has provided funds to the applicant agency for the delivery of a program service. This excludes equipment, gifts, and incentive items; and 2) provide services that fufill all the required information listed below. The only exception is the 7th criteria regarding independent audit. References must provide the following information:

1. Agency name, address, contact person and direct phone number.

2. Dates and description of projects and services rendered by the applicant.

3. Did the applicant deliver timely and effective services?

4. Were major responsibilities satisfactorily accomplished and done so in a timely and professional manner?

5. Did the applicant implement fiscal control measures?

6. Did the applicant submit all required progress reports documenting achievement of the objectives, activities, and deliverables contained in the Scope of Work?

7. If required, did the applicant obtain independent financial audits?

8. Did the applicant adequately fulfill promised staffing patterns?

9. Did the applicant submit timely and properly prepared invoices? Did the applicant maintain effective communication during performance?

10. Overall, was the quality of applicant's past work satisfactory?

11. Was the working relationship established by applicant during performance satisfactory?

12. Were there problems encountered with applicant that negatively affected performance?

13. Would the applicant's services be obtained again for the same or different services?

4. Stage 4—Funding Decision

The OFP will make the final decision to award a grant. A project that passes Stage 3 is considered to be viable. The final decision to award a grant will be made in Stage 4. A project must further the purposes of the MIP Program statewide, based upon the geographic need for services. The final determination of whether an application is funded is based on consideration of the following factors required in the proposal, as follows:

- The extent to which the application addresses a Teen Birth Rate "Hot Spot" area as identified by the Department.

- The extent to which the application establishes high need in the project's geographic area and addresses the need for that specific target population.

- The extent to which an application proposes feasible and viable strategies that are appropriate and effective for the target populations selected.

- The extent to which the application contributes to an equitable geographic distribution of funds. Of particular significance is whether there are any other teen pregnancy prevention programs in the area the applicant proposes to serve.

Each factor will be applied to the applications being considered in the order in which they are listed above. Final selection of applications will be based on need and geographic distribution of projects. Each application will be assessed to determine whether it contributes to an equitable and balanced geographic distribution of funds.

G. Grant Agreement Award Process

Applicants whose program is selected for funding will be notified by mail. Applications may not be funded as proposed and/or a final award decision may differ from the amount requested in the application. If so, the Scope of Work, budget and other relevant factors will be negotiated prior to the signing of the grant agreement. In areas of great need, it may be necessary for DHS to provide technical assistance to insure the viability of a project. Grant negotiations will commence immediately following the posting of the grant awards. In some cases, a site visit and/or a copy of the required community assessment report may be requested by OFP.

H. Grievance Procedure For Grant Applicants

A grievance exists when an applicant believes there is a dispute arising from DHS/OFP's action in awarding or failing to award a grant. An applicant will be notified at the end of the review process with a letter stating the status of award or denial. The Denial Letter will provide information to the applicant on the stage at which the application was not successful in meeting the requirements for receiving an award. An applicant choosing to grieve must follow the appeal process described below.

1. Who can appeal

Only non-funded applicants that submit a timely application that complies with the RFA instructions may file an appeal.

2. Grounds for appeal

Appeals are limited to the grounds that DHS failed to correctly apply the standards for reviewing applications in accordance with the RFA.

Applicants <u>may not</u> appeal soley on the basis of funding level. There is no appeal process for late or substantially incomplete applications.

The receipt of an appeal by one applicant shall not hinder or delay an award of another applicant.

3. Appeal content

The written appeal must fully identify the issue(s) in dispute, the practice that the appellant believes DHS has improperly applied in making its award decision(s), the legal authority or the basis for the appellant's position, and the remedy sought.

4. **Submitting an appeal**

Written letters appealing DHS' final award selections must be received no later than **5:00 p.m. on the 15th calendar day after applicants have been notified of the award decision.**

Hand deliver, mail or fax your appeal to the address below. Label, address, and submit a letter of appeal using of the following methods. If you choose to fax your appeal letter, please make sure you obtain a confirmation that the letter was faxed and received by OFP. You must mail the original letter to OFP immediately upon faxing.

U.S. Mail
Appeal to MIP RFA Anna Ramírez, M.P.H., Chief PCFH/Office of Family Planning California Department of Health Services P.O. Box 997413 MS 8403 Sacramento, CA 95899-7413
Overnight Express
Appeal to MIP RFA Anna Ramírez, M.P.H., Chief PCFH/Office of Family Planning California Department of Health Services 1615 Capitol Avenue, Suite 73.430 Fourth Floor, Room 435 Sacramento, CA 95814
Fax:
Appeal to MIP RFA Anna Ramírez, M.P.H., Chief PCFH/Office of Family Planning Fax: (916) 650-0455

5. Appeal Process

Only timely and complete appeals that comply with the instructions herin may be considered. At its sole discretion, DHS reserves the right to collect additional facts or information to aid in the resolution of any appeals.

The Deputy Director of the Primary Care and Family Health Division shall review each timely and complete appeal and may resolve the appeal by either considering the contents of the written appeal letter or, at his or her discretion, by holding an oral appeal hearing.

The decision of the hearing officer shall be final and there will be no further administrative appeal.

IX. PROGRAM FUNDING RESTRICTIONS

The Male Involvement Program funds will be awarded for the sole purpose of implementing locally developed strategies which include prevention, education, information, counseling and outreach referrals to do the following:

1. Reduce teen and unintended pregnancies
2. Promote responsible parenting
3. Promote the roles of males in the prevention of teen and unintended pregnancies
4. Increase the number of fathers who support the economic, social, and emotional well-being of their children
5. Promote postponing parenthood until one is able to provide for the physical, emotional, social and economic well-being of a child
6. Increase community involvement in building healthy families through awareness of the effects of teen and unintended pregnancies
7. Promote and support the development of self-assured, future-oriented youth capable of navigating through adolescence to responsible adulthood and contributing positively to society

Prohibited expenses are further delineated in this RFA in PART TWO, Section III. L. ”Budget and Budget Justification,” 2. “Prohibited Expenses.” Grantees shall comply with the prohibited expense requirements of the grant. Applicants shall not use MIP Program funds to supplant any existing program funding.

Funds shall not be used to develop or test non-evaluated or modified curricula. Please refer to **Appendix IX**, “Curriculum Guidelines,” for further clarification of curricula expectations and requirements.

Funds shall **NOT** be used for the delivery of clinical services or contraceptives which includes the purchase and distribution of condoms and other contraceptive barriers. Funds can be used to conduct outreach to special target populations for referral to Family PACT providers for clinical services. For purposes of the MIP Program and within the context of pregnancy prevention and planning, clinical services are defined as:

Services related to reproductive health, including diagnosis and treatment of infections and conditions, including cancers that threaten reproductive capability, and medical family planning treatment and procedures, including contraceptive supplies and follow-up.

Funds shall **NOT** be used for religious, i.e., sectarian purposes. Non-profit corporations organized for non-sectarian purposes may be eligible applicants, regardless of whether the organizing board members are part of religious organizations. However, interventions, strategies, and all educational materials in any medium (e.g., curricula, handouts, audiovisuals, etc.) proposed to be used as part of the MIP Program must comply with the mandates of the California Constitution (Article XVI, Section 5) which prohibit the use of public funds to or in aid of any religious sect, church, creed or sectarian purpose. Programs proposed or implemented shall not include sectarian beliefs and/or information related to the doctrines of any religious group or organization.

Funds shall not be used for already existing programs funded by other public or private sources. Grant funds may be used to expand or enhance existing program efforts.

Funds shall not be used for purposes other than prevention and educational activities. These grant funds shall not be used to pay for enrollment in any type of health insurance program. A client who does not have insurance and is in need of reproductive health clinical services, can be referred to a Family PACT provider who will provide services at no cost. Any person who does not have health insurance is eligible for Family PACT.

Funds shall not be used to provide mental health counseling services for youth and/or other target populations. For purposes of this RFA, mental health services are defined in Part One, V. "Definitions" and Part Two, L.2. "Prohibited Expenses."

Funds may not be used to fund staff positions not related to MIP Program activities. Further, staff positions will be funded from 50% to 100% FTE. No new positions will be funded at less than 50%, with the exception of Peer Educators, unless an applicant can justify the establishment of that position at that rate. No existing positions will be funded at less than 50% FTE.

X. EXPECTATIONS OF ADMINISTRATIVE AND PROGRAM CAPABILITY

Applicants must have the administrative, fiscal, and programmatic ability to manage state grant funds and the technical expertise to successfully coordinate and implement proposed project interventions, strategies, and activities. The following information is provided to prospective applicants to assess their ability to enter into a grant agreement with OFP.

1. Grantees are required to submit timely quarterly progress reports documenting their advancement to date on their Scope of Work objectives. Grantees will also be required to submit a final project report within forty-five (45) days of the end of the grant agreement term. The format for the quarterly and final progress reports will be provided by the OFP.

2. Grantees must maintain standard payroll practices including state and federal tax withholding requirements. They must have appropriate procedures designating who in the agency may sign payroll time cards, requisitions and invoices.

3. Grantees must maintain books, payroll records, documents, and ledgers following accepted accounting procedures and practices that properly reflect all direct and indirect expenses related to this grant award. The records shall be kept and made available to the State for three (3) years after the date of the final grant award payment.

4. At the completion of each fiscal year, Grantees must obtain a single organization-wide financial and compliance audit. The audit shall be conducted according to Generally Accepted Auditing Standards. The cost for audits may be included in the budget for this grant agreement, as long as the cost for audits is proportionate to the total revenue of the Grantee.

5. As a condition of funding, Grantees automatically grant the State a royalty free, unrestricted and irrevocable license throughout the world to reproduce, prepare derivative

works, distribute, use, duplicate or dispose of all products, material and data that are collected, created and fixed in any medium of expression, produced, developed or delivered and paid for under the Grant Agreement for governmental purposes and to have or permit others to do so. Grantees shall require all agreements or subcontracts with other parties who will perform all or part of the Scope of Work under the Grant Agreement to include clauses granting the State an unrestricted license identical to that set forth under the Grant Agreement. The provisions set forth herein shall survive the termination or expiration of this agreement or any project schedule.

6. All products, materials and data developed in part or full with MIP Program funds shall be reviewed by OFP before they are finalized, produced, and used. (See **Appendix IV**, Special Terms and Conditions).

7. Travel and per diem rates must not exceed those amounts paid to State-represented employees. All out-of-state travel must be approved by the OFP prior to the scheduled trip (See **Appendix V**, "Travel Reimbursement Information").

8. Grantees must hire program staff with the appropriate training and experience to fulfill the Scope of Work objectives, as well as provide fiscal and administrative staff to fulfill payroll and accounting procedures. Records documenting training and work schedules for staff and volunteers must be maintained on file.

9. Grantees must agree that projects will be guided by continuous input from the target population(s) served.

10. Grantees must agree to provide services in a manner that respects the beliefs, privacy, and dignity of the individual and the rights of individuals to accept or reject services. All individuals' participation must be voluntary.

11. Grantees must conduct program activities and provide educational materials (e.g., print, audio-visual, electronic) that are appropriate in terms of culture, language, literacy level, age, and gender for the intended target population.

12. The project staff shall be appropriate to meet the cultural and linguistic characteristics of the target population(s) served.

13. Grantees must be aware of, and comply with, applicable legislation, policies, regulations (i.e., California Education Code) and protocol affecting the delivery of family life health education programs and materials in selected service delivery sites, particularly public school sites.

14. Grantees shall participate in the MIP Program Statewide Evaluation and submit the required reporting forms and surveys timely and complete.

15. Grantees must maintain accurate records and utilize state-issued reporting forms to document program implementation, which includes, but is not limited to, a record of the number of people served, materials developed, and activities conducted. Personal information relating to individuals receiving services shall remain confidential.

16. Grantees selected for funding will be required to enter into a grant agreement with the California DHS for the period from July 1, 2004 through June 30, 2005. The grant agreement may be extended yearly through June 30, 2009.

17. The Grantee must be prepared to begin the proposed project on July 1, 2004. In order to do so, OFP and the Grantee must finalize negotiations regarding the Scope of Work and Budget and sign the Grant Agreement for FY 2004-2005 by September 2004. If details are not finalized and the agreement is not signed, the start date for the Grant Agreement will be delayed.

18. Grantees must submit all subcontract agreements that exceed $5,000 annually to OFP for their review and written approval prior to finalizing (See **Appendix IV**, Special Terms and Conditions). Grantees must perform onsite monitoring visits to all subcontractors at least annually or more frequently if needed.

19. Grantees must submit to OFP for their review and approval all consultant agreements that exceed $350 per eight (8) hour day, prior to finalizing (See **Appendix VI)**.

20. Child Support Compliance Act: "For any contract (grant agreement) in excess of $100,000, the Contractor (Grantee) acknowledges that:

    a. The Contractor recognizes the importance of child and family support obligations and shall fully comply with all applicable state and federal laws relating to child and family support enforcement, including, but not limited to, disclosure of information and compliance with earnings assignment orders, as provided in Chapter 8 (commencing with section 5300) of Part 5 of Division 9 of the Family Code; and

    b. The Contractor, to the best of its knowledge, is fully complying with the earnings assignment orders of all employees and is providing the names of all new employees to the New Hire Registry maintained by the California Employment Development Department.

21. The Grantee represents and warrants fault-free performance in processing of date and date related data (including, but not limited to, calculating, comparing, and sequencing) upon installation of and by all hardware, software, and firmware products delivered and used under this contract, individually and in combination.

22. Grantees shall include an allocation for training in their budget. Participation is expected for staff training, technical assistance, and other support as needed. These expectations include the participation of designated staff, and when appropriate, subcontractors or community representatives. OFP-sponsored state and regional training opportunities include, but are not limited to the following: orientation meeting(s), annual Leadership Conference, topic/issue specific training, and other OFP approved activities that support project staff development and agency capacity.

XI. PROJECT STRATEGIES

A. Principles and Project Design

The DHS intends to promote the connection/linkage between youth development principles and teen pregnancy programs funded by OFP. To accomplish this linkage, applicants are encouraged to submit applications that use and incorporate a youth development model into the proposed teen pregnancy prevention programs and strategies. Youth development programs are comprehensive

and multifaceted. They aim to improve opportunities, while decreasing risk behaviors, and are based on a firm belief in the value and potential of each and every young person (13). Youth development is a positive strength-based approach that engages individuals, families, schools and communities in purposeful strategies, activities and relationships that foster resiliency and builds assets and strengths in young people. This approach depends on collaboration of a variety of community partnerships and is described in many ways, including asset building, resiliency, family strength perspectives and protective factors.

The following elements foster positive youth development:

- A sense of competence
- A sense of usefulness
- A sense of belonging
- A sense of abilities (14)

When conducting any of the recommended strategies listed below, whether prevention education, mentoring, or community awareness, a youth development philosophy needs to be incorporated and woven through the basic pregnancy prevention models and strategies.

Current research supports the concept that sexual behavior is heavily influenced by community norms, parental values, individual self-esteem, and plans for the future. Douglas Kirby Ph.D. reports on more than 100 community and individual antecedents to teen pregnancy in his recent literature review (15). These antecedents include the characteristics of the teen and his/her partner, peers, parents and other family members, school, and community.

Some of the characteristics identified as important to youth development and found in some currently funded DHS teen pregnancy prevention programs are:

- Staff who genuinely care about youth and relate well to them.
- Projects that are comprehensive and intensive with an age appropriate sexuality education and life skills component.
- Projects that target a wide range of behaviors that focus on youth assets as well as risks.
- Projects that involve the participants' families.
- Projects that are long term.
- Activities that are offered at convenient times.
- Projects that recognize the values of youth.

In order to further our understanding of the links between youth development, the antecedents to teen pregnancy, and an actual decrease in teen births, DHS/OFP will continue to work with and fund a broad range of agencies. These agencies need to use a wide variety of strategies that focus on changing the many sexual and non-sexual teen pregnancy and absentee fatherhood antecedents. The documents included in the Resource Document to the RFA are provided as a reference for applicants to use in determining need and the appropriate strategies that can be used to respond to the needs of the target populations selected. Applicants need to demonstrate in their program design and needs assessment the reason for using the proposed strategy. Strategies selected should incorporate elements described in this RFA and be supported by evidence and research on teen pregnancy prevention. Examples of the strategies that will be funded are listed below.

B. Types of Strategies

Proposed project strategies should incorporate elements described in this RFA. The strategies listed below are intended as a resource for your program design. Male Involvement Program applicants must include the Prevention Education Strategy (1) and Clinical Linkages (2) Strategy in

the proposed scope of work. Each applicant should identify types of strategies and, if applicable, sub-strategies that incorporate youth development principles and are designed to decrease teen pregnancy and increase male involvement. An agency can utilize more than one sub-strategy within a given strategy, however when counting the number of strategies utilized, it is considered one strategy. Additionally, once the Prevention Education Strategy is met, the other strategies do not require the use of a minimum eight-hour curriculum. Applicants must fulfill the remaining requirements of the RFA.

1. Prevention Education

a) Comprehensive Sexuality Education -Required for all MIP Projects

Implementation of an eight-hour (minimum) curriculum-based instruction is required for at least one youth group as a target population. Therefore, a prevention education curriculum must be provided for at least eight hours for one continuous cycle or session. The detailed curriculum requirements to be applied are included in **Appendix IX**. All applicants are required to complete **Attachment VII** on all prevention education curriculum stated in your Project Description and Scope of Work. Omission of **Attachment VII** may consider your application non-responsive.

This strategy encompasses comprehensive sexuality education that includes curriculum and activities that are directed solely for males. The MIP utilizes male-oriented/developed messages and strategies to heighten the awareness of teen and young adult males in preventing early unintended fatherhood and/or to remain positively involved in their child's life should they already be fathers. It is recommended that programs include the following topics as part of their programming: education in recognizing and resisting social pressures that influence unintended pregnancies; growth and development of the human body and reproductive physiology, sexuality and contraceptive education; forming, maintaining, and negotiating healthy peer and adult relationships; communication skills with partners, other adults, and family; critical thinking and decision making skills; and life goal planning

The staff identified to provide the curriculum must be appropriate for the target population(s), program design and curriculum chosen. Curricula selected should be previously developed and successfully applied. Research Findings on "Programs to Reduce Teen Pregnancy," by Douglas Kirby, Ph.D, is available in this RFA contains references and examples of curricula based on the most recent research. Curriculum selected can be adapted to meet local needs and specific target populations. The funds provided through this RFA cannot be used to develop new curricula. Agencies currently funded by TPP to develop curricula, and who have successfully implemented this curricula, may continue to use it if their proposal is funded.

If a grant is awarded, all curricula selected must be approved by the OFP prior to implementation of the project.

2. Informational Presentation

Prevention and educational messages presented to groups to create awareness and provide information about unintended pregnancy, responsible fatherhood, sexually transmitted infections, and other related topics. These informational sessions are not

necessarily curriculum based and delivery of information or messages must be at least thirty (30) minutes in length and last no more than eight (8) hours. Examples include delivery of Life Skills Education teen theater or teen panel presentations.

3. Education and Support for Significant Adults, Parents and other Caregivers of Adolescents

For the purpose of the RFA "Parents of Adolescents" is broadly defined and includes guardians, other adult family members, foster parents and other adult caregivers. Topics and activities include but are not limited to: abstinence or prevention education, positive discipline and communication skills, relating to other adults/family members, intergenerational cycle of teen parenting, interactive activities, and accessing community resources.

4. Education and Support for Teen Fathers

Topics and/or activities may include but are not limited to: developmental needs of adolescents and infants, abstinence or prevention education to prevent subsequent pregnancies, parenting skills, adult life skill development. Examples of proposed activities include educational presentations by adults to parenting male teens or regularly scheduled program support groups.

5. Male Involvement

a) Male Responsibility Education

Topics and activities may include but are not limited to: the role of males in sexual health, contraceptive and family planning decision making, the important role fathers have in providing emotional and financial support to their children, laws governing unlawful sex with minors and the legal consequences, healthy communication skills in peer and adult relationships, assisting young men in the development of professional or vocational interest, examining the positive role males have to contribute to the health of their families and community, examining the conflicting messages young men receive from society and the media about what it means to be a man, utilizing the principles of Rites of Passage to illustrate the psycho-social growth that is necessary for boys to transition successful to being positive men This strategy may not necessarily be curriculum based

b) Youth Leadership Development

Topics and activities may cover but are not limited to: assisting male program participants in the identification and development of their personal leadership skills utilizing youth development principles, providing programmatic support to program participants to plan, implement and assess community activities that will make a positive contribution to their community. These activities should highlight the effects of teen pregnancy on children, their parents, families and the general community, build general support for youth development activities, and illustrate the diverse ways that young men make positive contributions to the community.

c) Life Skills Education

Topics and activities may cover but are not limited to: the importance of thoughtful consideration of if and when to start a family, how to nurture familial partnerships, the importance and value of education and employment to personal and familial accomplishment, identification of career options and unique skills and talents, job interview skills and work readiness, career/job shadowing, and sustaining current employment.

6. Service Learning

Youth learn and develop through active participation in thoughtfully organized service that is conducted in the community and meets the needs of the community. Activities are coordinated with an elementary school, secondary school, institution of higher education or community service program, and along with the community, help foster civic responsibility. Activities are integrated into and enhance the academic curriculum or the educational components of the community service program in which youth are enrolled. The activities provide structured time for youth to reflect on their service experience. The difference between service learning and community service is that service learning incorporates activities that provide structured time for youth guided reflection on the service experience and community service does not. The Executive Summary of "Emergency Answers" by Douglas Kirby, Ph.D. has an in-depth review of service learning. This executive summary is included in the Resource Document that is being released with this RFA.

7. Peer Provided Services

Adolescents provide prevention and/or educational services as part of the project strategy. This approach includes recruiting, training, supervising and assigning male adolescents to participate in activities and provide a positive influence on their peers by modeling behaviors, offering new opportunities to others, conveying norms, assisting others in accessing services and presenting direct messages about development and healthy choices. For example, peer male adolescents may work as outreach workers, peer educators may conduct classroom sessions or organize community events, or peer providers may be involved in non-medical services such as education, registration, and telephone follow-up.

8. Clinical Linkage Services/Clinical Outreach- Required for All MIP Projects

Establishment of referral systems between the proposed Male Involvement Program and Family PACT providers to ensure target populations have access to reproductive health care and contraceptive services. While Clinical Linkages is a separate strategy, proposals must demonstrate efforts to incorporate referrals to clinical services in all other strategies of the program. This strategy will include the development of referral and tracking mechanisms.

9. Train the Trainer

Youth-serving personnel receive training to work with target populations listed in this RFA in order to accomplish the goals of this RFA. Training sessions are not necessarily curriculum based and the delivery can be less than eight (8) hours in duration. Examples of such positions include: Teachers, Group Home Counselors, Shelter Counselors, Foster Parents, Scout Leaders, Sport Coaches, or Health Providers.

10. Mentoring

Mentoring Services focus on teen pregnancy prevention. Projects must assess mentors as to their understanding of the causes, cost and impact of teen pregnancy and, as needed, provide prevention education during the mentors' orientation. Mentoring services may be provided in a one-on-one basis or in a group setting. Formal Mentor criteria are outlined in paragraph C below. The mentoring strategies listed below, as "informal" must meet the following standards: 1) activities are to occur in settings where supervising staff are present; and, 2) staff should provide on-going supervision of the activities of participating youth. Projects are encouraged to utilize screening procedures, such as fingerprinting and background checks, to assure the safety and protection of the youth and families served.

a) Formal Adult to Youth Mentoring

One-to-one mentoring involves a relationship between a pair of unrelated individuals. Mentor-mentee matches are required to spend time together/interact at least four (4) hours per month for a minimum of six (6) months.

b) Adult to Youth Partnership /Role Modeling (Informal)

This type of mentoring involves youth matched with adults who have successfully overcome past background and/or life experiences that closely reflect the youth's current/recent lifestyle/behavior. The adults role model resiliency and resourcefulness.

c) Team Mentoring (Informal)

Team mentoring involves two or more mentors working face-to-face with one young person for a minimum of eight (8) hours.

d) Group Mentoring (Informal)

Group mentoring involves a mentor(s) who provide(s) face-to-face contact with two or more youth in a mentoring session. The sessions continue for a minimum of six (6) months.

e) Cross – Age Mentoring (Informal)

With cross-age mentoring, an older adolescent mentors a younger youth (e.g., a high school student mentors a middle school student) for a minimum of eight hours.

11. Community Awareness & Mobilization

Topics and activities include but are not limited to: increasing visibility of the project in the community through media, public relations, and larger scale public events; increasing public awareness and changing community norms about teens and unintended

pregnancy; and increasing involvement and commitment from local leaders and other stakeholders in building family and community health.

a) **Community Event**
A community event has community partners and/or other related stakeholders assemble in an effort to promote teen pregnancy prevention messages through, for instance, teen rallies, community workshops, or health fairs.

b) **Advocacy Presentations**
These presentations are to legislators or other elected officials, school board members, stakeholders, or other community groups to increase awareness of the causes, cost and impact of teen pregnancy and to increase support for prevention efforts. Additionally, funds may be used to make presentations to increase awareness, knowledge and support of a particular program that has been or is about to be implemented.

c) **Media Presentation**
Release of information to affected community populations through all types of media, for example, television, radio, newspaper, theatre advertisement, or billboards. Examples of information and activities include public service announcements; participation in radio/television talk shows; development and release of teen pregnancy prevention advertisements; poster contests; and, release of program specific printed material to local newspapers.

12. Other

This RFA will consider strategies not listed above. The design and development of the proposed project's strategies should incorporate the elements described in this RFA, supported by the latest evidence and research on teen pregnancy, prevention, unintended pregnancy prevention and/or responsible fatherhood. The proposal must clearly demonstrate the strategy's efficacy.

C. Mentoring Strategies

DHS/OFP continues to be committed to mentoring as an OFP strategy. OFP intends to continue its support of teen pregnancy prevention projects that use mentoring as a strategy to provide education/information, model appropriate behavior and promote teen pregnancy prevention.

Mentoring services may be provided in a one-on-one basis or in a group setting. One-on-one mentoring is defined as a relationship between a pair of unrelated individuals. This relationship can include adult to youth mentoring or an older youth mentoring younger children (Cross-Age mentoring). There are many types of mentoring such as academic/tutoring, personal growth, and career/vocational; and target groups may have varying levels of need. Therefore, it is crucial that the minimum number of hours required is a function of both the type of mentoring and need of the mentee. The minimum mentoring time (i.e., face-to-face interaction) required is four (4) hours per month for six (6) months.

The applicant agency and/or its subcontractor(s) that propose to provide formal adult to youth mentoring services must follow the "Recommended Best Practices for Mentoring Programs" **(Appendix I**), provided by the Governor's Mentoring Partnership (GMP) – http://www.mentoring.ca.gov. Additionally, OFP recommends that the applicant submit an application to be listed in the California Mentoring Program Directory by visiting: http://www.mentoring.ca.gov/docs/database_form.pdf

In addition to the training and technical assistance support offered by the Governor's Mentoring Partnership (GMP), OFP will provide assistance to successful applicants conducting mentoring services. The GMP, through the Mentor Resource Center of the Department of Alcohol and Drug Programs (ADP), maintains an Internet site, and provides clearinghouse services to agencies and individuals, mentoring resources and materials (necessary to facilitate overall program goals), and a mentor referral service. It also publishes the *California Mentor Program Directory.* The Mentor Resource Center can be reached at (800) 444-3066 or through its web page at http://www.adp.cahwnet.gov.

XII. COMMUNITY COLLABORATION

All applicants must demonstrate the development and support of a collaborative process for the planning, design, and implementation of the proposed project. Target populations frequently require multi-faceted approaches to effectively reduce unintended pregnancies. Collaboration enhances local projects because it provides a wealth and diversity of expertise and greatly expands its reach out to multiple target populations. The General Community Planning Guidelines, **Appendix XIII** are provided as an overview of the Community Planning Process and the principles involved in community planning.

Collaboration must be demonstrated both in the design of the plan and implementation of the planned strategies, i.e., the provision of services to the target populations.

A. Collaboration for Planning

As stated above, all applications must demonstrate that there was community/collaborative input and decision-making during the identification and selection of the proposed strategies that would best meet the local needs and achieve the goals of decreasing teen and unintended pregnancies. A community planning process provides a stronger framework for developing and implementing successful programs. It brings together community representatives, agencies, organizations and other stakeholders so that they all can have a voice in the development of effective project strategies.

Examples of local collaborators in a community planning effort include,:

- Academic institutions
- Adolescent Family Life Programs
- Adolescent Sibling Pregnancy Prevention Programs (ASPPP)
- CAL Learn Programs
- Child care resources
- Community-based organizations
- Community Challenge Grants (CCG) projects
- Entertainment industry individuals and associations
- Faith communities
- Information & Education (I&E) Projects
- Job training centers
- Foster care associations
- Law enforcement personnel

- Medical care facilities
- Primary care clinics
- Family PACT providers
- Mentoring Programs
- Parents and other family members
- Public health agencies
- Private foundation-funded teen pregnancy prevention programs
- Recreational and art programs
- Voluntary health associations
- Local businesses
- Recreation centers
- Social service agencies
- TeenSMART Outreach (TSO) Projects
- Youth groups
- Youth shelters

Applicants are required to establish referral linkages with Family PACT providers for the provision of clinical services, if appropriate for the applicants' target population and program strategies. These linkages should be documented in a letter of commitment and described in the Project Collaborative Roster **(Attachment V).** Refer to **Appendices XII and XIII**. Although it is recognized that throughout California there are non-Family PACT providers that offer clinical family planning services, it is highly recommended that applicants use formally designated Family PACT providers. OFP can provide technical assistance to clinicians who want to apply to become Family PACT providers. Please contact OFP for information about the application process. Applications should state that Family PACT designation is being sought. See Part One, XIV Clinical Services Collaboration and Linkages.

Appendix XIII, "Program Planning with the Logic Model" is also provided as a reference tool to assist in the development of proposals. The Office of Family Planning recommends the use of the Logic Model as a process for program planning and as a design method to assist applicants in the process of designing and planning a local TPP project. Please refer to **Appendix XVI** "BDI Logic Models: A Useful Tool for Designing, Strengthening and Evaluating Programs to reduce Adolescent Sexual Risk-Taking, Pregnancy, HIV and other STD's" by Doug Kirby, Ph.D., ETR Associates, is also included for your reference.

B. Adolescent Family Life Program (AFLP) and Adolescent Sibling Pregnancy Prevention Program (ASPPP) Collaboration

Applicants who propose to serve a target population and/or geographic service area that has an AFLP or ASPPP must demonstrate coordination with the program(s) commensurate with the particular target populations and strategies. Applicants must demonstrate that the AFLP Program has been contacted and provide a Letter of Commitment between the Applicant and the Program. Applicant should note if the AFLP or ASPPP has declined a commitment to collaborate. The applicant must also provide a completed "Teen Pregnancy Prevention Collaboration Roster" **(Attachment V)**, along with a description of the AFLP/ASPPP collaboration.

The AFLP is funded by the Maternal and Child Health (MCH) Branch of DHS to provide comprehensive case management services to pregnant and/or parenting adolescent females, males and their children in 47 counties in California. Forty of these programs also serve non-pregnant siblings of their AFLP clients. These programs are hosted by a number of different types of agencies including community-based organizations, public health departments, hospitals and school districts. (A directory of programs will be available as a resource document as part of this RFA.) Since the inception of the AFLP in 1988, followed

by ASPPP in 1996, all program providers have been required to establish community networks in order to secure referral sources for their clients. These networks can provide useful information, including data for community needs assessments, for TPP collaborative efforts.

C. Collaboration for the Provision of Services/Strategies

For purposes of this RFA, OFP has a model for community collaboration for program implementation—an informal structure defined as a Collaborative Alliance.

The Collaborative Alliance (informal) is required for MIP applicants. An alliance is an informal group of pregnancy prevention stakeholders. There are some formalities, however. There must be cooperative agreements between partners and letters of commitment from Alliance members. Planning and operational meetings must be convened as needed, but on an ongoing basis.

Letters of support are strongly recommended for those collaborators involved in the planning of the proposed project or who support proposed efforts in the community.

Collaborative Alliance A Collaborative Alliance is characterized by the following:

a. Supports joint decision-making on a proposed strategy(ies) or specific activity(ies) with individual alliance members
b. Uses formal letters of commitment with collaborators.
c. May have a limited number or no formal subcontractors.
d. Provides for clinical services collaboration and linkages.
e. Conducts meetings with collaborators on an as-needed basis.
f. Develops a Mission Statement.

Application requirements for the Collaborative Alliance:

a. Identification of a paid project staff member who will have specific responsibilities to the Collaborative Alliance.
b. List of collaborators to include an AFLP/ASPPP and Family PACT provider collaborator(s). Number of collaborators is not limited.
c. Letters of Commitment **(See Appendix X)** from each collaborator.
d. School Agreement Forms **(See Attachment VI)** from school sites where project strategies will be conducted, if applicable.

Progress Report Requirement, once the project is funded:

Submission of a record of collaborative meetings (e.g., dates, locations, names, agendas, etc.) as part of the quarterly progress report.

The lead agency for the Collaborative Alliance is responsible for the overall implementation and management of the funded projects. The lead agency will be held accountable for compliance of all grant requirements and will be responsible for ensuring that the project is delivered on time and within budget.

XIII. CLINICAL SERVICES COLLABORATION AND LINKAGES

All applicants must demonstrate collaboration and formal referral mechanisms with one or more Family PACT providers by providing documentation of these established referral mechanisms in the application. Established referral linkages between the pregnancy prevention program and clinical services providers are essential to assure that all teens and young adults have access to reproductive health services. These services are vital to: a) promote normal growth and development during adolescence; and, b) provide information and guidance for making positive reproductive health choices.

It has been long recognized that the ideal situation for teens is postponement of sexual activity because it is the most healthy choice and the best strategy in preventing unintended pregnancy. However, it is obvious that regardless of parents and society's desires for teens to postpone sexual activity, teens are having sex, many are getting pregnant, and many are giving birth. The mere number of teen births and the teen birth rates in California supports this obvious fact.

There are successful approaches that can be implemented to address this problem. The first is to make available the clinical and contraceptive services that can help teens achieve normal expected physical well-being and support healthy growth and development and reproductive health. The second aim is to educate teens about the good reasons why postponement of sex is a healthy choice. For teens that do choose to have sex, the aim is to have the information and services available to them to help them decide to limit their partners and protect themselves from unintended pregnancy and STIs. It is also important for teens that are sexually active to use long term, effective contraceptives; and to use contraceptives correctly, and consistently *all the time*.

The required documentation of clinical referral linkages should be in form of a Formal Letter(s) of Commitment between the applying agency and one or more Family PACT provider(s). These Letters of Commitment may be with one or more Family PACT providers that are currently designated as TeenSMART Clinical Programs or with other Family PACT providers in order to expand access and availability of clinical services to target populations. Applicants may want to partner with Family PACT providers in strategic geographical areas where transportation may be a barrier for target populations.

Letters of Commitment with Family PACT provider(s) must be included in the application. If appropriate for the target population being addressed, applicants may choose to collaborate with current TeenSMART Clinical Program Family PACT Providers—there are 55 designated TeenSMART Clinical Programs throughout the State in **Appendix XIV**.

If an applicant is a Family PACT provider, a letter of commitment is not necessary. However, applicants must indicate that they are a Family PACT provider on the "MIP Project Collaborative Roster" **(Attachment V)** and within the "Clinical Linkages and Collaboration" (G) narrative of the application. Additionally, if an agency/organization is a Family PACT provider and they are not within the same organizational section, the applicant must show an internal formal referral mechanism.

Applicants may also collaborate with Family PACT providers not designated as TeenSMART Clinical Programs who can deliver culturally and linguistically appropriate care to the target populations. For applicants who select teens as a target population and partner with Family PACT providers who want to become TeenSMART Clinical Program, OFP will provide technical assistance once the awards are announced to ensure that enhanced counseling for teens services and reimbursement is provided on an on-going basis.

XIV. COMMUNITY NEEDS ASSESSMENT

All applicants, whether existing or new, are expected to complete a needs assessment prior to submitting an application for MIP Program funds. OFP grant funds may not be used to conduct a new needs assessment. It is expected that applicants will utilize existing resources in the community and partner with other agencies that have conducted similar assessments of the community/target populations.

In order to design a project that will have a positive impact on reducing unintended pregnancies among adolescents, applicants must demonstrate their understanding of the scope and characteristics of the problem of teen pregnancy within their community, as well as the values and attitudes of its members for creating programs and services to ameliorate identified problems. A "needs assessment" is the process used to learn about a health/social problem such as teen pregnancy and to identify ways to improve the situation. Applicants must include in their application a summary of present and/or past needs assessments (within the last five years) in order to justify the type and design of the proposed project. The needs assessments do not have be conducted by the applicant agency. The applicant should be very familiar with the needs assessment documents summarized, and the needs identified must be pertinent to the community/target populations addressed by the application. The summary must include the dates, methodologies, and findings of each needs assessment that provides the foundation for the target group(s), strategies, and level of funding proposed in the MIP Program application. Review and consider existing information in public documents, other needs assessments, community survey data, and community and health statistics. If helpful, the documents should be included in the summary to provide further support.

At a minimum, the needs assessment should provide the following information:

1. The prevalence of teen and unintended pregnancy and absentee fathers in the community to be served.

2. Characteristics of the target population(s): age, neighborhood of residence, school attended, cultural beliefs and values, and religious affiliation.

3. Conditions that may put a target population at high risk for pregnancy or absentee fatherhood: family income level, number of single-parent households, unemployment rate, and educational attainment of parents.

4. Existing prevention and health services for teen pregnancy and absentee fatherhood: Family PACT providers, school-based or school-linked health centers, Adolescent Family Life and Cal Learn Programs, youth development programs, mentoring programs, tutoring programs, faith based initiatives, and programs for parents of adolescents.

5. Community attitudes, beliefs and values about the causes, consequences and solutions to teen and unintended pregnancy and absentee fatherhood.

6. Identification of Teen Birth Hot Spot Areas or areas of high need where proposed project will be targeting.

Applicants are required to conduct an extensive information collection effort to respond to the six categories listed above. Community input from stakeholders and target populations must be

included. This input may be gathered by reviewing existing documents or by conducting face-to-face or telephone interviews, surveys, focus groups, or community forums. In addition, applicants are encouraged to request Family PACT provider(s) to assist in the development of the needs assessment.

XV. EVALUATION

All projects funded by this RFA will be required to participate in the MIP program evaluation which is comprised of three levels: Statewide Process, Statewide Outcome and Continuous Program Improvement (CPI).

The Statewide Process Evaluation will document details of program implementation and participants on an on-going basis. The Statewide Outcome Evaluation will assess the effectiveness of similar strategies being implemented across the State; these strategies must be curriculum-based, face-to-face, and a minimum of eight hours in length. The Continuous Program Improvement (CPI) Evaluation will help grantees identify ways to improve their program efforts by collecting program information systematically.

Using the three levels of evaluation described above, you will be able to:

- Describe the target population reached by MIP programs and highlight program successes (statewide process);
- Describe changes over time in all MIP participants; attitudes and behavior (Statewide Outcome);
- Identify ways to enhance local program efforts in selected areas (CPI).

The Office of Family Planning and its evaluation contractors will provide ongoing technical assistance and consultation on the evaluation to each funded program. Each Grantee will be assigned an Evaluation Liaison to assist with the Statewide Outcome and CPI Evaluation.

A. Statewide Process Evaluation.

Grantees are required to submit Quarterly Progress Reports and complete Project Profile Forms **(Attachment IV)** annually. These reports and forms constitute the Statewide Process Evaluation and will document the implementation of all strategies: what was done, when, where, how, to whom, to how many, and for how long. The data in the Progress Reports and Project Profile Forms will be used to complement the Statewide Outcome Evaluation.

B. Statewide Outcome Evaluation

Grantees are required to identify the specific target population and site under the Prevention Education Strategy to meet its Statewide Outcome Evaluation requirements. Grantees will be required to administer standardized evaluation

surveys to adolescents program participants and , for some grantees, a comparable group of non-participants.

a. Grantees will focus on one age level (either middle/junior high school or high school) and will administer age-appropriate surveys at two points in time. Surveys are available in both English and Spanish. Copies of the Statewide Outcome survey for youth (middle/junior high school age) and teen (high school age) are available on the OFP website at: http://www.dhs.ca.gov/OFP/Programs/TeenPregPrevention.htm
b. The Strategy must be curriculum-based, face-to-face, and a minimum of eight hours in length.
c. Agencies must obtain matched pre- and post surveys for the specific target population/site in each year of the grant. All Grantees will be required to collect a minimum of 25 matched pre- and post surveys from program participants; a Grantee agency may be asked to collect as many as 50 matched pre and post surveys from program participants and 50 matched surveys from a comparison group. The exact number will be determined during grant negotiations based on the size of the grant award.

In addition, to the required strategy targeting adolescents, applicants have the option of evaluating their efforts with parents/guardians of adolescents.

a. The strategy chosen must be curriculum based, face-to face, and last a minimum of eight hours in length.
b. Agencies that survey parent/guardians of adolescents must collect a minimum of 25 pre-and post surveys every year. Surveys are available in both English and Spanish.

C. Continuous Program Improvement (CPI) Evaluation

All agencies are required to participate in the CPI Evaluation. The CPI Evaluation is designed to provide Grantees with a set of tools to assist them in reviewing and identifying ways to improve selected aspects of their prevention education programs. This process can help improve program quality and build agency capacity for using evaluation data to make program refinements.

As part of the CPI evaluation, Grantees are required to:

- Select and use at least one CPI tool each year, following guidance in the CPI Tool Kit.
- Report their experience and findings from the CPI tool in a quarterly or final progress report
- Participate in regional evaluation meetings as requested.
- Maintain contact with their evaluation liaison on a monthly basis.
- Complete a CPI Feedback Form after completing their CPI Tool.

Currently, there are five types of CPI tools. These tools are designed to 1) help sites assess the content of their prevention education curriculum (Curriculum Review Tool), 2) monitor how the curriculum is implemented (Implementation Tool) 3) collect data and participant reaction to and satisfaction with your curriculum on program services (Participant Satisfaction Tool), and 4) examine how you train and support your educators and facilitators to deliver program services (Health Educator Training

and Support Tools) and 5) how well the project is meeting their objectives.

Agencies will be required to implement a minimum number of CPI tools. The minimum will be determined at the time of negotiations. The tools are available on the OFP website at: http://dhs.ca.gov/ofp/programs/TeenPregPrevention.htm

E. General Information on Evaluation Requirements

All agencies must designate a staff person to oversee both the Statewide Process, Statewide Outcome and CPI Evaluations. The staff person designated for the evaluation activities will work with the following individuals and groups:

1. The designated Evaluation Liaisons to develop the statewide and local evaluation plans;

2. Other agency and subcontractor staff to develop outcome measurements and to collect, enter, analyze, and interpret data generated from these measurements;

3. Other agency and subcontractor staff to design and implement program changes based on local data;

4. Program staff to document results and share information with stakeholders.

The evaluation efforts of all the MIP Programs are of central importance to program effectiveness and quality. Therefore, every agency is required to designate a minimum of 10 percent and a maximum of 15 percent of its budget to evaluation activities. The amount dedicated to evaluation activities should be commensurate with the complexity of the project being proposed and strategies and target populations selected.

The grant funds may be used on evaluation for staff time to:

- Design the evaluations.
- Prepare progress reports.
- Collect evaluation data.
- Analyze evaluation data.
- Write evaluation reposts.
- Travel to attend technical assistance statewide and/or regional evaluation meetings.

These funds can be spent to hire outside agency consultants to design and implement the evaluation activities. However, if the applicant chooses to hire an outside consultant, they must be actively involved in the daily/weekly/monthly evaluation activities of the project. Further, the project coordinator and evaluation consultant will both be required to attend state-sponsored evaluation meetings to ensure that evaluation requirements are being implemented and met.

XVI. PAYMENT PROVISIONS

Based upon the annual project budget approved to provide services in the negotiated Scope of Work, the grantees selected for funding will receive grant payments based on the following schedule:

First Grant Period— July 1, 2004 – June 30, 2005

July 1, 2004 - 50 percent of the FY 2004-05 project budget contingent on a signed grant agreement.

January 31, 2005 - 35 percent of the FY 2004-05 project budget contingent upon receipt and approval of the second progress report by OFP.

July 31, 2005 - 15 percent of the FY 2004-05 project budget contingent upon receipt and approval of the fourth progress report by OFP.

Second Grant Period – July 1, 2005 – June 30, 2006 and subsequent grant periods.

Funds for the TTP Programs will be provided to grantees in the following payment schedule (only if funds are appropriated by the Budget Act for each of the fiscal years involved).

July 15 – 25, 2005 - percent of the specific fiscal year budget contingent upon approval of the scope of work and budget.

October 31 – 30, 2005 - percent of the specific fiscal year budget contingent upon the receipt and approval by OFP of the first quarter progress report.

January 31 – 30, 2006 - percent of the specific fiscal year budget contingent upon receipt and approval by OFP of the second quarter progress report.

July 31, 2006 - 15 percent of the specific fiscal year budget contingent upon receipt and approval by OFP of the fourth quarter progress.

The only exception to this payment schedule will be for the last payment of the last fiscal year of the grant. Projects will be required to submit a final project report on July 31st of the last fiscal year. The last 15 percent payment will be made upon receipt and approval by OFP of that final report.

The OFP may reduce or withhold a scheduled grant payment if the grantee does not meet any or all of the following:

- The evaluation requirements for the grant period;
- The content requirements specified by OFP;
- Achievement of the objectives and activities specified in the Scope of Work; and/or,
- The match requirement for the grant period, if applicable.

Upon receipt and approval of the final progress report, OFP may pay all or a portion of any previously withheld funds based on the grantee's achievement of the project Scope of Work, reporting requirements and applicable match requirements.

PART TWO:

INFORMATION TO BE INCLUDED IN THE APPLICATION

I. APPLICATION PROCESS

Applications for funding must be completed according to the instructions delineated in this part, (Part Two) of the RFA. Substantive review of the proposal will be based only upon the information contained in the proposal. Applicants are advised to submit only the information requested in the RFA instructions.

All required forms are in Part Four labeled as **Attachments** and must be submitted as part of the application. Copy and complete all of the forms. Make certain that the person signing the forms is authorized to legally bind the agency. DHS may reject an application that contains unsigned forms or omits any forms. Sections requiring a narrative response must be completed according to the instructions in that section. Each section must be clearly identified and titled. Failure to follow these instructions may result in rejection of the application.

Letters of Commitment and the MIP Project Collaborative Roster Form **(Attachment V)** from agencies participating in the collaborative or who will participate in the proposed project, must accompany the Community Collaborative narrative in the application package. Do not submit these documents separately from the application package.

II. GENERAL INSTRUCTIONS

A. Read all instructions carefully. Be sure to include all information required in the RFA, including the required attachments. Do not assume that the reviewers have prior knowledge of the applicant agency or any of the collaborating agencies identified by the applicant agency.

B. The application should be single-spaced with one inch margins on all sides of the paper. The font size should be no less than 12 points. For the Scope of Work Form, applicants may use a 11 or 10 font size.

C. Number each page of the application at the bottom center of the page.

D. Pages must be single-sided.

E. Staple all pages of the application together in the upper left-hand corner. Do not use a three-ringed binder or other type of binding.

F. Do not submit extraneous materials. Materials not requested will be ignored and/or discarded.

G. Originals must be signed in blue ink.

III. SECTION REQUIREMENTS

A. APPLICATION COVER SHEET (Attachment I) Self Explanatory

B. AGENCY INFORMATION (Attachment II) – Self Explanatory

C. APPLICANT CHECKLIST/TABLE OF CONTENTS (Attachment III)

Note: *All the sections and forms listed on the "Application Checklist/Table of Contents" form must be included in the application package. Check off each item to indicate its inclusion. The DHS/OFP may not review an application that is incomplete or out of compliance.*

To create the Table of Contents for the Application add the page numbers in a right hand column opposite each item on the checklist. When compiling the application, order the sections in sequence.

D. PROJECT PROFILE (Attachment IV)

The first three pages of the "Project Profile" form must be filled out. The fourth page is the "Quick Strategy/Sub-Strategy Reference Guide. This form gives OFP a concise overview of the proposed project.

Item 10: Indicate the curriculum to be used, be specific and check the appropriate box to indicate whether the curriculum selected was evaluated (field tested, peer reviewed, with the evaluation published in at least one professional journal), non-evaluated, or modified (changed in some way to fit the needs of a specific target population).

E. APPLICANT CAPABILITY

"Applicant Capability" cannot exceed three (3) pages of narrative text. The organization chart, duty statements, resumes, Board of Directors roster, non-profit status documentation, and local government resolution are excluded from the page limitation.

This section should describe the ability of the applicant to successfully implement the proposed project. Refer to Part One, Section XI "Expectations of Administrative and Program Capability" for more information. Answer all of the following questions as they apply to the applicant agency.

1. Discuss the applicant agency's history (including the date the agency was established) and primary mission. Explain the services and programs currently offered. Identify how many participants are served annually. Describe the participant profile.

2. Describe the applicant's capability and resources to ensure timely start-up and implementation of the proposed project. Describe how the proposed project will be incorporated into the organizational structure and attach an organizational chart

clearly indicating the placement of the proposed project. Place the organizational chart in the Attachment Section of the application.

3. Explain how long the applicant has been involved with the issues pertinent to pre-sexually and/or sexually active adolescents and young adults at risk of unintended pregnancy and absentee fatherhood.

4. Describe the applicant's ability to assess the service needs of the target population(s) related to the proposed project. Describe the applicant's ability to address cultural aspects of the target population.

5. If the applicant agency currently or previously received any OFP funding (CCG, MIP, I&E and/or TSO), either as a lead agency or as a subcontractor, briefly describe the project. Indicate the applicant's success in achieving its stated objectives and its experience in complying with grant requirements.

6. Attach duty statements for all key project staff positions listed in the project budget under the personnel line item. The duty statements should include the minimum qualifications for each position in terms of knowledge, experience, and education. Attach resumes for all staff already in place or identified for each budgeted position. Place duty statements and resumes in the Attachment Section of the application.

7. Describe the agency's financial ability to conduct this project. Given that grant payments are made on a reimbursement basis, explain how the applicant agency is financially able to operate the project while awaiting payment.

8. Describe the applicant's auditing history over the last three (3) years. Describe the frequency and types of audits, date of last audit, and a summary of major findings from the last audit. Do not send copies of audits or related material with the applications.

9. For non-profit corporation applicants only, attach a list of the corporation's Board of Directors and proof of non-profit corporate and tax-exempt status. For agencies in the process of incorporating, please submit proof of application for state non-profit corporate status or state/federal tax-exempt status. See **Appendices III and IV** for examples of acceptable documentation. Place the requested documentation in the Attachment section.

10. Applications from local government agencies that must report to a governing board (e.g., City Council or Board of Supervisors) are required to include the governing board's resolution providing authority to apply for and accept grant funds; or, include a letter documenting when the resolution was submitted and when the applicant expects to receive approval. After passage, submit the resolution to OFP before the grant agreement is finalized. Place this documentation in the Attachment Section of the application.

F. COMMUNITY COLLABORATION

This section cannot exceed four (4) pages of narrative. The Male Involvement Program Project Collaborator Roster form, Letters of Commitment and School Agreement Forms are excluded from the page limit.

All applicants must demonstrate support and development of a collaboration process for the planning, design and eventual implementation of the proposed project. All applicants must demonstrate that there will be community input and decision-making when identifying the type of strategies that will best meet local needs in order to achieve the goals of decreasing teenage and unintended pregnancies and absentee fatherhood.

In this section, applicants must provide a full description of its plan to develop, maintain and sustain a community collaborative as an integral component of its proposed project. Existing community collaboratives working in youth development and pregnancy prevention issues are acceptable for use for this collaboration process. The applicant must indicate which level of collaboration it will support. Refer to Part One, Section XII, "Community Collaboration," for a full description of the characteristics and requirements of a "Collaborative Alliance."

1. Briefly describe how the collaborative members were specifically involved in the development of this application. If appropriate, indicate the Family PACT providers and referral mechanism that will be used for client referral to clinical services; also indicate the AFLP/ASPPP participation (or information related to AFLP/ASPPP decline to participate), if applicable.
2. Provide background information on the collaborative, e.g., date of establishment, mission statement, structure, past and current activities and accomplishments.
3. Describe the communication system or meeting structure used to ensure that collaborators and other community members are able to provide ongoing input into the development, implementation and evaluation of the project.
4. Indicate which staff position will have lead responsibility for supporting the collaborative structure and describe her/his duties.
5. If the applicant will be subcontracting services, describe their history with the applicant, the subcontractor's capability, involvement with unintended pregnancy and experience with OFP, if applicable.
6. On the Male Involvement Programs Project Collaborative Roster Form **(Attachment V)**, list the name of each collaborator and complete all information requested. A Letter of Commitment or a Memorandum of Understanding (MOU) must be submitted by each agency named in the collaborative roster.
7. Attach the "Letters of Commitment" or "Memoranda of Understanding" (MOUs) from each collaborator to the "MIP Project Collaborative Roster." School Agreement Forms **(Attachment VI)** must be signed by an individual who has the authority to commit the school to participate in the MIP Program.
8. Attach the Letters of Commitment or MOUs from each proposed subcontractor to the "Collaborative Roster." The letters or MOUs must indicate the specific responsibility and services to be provided by the subcontractor. The MOU form should be used for all projects where funds are being paid for services to be

provided. A representative duly authorized to bind the subcontractor must sign the MOU. If a subcontractor has a policy that forbids it from signing MOUs prior to the award of a grant, please indicate on the Letter of Commitment and the application that the MOU will be provided prior to the signing of the grant agreement.

9. In the Attachment section, include a completed and signed "School Agreement Form" **(Attachment VI)** for each school district or school that will be included the proposed project.

G. CLINICAL SERVICES COLLABORATION AND LINKAGES

The Clinical Services Linkage and Collaboration Linkages may not exceed three (3) pages. All applicants must demonstrate inclusion of Family PACT providers in the development of the application and evidence of an established referral mechanism with one or more Family PACT providers. Documentation of established referral linkages between the proposed MIP project and a Family PACT provider is required to ensure that all target populations have access to reproductive health and contraceptive services.

This section requires inclusion of a narrative description of the referral mechanism that has been developed and its operation as an integral part of the proposed project. Please describe how the referral mechanism will be sustained and maintained throughout the project.

1. Indicate the number of Family PACT Provider(s) involved in the project.
2. Briefly describe how the Family PACT provider(s) participated in the development of the application.
3. Provide brief background information on how the referral to clinical services is anticipated to operate throughout the project period.
4. Describe the communication system used to ensure that the Family PACT providers will provide on-going input in the implementation of the project and referral mechanism developed.
5. Indicate the staff person responsible for on-going communication between proposed project staff and Family PACT provider(s).
6. On the MIP Project Collaborative Roster Form **(Attachment V)**, list the name of each Family PACT provider (including the applicant's agency name, if applicable) and their address.
7. In the Attachment section, include a Letter of Commitment, as appropriate from each Family PACT provider involved.

H. COMMUNITY NEEDS ASSESSMENT

The "Community Needs Assessment" may not exceed three (3) pages.

1. The community needs assessment narrative should contain a summary of the assessments used. The needs assessments may be gathered from appropriate sources or conducted by the applicant and their collaborators. Include only those assessments that are appropriate to the target population(s). Use a table to display the needs assessments utilized in this application as indicated below. <u>Copies of these assessments do not need to be submitted with the application</u>.

Title of Assessment	Author/Agency	Date of Assessment	Methods Used For Needs Assessment	Brief Summary of Findings

2. Submit a narrative summary of the above assessments that serve as the foundation for selection of the target population(s) and strategies to be utilized for the proposed MIP project. The narrative must document that the proposed program goals, program design and activities are appropriate to the target population(s) and include:

    a. The prevalence of teen and unintended births, and teen parents, and absentee fathers/or parents or other youth adults serving in the community to be served.
    b. Characteristics of the target population(s): Ages, neighborhoods of residence, schools they attend, cultural beliefs and values, religious affiliations, and whether residents are refugees, recent immigrants, or long term community members.
    c. Conditions that may put the target population(s) at high risk for pregnancy or parenting: Family income levels, number of single-parent households, unemployment rates, and the educational attainment of parents.
    d. A description of the current teen pregnancy and absentee fatherhood prevention projects and health services in the community: CCG, I&E, TSO and/or Family PACT providers, school-based or school-linked health centers, AFLP and Cal Learn Programs, youth development programs, mentoring programs, tutoring programs, faith based initiatives, and programs for parents of adolescents. Explain why the proposed project is needed and justify how a more comprehensive approach will enhance existing services. Identify the existing gaps in service that will be addressed and/or improvements that will be implemented by the proposed project.
    e. Information about community attitudes, beliefs and values on the causes, consequences and solutions to teen and unintended pregnancy and absentee fatherhood.
    f. The identity of existing community assets, resources, and opportunities that will support implementation of the proposed project.
    g. Anticipated obstacles to implementation of the project and what will be done to avoid or overcome them.
    h. If the applicant is currently providing services under a CCG, I&E, or TSO grant/contract, changes noted in the target population(s) and/or strategies proposed since the inception of the project to address those changes, and the specific action to be taken to implement the strategies.

3. There are areas in California that have a high teen birth rate but are not included in the census track data. For that reason, it is very important that applicants who propose projects in those areas include the needs assessment information and data source in the "Community Needs Assessment" section of the application.

I. PROJECT DESCRIPTION

This section may not exceed six (6) pages.

The "Project Description" is a narrative explanation of the proposed project. The overall account of the project should clearly depict the "big picture.". Using the information provided in the Scope

of Work, describe how all of the proposed activities link in a planned and organized manner. This section of the application should be specific to the implementation of education and prevention strategies proposed in the application.

1. Describe the purpose and overall approach of the proposed project. For each proposed goal and affiliated strategy, provide a brief rationale justifying their appropriateness and likelihood of success with the chosen target population. **Appendix XIII**, "Program Planning with the Logic Model" and **Appendix XVI** "BDI Logic Model"," are provided as a reference tool to assist in the development of the proposed project. OFP is recommending the use of the logic model process for planning and designing a local MIP program. A graph of the logic model, supporting the proposed planning and design, may be included as part of the narrative. If available, give a citation to applicable research that supports the effectiveness of the proposed strategies. If research has found these strategies to be ineffective or is equivocal, explain why the selected strategies are being proposed and how they will be modified to overcome weaknesses documented in research.
2. Describe the specific target population(s) the project is proposing to serve. For each of the population(s), indicate the type of services to be provided, recruitment and maintenance efforts, and how success will be determined.
3. Describe how the target population(s) will specifically benefit from the proposed services/project and how the services/project will support the goals of the proposed program.
4. Describe the organizational structure of the project, relationships with other agency projects and other local agencies, and staff composition as it relates to the project design.
5. Describe the community support for and participation in developing the application and how community participation will continue throughout the implementation of the project.
6. Identify the curricula to be used as part of this proposed project – indicate the title of each curriculum, include the author, publisher, date of publication, general description of content, and description of intended audience (e.g., age, gender, grade level). Provide a brief rationale for the selection of each curriculum. State the applicant's experience and training in using the intended curricula. Complete MIP Curriculum Profile **(Attachment VII)**.

J. SCOPE OF WORK

All applicants are required to submit a detailed and complete Scope of Work form for FY 2004-2005, a one page narrative description of the plan for FY 2005-2006, and a one page narrative description of the plan for FY 2006-2007. A sample of the Scope of Work is found in **Attachment IX**.

Fiscal Year 2004-2005 Scope of Work (Attachment VIII)

The "Scope of Work" is the "service map" or guide detailing the objectives, activities, and expected results. A separate scope of work page is required for each objective/strategy/and/or sub-strategy selected. Please do not combine strategies on the same Scope of Work page. The Scope of Work should not exceed two pages for each objective/strategy/sub-strategy. For each objective/strategy requiring an additional page, complete an additional Scope of Work Page **(Attachment VIII).**

To complete the Scope of Work **(Attachment VIII)** form provide the following:

a. **Goal:** Goals are broad statements toward which the project's efforts are directed. Indicate one specific goal of the seven (7) in this RFA (listed in Part I, Section III, "MIP Program Goals") toward which your project is directed. **Do not** make up new goals). State one goal for each strategy selected.
b. **Objective:** Indicate the objectives of the project by listing the strategies and a substrategies (listed in Part I, Section XI, "Project Strategies") that will be undertaken to accomplish the selected goal. The objectives must be measurable and specific and include the following information:

   - Gender(s) served;
   - Number for each age group(s) served;
   - Number for each ethnic group(s) served;
   - The **minimum** number of participants served, the number of sessions/presentations/meetings, etc. that participants will attend, and the number of minutes each session/presentation/meeting, etc. will last;
   - Whether a curriculum is used and if so, the specific title of the curriculum;
   - Whether the selected objective/strategy is part of the Statewide Outcome Evaluation; and,
   - The results expected, in measurable terms, after a participant completes the objective/strategy.

c. **Activities/Tasks Needed to Complete This Objective:** Indicate step-by-step how each objective/strategy will be accomplished. Specify the individual, group or agency responsible for each task. If the applicant agency is responsible for a task identify the staff position(s) accountable. If a subcontracting agency is responsible for a task, identify the subcontractor by name. Indicate by month and year when the specific activity/task will be conducted.

d. **Site of Service:** Indicate the service sites where the activities/tasks will occur by their actual name and location.

A completed Scope of Work sample is provided in **Attachment IX**.

Appendix XIII, *Program Planning with the Logic Model,* is provided as a reference tool to assist in the development of the proposed Scope of Work. OFP recommends using the logic model process to facilitate the creation the MIP Program plan and design method.

After awarding the grant, the Scope of Work may need to be revised if the amount of the award is modified or changes to the Scope of Work are recommended. If revisions are necessary, OFP will contact the applicant. Changes will be negotiated and a deadline for submission of the final scope of work to OFP will be set.

<u>Fiscal Years 2005-2006 and 2006-2007 WORKPLANS</u>

Detailed Scope of Work forms for the second and third project years are **NOT** required at this time. However, all applicants must submit a narrative description (no more than two pages) of their work plans for the second and third project years (Fiscal Years 2005-2006 and 2006-2007). These plans must include a general statement of how the Scope of Work will be enhanced or modified each year.

If an applicant is awarded grant funds, detailed Scope of Work forms for each objective for FY 2004-05 and FY 2005-06 are required to be submitted for review and approval by OFP.

K. EVALUATION PLAN

This section shall not exceed three (3) pages.

The "Evaluation Plan" is a narrative description of how the applicant will determine whether project objectives are being achieved along with the Statewide Evaluation requirements. The following information must be included:

- A description of the applicant's past experience and capacity to collect and report data.
- The name(s) and position(s) of the staff responsible for performing the evaluation. Describe the staff's experience in performing and completing the required evaluation activities. Indicate the percentage of staff time and the budget amount allocated to support the evaluation. It is mandatory for every agency to designate 10% to 15% of its budget for evaluation activities.
- A description of the applicant's familiarity and/or experience in securing the necessary approvals for conducting pre- and post-surveys/tests in schools, if a proposed project strategy will be administered in a public school setting.
- If an applicant is currently receiving or previously received OFP Program funds, describe the findings of its statewide and local evaluation activities.

In addition to the information outlined above, submit a narrative of the applicant's Local Evaluation plan. It must include:

- A step by step outline of how the applicant plans to accomplish the Local Evaluation requirements such as measurement tool development; data collection and analysis, and a feedback loop.
- An explanation of the process used to decide the strategy/sub-strategy, e.g., focus groups with the target population, logic modeling.
- A description of the application outline step-by-step, of how the agency plans to accomplish the three levels of Evaluation: Process, Statewide Outcome and Continuous Program Improvement (CPI) requirements, including measurement tool development, data collection, data analysis and feedback.
- An explanation of the applicant's philosophy regarding evaluation and how it is integrated into overall agency functioning and community level efforts.

L. BUDGET, BUDGET JUSTIFICATION, AND MATCH DOCUMENTATION

1. LINE ITEM BUDGET REQUIREMENTS

The application must include a line item budget for the first fiscal year detailing the costs for the project over the first 12 months. Sample Budget and Sample Budget Justification are provided in **Appendix VII and Appendix VIII**, respectively. The amount budgeted for the first year will be the same amount of money budgeted each subsequent year of the grant. The applicant must develop the first year (FY 2004/2005) budget in order to meet the requirements of the grant award and ensure successful project implementation. The budget must be realistic and cost-effective. The OFP will review the proposed budget to determine its cost effectiveness and appropriateness to the proposed Scope of Work. Budget projections for all subsequent fiscal years must be provided on the "Application Cover Sheet" **(Attachment I)**.

The final grant amount may differ from that requested in the application. If the amount of funding is modified, than a revised budget will be negotiated and resubmitted. OFP may use final budgets and scopes of work to evaluate funding utilization and appropriateness.

2. PROHIBITED EXPENSES

a. **Bonuses/Commissions.** Bonuses and commissions paid from grant funds are prohibited.

b. **Lobbying.** Grant funds may not be used for lobbying activities.

c. **Fund Raising.** Grant funds cannot be used for organized fund raising, including financial campaigns, endowment drives, solicitation of gifts and bequests, or similar expenses incurred solely to raise capital or obtain contributions.

d. **Purchase of Real Property.** Grant funds cannot be used to purchase real property.

e. **Interest.** The cost of interest payments is not an allowable expenditure.

f. **Lease-Purchase Options.** It is prohibited to use grant funds to enter into a lease-purchase contract for the purchase of equipment or any other personal property, or for the purchase of real property.

g. **Clinical Services.** Expenditures for clinical services are **NOT** reimbursable expenses under this grant. Clinical services within the context of pregnancy prevention and family planning services are defined as reproductive health care, including diagnosis and treatment of infections and conditions, including cancer, that threaten reproductive capability, medical family planning treatment and procedures, including contraceptive supplies and follow-up

h. **Grant Writing.** All costs associated with responding to this RFA and preparing an application are not reimbursable expenses.

i. **Religious Doctrine/Beliefs.** Reimbursement of expenses for program services, educational materials, and any other items that are religious in nature or promote religious doctrine is prohibited. Likewise, payment for a sectarian purpose, including payment to aid any church or religious group, is not an allowable expense.

j. **Clinical Mental Health Services.** Grant funds may not be used to reimburse the expense for formal assessment, evaluation, analysis or treatment of a patient's psychiatric disorder by a licensed psychiatric provider, whether it is provided individually or in a group setting. However, reimbursement for short-term "counseling" to individuals about pregnancy prevention strategies and/or for referral for clinical services is appropriate under this RFA.

k. **Food and refreshments.** The purchase of food and refreshments for anyone other than the target population is prohibited. Food and refreshment must be used as an incentive and only provided to the target population during prevention or educational activities.

3. BUDGET CATEGORY INSTRUCTIONS

Applicants should prepare their proposed budgets based upon the following instructions. All amounts should be rounded to whole dollars. A budget for FY 2004/2005 is required. **See Appendix VII** for a sample of the Budget Detail Worksheet.

Remember that every agency is required to designate a minimum of 10% and a maximum of 15% of its budget to evaluation activities (see Part I, Section XV, Evaluation). A breakdown of the costs related to the evaluation activities must be included in the budget justification. **See Appendix VIII** for a sample of the budget justification**.**

a. Personnel

Under the personnel line item, identify each position or classification to be funded under the grant, the total monthly salary range for each employee, the percent of time the position will be funded and the annual cost. Multiple personnel performing the same classification duties may be combined into one line item under Personnel (e.g., one full time and one half-time community outreach worker can be itemized as 1.5 FTE community outreach worker positions). However, the actual number of staff, regardless of their individual percentage of time, must be identified in the "Budget Justification." Do not designate the percentage of each staff member's time by strategy.

Sick leave, vacation, holidays, overtime, and shift differentials must be budgeted as salaries. **Grant money may not be used to pay for sick leave or vacation time accrued prior to the beginning of the grant term.**

Staff positions must be funded from 50% to 100% FTE (full time equivalent) unless the Applicant can justify funding a "new" or existing position at less than 50% FTE. Peer Educators may be less than 50% FTE.

Agencies must designate a staff person and/or consultant to oversee both the statewide and local evaluations. The person responsible for the evaluations must be identified in the budget justification.

Only positions (as defined in the job duty statements) directly involved in the development, delivery and support of the project activities are listed under "**Personnel**". Administrative and fiscal staff (i.e., Executive Directors, Accountants, Bookkeeping, etc.) are designated as "**Indirect Costs".**

b. Fringe Benefits

Expense the benefits as a percentage of the total personnel salaries. Benefits cannot exceed those already established by the applicant prior to the award of grant. Employer contributions or expenses for social security, employee life and health insurance plans, unemployment insurance and/or pension plans are allowable budget items. The amount allowed for fringe benefits should be a reasonable percentage based on each agency's need and must be justified. Other benefits, such as uniforms and professional association dues, if negotiated as part of the employee benefit package, are allowable budget items. **(See Appendix IV, Special Terms and Conditions).**

c. Total Personnel and Benefits

Indicate the aggregate of the personnel and fringe benefits costs.

d. Operating Expenses

Allowable operating expenses are those expenditures exclusive of personnel services and benefits necessary for performance of the grant terms. Such expenses must be grant related and incurred during the term of the grant. The following categories of operating expenses must be identified:

1) **General Expenses:** This category includes all general costs of the operation of the project not identified as equipment, travel, subcontractor, consultant, or other costs. Examples of such expenses are office supplies, equipment maintenance, computer software, telephone, postage, duplication, and other consumable operating costs. Furniture and office equipment with an acquisition cost of $4,999 or less per unit (including tax, installation and freight) are general expense items.

2) **Space Rent/Lease:** The cost of renting or leasing office space must designate the total square feet and the cost per square foot. Under state standards, it is permissible to reimburse up to a maximum of 100 square feet of office space per FTE.

   The cost for renting classroom or meeting space (e.g., at a community or youth center) is allowable but should be prorated to the time of actual use.

3) **Printing:** Identify the costs of printing, duplication and reproduction of materials used under the MIP Program. Costs of printing more than ten percent of the total grant must be justified and reflected in the grant agreement.

4) **Equipment Rental:** Rented or leased equipment must be budgeted as an operating expense. Lease-purchase agreements or options are prohibited and not a valid grant related expense.

5) **Audit costs:** The cost of the mandatory financial audit by an independent auditor at the end of each fiscal year must be included in the budget. Up to $3,000 may be budgeted for the financial audit if the total annualized amount of the grant is less than or equal to $150,000. Up to two (2) percent of the annual grant amount may be budgeted for the financial audit if the annual amount of the grant is greater than $150,000.

e. Total Operating Expenses

Indicate the total of all operating costs.

f. Equipment Purchases

"Equipment" refers to an item having a useful life of more than one year and an acquisition cost of $5,000 or more per unit (including tax, installation and freight). The rental of equipment used solely for project activities is allowable if it is essential to the implementation and operation of the project. The rental costs are a subcategory of Operating Expenses. Grant funds may not be used to reimburse the applicant for equipment purchased prior to the grant agreement. All equipment purchased in whole or in part with state grant funds is the property of the state government. However, under certain circumstances, equipment may be transferred to the grantee at the end of the grant period. Transfer of equipment will be considered if, after review, there is satisfactory compliance with the Grant Award Agreement.

Equipment cannot be purchased without prior approval of OFP.

g. Total Equipment Purchases

Indicate the total of all equipment to be purchased.

h. Travel and Per Diem

The money budgeted for travel must be for expenses related to the administration of the project. The travel and per diem line item in the budget must include only the travel costs specifically related to staff activities. Travel costs associated with program participants are identified as "Transportation" under "Other" below. For example, travel costs associated with staff attending a collaborative meeting or traveling to a school site to conduct a presentation would be reported under the Travel and Per Diem line item. The travel costs to assist program participants to obtain project services would be reported under the "Other" line item.

The state reimbursement rate for use of a private automobile is $0.34 per mile, unless a higher rate can be justified. A rate up to $.37 per mile can be paid if an annual certification is submitted that indicates that the cost of operation of the particular automobile equals or exceeds the amount claimed ($0.35-$0.37 per mile). The certification must be on file with the agency and available for audit, but should **not** be submitted with the application. Travel reimbursement is on a per trip basis. The amount of the mileage reimbursement includes all costs of operating the vehicle. For both staff and project related travel, the agency must utilize the lowest available cost method of travel.

For all other travel costs and per diem rates, **see Appendix V** "Travel Reimbursement Information". These rates and rules apply both to the travel and per diem line item as well as the transportation line item under "Other".

For the travel and per diem line item, applicants must include a sufficient travel and per diem allocation for project staff to attend one OFP annual conference and at least one regional meeting each year. Since it is possible that the annual conference will be held in the northern or southern part of the State, it is recommended that applicants budget for the more expensive of the two alternatives. If several staff, volunteers and/or youth will be attending the same event, budget for the number of people attending. A minimum of one project staff person from each lead agency will be required to attend the OFP conference and regional meetings.

i. Total Travel and Per Diem

Indicate the total of all travel expenses and per diem costs.

j. Subcontracts/Consultants

Identify all subcontracts with other agencies or organizations as requested in the MIP Project Collaborative Roster Form **(Attachment V)**. In addition, **see Appendix IV,** "Special Terms and Conditions" and **Appendix VI**, titled "Consultant Criteria".

Consulting services are services provided to the applicant on a contractual basis by individuals that are not employees of the applicant agency. Consultants cannot be used in lieu of employees or volunteers. Each specific consultant and the expertise and service they will contribute to the project must be identified.

Reference the specific objective(s) and activities from the Scope of Work that the consultant will be responsible for completing. The maximum payable to a consultant is $350 per eight hour day.

k. Total Subcontractors/Consultants
Indicate the total subcontractor/consultant costs.

l. Other Costs
Costs that are not covered in the operating line items above, but are related to project operations and provision of services, should be identified under this section. Examples of "Other Costs" include training for project staff, volunteers, and/or youth; purchase of educational materials; participant transportation costs; stipends for youth (i.e. peer educators, panel presenters, outreach workers) and costs related to the performance of the objectives not included elsewhere.

Up to five (5) percent of the total amount requested may be allocated to cover agency administrative support to subcontractors. This administrative cost is available only to agencies that have undertaken formal subcontractors and collaborators to provide some portion of the activities for a set amount of the funds.

m. Total Other Costs
Indicate the total of the "Other –Costs".

n. Indirect Costs
Specify indirect costs as a percentage of the total personnel salary and wage costs, including fringe benefits, not to exceed 15%.

o. Total Indirect Costs
Indicate the total amount of the Indirect Costs.

p. Total Amount Requested
Sum of personnel and benefits, operating expenses, equipment purchases, travel and per diem, subcontracts/consultants, other costs and indirect costs (items "a" through "o" above).

4. BUDGET JUSTIFICATION (No Page Limit)
The applicant must provide a Budget Justification narrative for the FY 2004/2005 budget. The budget justification must identify the line item category and the amount of funding, and provide a brief narrative in support of each line item, justify the appropriateness and necessity of the cost to the achievement of the project goals and objectives. For the personnel line items, the budget justification must identify each of the positions/classifications, the number of staff in each position/classification, and reference the specific objectives that each position will be responsible for completing. In addition, a justification is required for the percentage used to calculate fringe benefits. Detailed budgets for subcontracts must be provided. A sample Budget Justification can be found in **Appendix VIII**.

5. ADDITIONAL APPLICATION FORMS
Complete the following forms and include in the attachment section:

- "Incoming funds by Source" form **(Attachment XIII)**
- "Anticipated funds by Source" form **(Attachment XIV)**
- "Payee Data Record" **(Attachment X)**
- MIP Reference Form **(Attachment XII)**