

**TRIBAL MICHIGAN ABSTINENCE PROGRAM
Mini-Grant Application Guidance
FY 2012**



*Michigan Department
Of Community Health*



Michigan Department of Community Health
Division of Family & Community Health
Adolescent and School Health Unit

TMAP Question & Answer Forum:
Monday, March 6 – Friday, March 16, 2012

Mini-Grant Application Due:
Friday, April 6, 2012

TRIBAL MICHIGAN ABSTINENCE PROGRAM

Mini-Grant Application Guidance

FY 2012

The Michigan Department of Community Health (MDCH) is pleased to issue this application for mini-grant funding for the Tribal Michigan Abstinence Program (TMAP) for the period of **May 1, 2012 through September 30, 2012**. Federal funding for TMAP is provided by the Department of Health and Human Services' (DHHS) Title V State Abstinence Education Program for fiscal years 2010-2014 and is contingent upon availability of funds.

BACKGROUND

The U.S. Congress established an abstinence education program as part of the 1996 welfare reform legislation, Public Law 104-103. In 1998 the program was added as Section 510, to Title V (the Maternal and Child Health Services Block Grant) of the Social Security Act. In 2009, Title V abstinence education funding was not reauthorized by Congress, therefore, the program expired. In 2010, the Title V State Abstinence Education Program was restored through FY 2014 as part of the Patient Protection and Affordable Care Act (health care reform). See Attachment A for the federal legislative guidelines for Section 510, Title V of the Social Security Act.

PURPOSE

The purpose of the Title V State Abstinence Education Program for fiscal years 2010-2014, as outlined in the federal legislative guidelines, is to “enable the State to provide abstinence education, and at the option of the State, where appropriate, mentoring, counseling and adult supervision to promote abstinence from sexual activity with a focus on those groups which are most likely to bear children out of wedlock.”

GOAL

The goal of the Tribal Michigan Abstinence Program is to increase the number of Native American/Alaskan Native youth ages 10-15 years (up to 21 years for special education populations) who abstain from sexual activity and other related risky behaviors. This is achieved by enabling local grantees to provide abstinence education and if grantees choose, mentoring. MDCH and its local grantees must ensure that abstinence from sexual activity is an expected outcome and they must utilize programs that have demonstrated effectiveness in delaying initiation of sexual activity or promoting abstinence from sexual activity.

ELIGIBLE APPLICANTS

Eligible applicants for fiscal year 2012 mini-grant application funding are federally and non-federally recognized tribes and urban tribal agencies.

TMAP FUNDING

Grantee Allocations

MDCH expects to award approximately \$200,000 for FY 2012, with a maximum of \$50,000 for up to four awards. The funding period for FY 2012 is May 1, 2012 to September 30, 2012.

For FY 2013-2014, MDCH expects to award approximately \$200,000 annually, with a maximum of \$50,000 for up to four TMAP grantees. The funding period for FY 2013-2014 is October 1, 2012 to

September 30, 2014. All awards are contingent on the availability of federal funding and MDCH approval of each grantees annual work plan and budget.

Funding Phases

- 1) ***Planning Phase*** – There will be a five (5) month planning/start-up period from **May 1, 2012-September 30, 2012**. During this time, applicants can request up to a maximum of \$50,000 for activities necessary to ensure the program is fully operational and providing direct services to youth and parents/guardians by October 1, 2012. The local match requirement for the planning phase is **20%** and the match can be generated from cash and/or in-kind sources. Allowable activities include: hiring, training staff, supplies/materials purchases, curriculum adaptations, rent and utilities, incentives, target population recruitment, school board approval, community awareness, coalition/advisory council development, piloting the program, direct programming, etc.
- 2) ***Implementation Phase*** – There will be a two (2) year full implementation phase from **October 1, 2012-September 30, 2014**. For this phase, applicants can request a maximum of \$50,000 annually and must serve a minimum of **50 youth** and **25 parents/guardians**. The local match requirement for the implementation phase is **20%**, and the match can be generated from cash and/or in-kind sources.

Funding Allowances

- Project staff salaries and associated payroll taxes and fringe benefits
- Program administration (e.g. accounting, payroll - proportionate to program)
- Travel associated with provision of services
- Staff training/skills enhancement (e.g. registration fees, travel, materials purchase)
- Conferences and professional development (e.g. registration fees, travel, materials purchase)
- Equipment (proportionate to program)
- Supplies and materials (e.g. educational materials, office supplies-proportionate to program)
- Incentives
- Communications (e.g. telephone, fax, postage, internet access)
- Printing and copying
- Rent, utilities, security, and maintenance (proportionate to project)
- Consultant/professional fees (e.g. accounting services, evaluation consultant)

Funding Restrictions

- Family planning drugs and/or devices will not be prescribed, dispensed or otherwise distributed on school property as mandated in the Michigan School Code.
- Abortion services, counseling and/or referrals for abortion services cannot be provided as part of the abstinence education offered.
- Safer-sex messages cannot be delivered alone or as part of this abstinence education. Federal or matching funds under this award cannot be used to promote the use of contraception.
- Funding, including matching funds, under this award cannot support inherently religious activities including, but not limited to, religious instruction, worship, prayer, or proselytizing (45 CFR Part 87).
- Grantees are not required to provide information on contraception except in the instances where they produce materials subject to Section 317P(c) (2) of the Public Health Service Act. Information on contraceptives, if included, must be medically accurate and should include information on the effectiveness or lack of effectiveness of the type of contraception discussed in the curriculum.

- Funding, including matching funds, under this award cannot be used to supplant funding for an existing program supported with another source of funds.
- MDCH is not liable for any costs incurred by applicants prior to the final execution of a contract signed by all parties.

TMAP PRIORITY NEEDS/FOCUS AREAS

Priority Needs

1. To teach youth the decision-making skills necessary to choose abstinence, reject sexual advances, cope with social pressures, avoid risky situations, and understand the relationship of alcohol and other drug use to increasing sexual vulnerability
2. To support communities in developing and maintaining social environments that support sex-free and drug-free lives for youth
3. To teach youth the relationship between sexual activity and sexually transmitted infections
4. To teach youth the association between teen parenting and poverty
5. To teach youth the importance of attaining self-sufficiency before engaging in sexual activity
6. To teach parents/guardians how to communicate effectively with youth about the importance and benefits of choosing abstinence from sexual activity and other related risky behaviors such as the use of alcohol, tobacco, and other drugs

Focus Areas

Based upon the restored Title V legislative guidelines, MDCH has chosen, for FY 2012-2014, to place its emphasis for TMAP on guidelines **A, G, and H**. The remaining guidelines may be addressed, if chosen by each grantee, but MAP programming cannot contradict, at any time, any of the A-H guidelines. See Attachment A for the federal A-H guidelines as outlined in Section 510, Title V of the Social Security Act legislative guidelines.

(A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity

(G) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances

(H) teaches the importance of attaining self-sufficiency before engaging in sexual activity

MINIMUM PROGRAM REQUIREMENTS

All communities awarded funding by MDCH for TMAP must:

- Develop and/or maintain a coalition/advisory council representative of the diversity of the community (including teens and parents/guardians) that is instrumental in all phases of the program planning, implementation, and evaluation. The coalition/advisory council must meet at least quarterly throughout the funding period to ensure the community's best interests are being met. This can be an existing coalition where Tribal MAP is then added to its agenda as well as additional members representing this project
- Implement abstinence-only education targeting Native American youth **ages of 10-15** (up to 21 for special education populations) that promotes abstinence from sexual activity and impacts the knowledge, skills, attitudes, and beliefs that have been demonstrated to lower rates of teen pregnancy. Abstinence programming must emphasize the TMAP priority needs and guidelines **A, G, and H** and may not contradict, at any time, any of the federal A-H guidelines. See Attachment A for the full Title V, Section 510 legislative guidelines.

- Provide services either directly by the fiduciary agency or through a formal agreement or letter of understanding (LOU) with sub-contractor(s). If subcontractors will be used, the fiduciary agency is responsible for monitoring all subcontractors and must retain authority and control over all services provided as part of this program to assure that state and federal requirements are followed. See Attachment B for sample LOU guidelines for subcontractors.
- Secure annual local matching funds (either cash or in-kind resources) totaling at least **20%** of the amount requested.
- Work with assigned TMAP Community Health Consultant to assure the development and implementation of effective programming and evaluation for the entire project period.
- Provide a **minimum of 8 hours** of structured programming from the **Promoting Health Among Teens (PHAT)** curriculum to each targeted youth per programming year. The 8 hour requirement cannot include hours received through established curricula being implemented by schools or any other curricula if it is not directly funded by TMAP.
- When necessary, make appropriate referrals to other agencies within your community for health care, mental health, domestic violence, substance abuse, or other services the youth may need.
- Utilize the skills-based curriculum **Promoting Health Among Teens** that emphasizes guidelines A, G, and H and does not contradict any of the federal A-H guidelines. DHHS and MDCH encourages grantees, as they design their programs to consider the needs of lesbian, gay, bisexual, transgender, and questioning youth and how their programs will be inclusive of and non-stigmatizing toward such participants.
- Implement parent/guardian education programming to teach adults how to effectively communicate with youth about sexuality and the importance of remaining abstinent from sexual activity and other risky behaviors. The primary audience must be the parents/guardians of the youth participants; however, a broader audience is allowable. Each parent/guardian must receive **2-4 hours** of direct parent programming per funding year.
- Increase community awareness of agency programs and activities through marketing encounters such as community events, public service announcements, newsletters, donated media, informational meetings, etc.
- Incorporate outcome and process evaluation into all work plan objectives. MAP standard questions will be developed by MDCH and Michigan Public Health Institute (MPHI) and will be required by all grantees to administer.
- Agencies providing services on public school property and during school hours, including charter schools, must provide written approval from the district's Sex Education Advisory Board supporting **Promoting Health Among Teens..**

CONTRACT/PROGRAM MANAGEMENT

Contracts

It is anticipated that contracts will be issued by MDCH in April for a start date of May 1, 2012 (retroactive). The payment schedule, budget approval process, and financial reporting requirements will be outlined in the official grant agreement between MDCH and the local grantee. Contract

management, training, technical assistance, quality assurance, and consultation will be provided by the Adolescent & School Health Unit at MDCH.

Renewal guidance will be issued each summer for the following fiscal year and contracts will be renewed annually through this period based on the continued availability of funding, program performance, and grantee compliance with contractual obligations and reporting requirements.

Distribution of Funds

The contract funds will be distributed upon receipt of a monthly Financial Status Report (FSR) through MDCH. Final payment will be made upon completion, submission, and acceptance of a final report and FSR. FSR instructions and forms will be sent to agencies awarded funding for this program. Grantees will be eligible to receive funding when minimum program requirements are met, an acceptable proposal is approved for funding, and when all required parties sign a contract.

Fiduciary Role

TMAP will consider the applicant to be the sole point of contact with regard to contractual matters, including payment of all expenditures resulting from the contract. Funded agencies will be contractually required to provide programming as approved through the proposal process. If fewer youth are reached than proposed/approved, a financial penalty may be assessed. Funded agencies will also be expected to submit annual renewal plans, quarterly progress reports, and required forms and budget reimbursements by the deadlines specified by MDCH. Also, *all funded agencies will be required to attend a program orientation, tentatively set for July, and one coordinator meeting and/or training per contract year for up to two program staff.*

Project Control and Reports

After grants are awarded, the grantee will carry out the proposed programming under the general direction and control of MDCH. The grantee will be required to submit quarterly program reports and monthly FSRs to MDCH as outlined in the TMAP contract. The required program and financial reports are subject to be used by MDCH to assist in evaluating the effectiveness of programs funded under the state grants program.

On-site program visits and reviews will be conducted periodically at each funded agency to assure quality programming and adherence to federal and state program requirements. TMAP Community Health Consultants will provide technical assistance, consultation, and program monitoring on an on-going basis throughout the entire project period.

Any significant changes to the work plan that occur throughout the fiscal year **must** receive prior approval by the assigned TMAP Community Health Consultant. Additionally, any staffing changes that occur throughout the year must be submitted in writing to Robyn Corey, TMAP Coordinator at MDCH, within 30 days of such change.

APPLICATION SUBMISSION DETAILS

Format

Applicants must submit a complete response to this application guidance following the format below:

- Application is unbound, single-sided, on 8 ½" x 11" white paper for reproduction purposes (use colored pieces of paper to divide copies).
- Application narrative does not exceed 5 pages in length (not including the cover page, title page, table of contents, work plan, budget, and other required attachments.)
- All pages are sequentially numbered, including attachments and attachments are labeled
- Times New Roman 12-pt. or Arial 10-pt font is used throughout (budgets, figures, tables, and footnotes may be smaller in size, but must be legible)
- Proposal is double-spaced with 1" margins on all sides

- Cover Letter and Local Grantee Assurance Statement (Attachment C) are signed (original ink signature) by an official authorized to bind the applicant organization to its provisions.

Content

See Attachment D for the TMAP Proposal Checklist outlining all the required components which must be included in the application package.

Due Date

Applications must be received by MDCH no later than **Friday, March 30, 2012**. Applications will be considered as meeting the deadline if they are: 1) received on or before the deadline date or 2) are postmarked before the deadline date and received in time for orderly processing. No hand-delivered, faxed, or electronic copies will be accepted.

Copies Required

Applicants are required to submit **one ink-signed original and two (2) copies** of the completed application to the address below.

Mailing Address

All proposals must be mailed to:

Robyn Corey
TMAP Coordinator
Michigan Department of Community Health
P.O. Box 30195
109 W. Michigan Ave., 4th Floor
Lansing, MI 48909

Where to Obtain Assistance

The TMAP Question and Answer Forum will be the **ONLY** opportunity to ask questions related to this RFP. All questions about the TMAP RFP must be emailed to Robyn Corey at CoreyR1@michigan.gov. Answers will be posted to the "Question & Answer Forum" document within one week to the Michigan Abstinence Program website at www.michigan.gov/abstinence

Questions can be asked from **March 5, 2012- March 16, 2012**. All questions and answers will remain posted until the end of the application process. Questions must be emailed during the designated dates only; questions submitted before or after the designated dates will not be answered. TMAP staff cannot answer any questions related to this RFP through any means other than email and only during the designated time period.

CONTINUATION APPLICATION SECTIONS

Services proposed to be provided during the planning phase should be fully and clearly described for the period of **May 1, 2012 through September 30, 2012**. The services, as described in this proposal must be fully operational and accessible to the described target population by October 1, 2012.

NOTE: Please visit www.michigan.gov/abstinence for electronic copies of the required application attachments.

REQUIRED ITEMS

1. **Title Page** – Include a title page signed by the authorized representative that provides key agency and program details. See Attachment E for the required title page format that must be used.

2. **Table of Contents** – Include a table of contents with corresponding page numbers. Each page of the application and attachments must be paginated in numerical order and listed in the table of contents.

3. **Program Narrative** – Use the following sections in the order listed as section headers: *(The narrative should be no more than 5-7 pages in length, not including the work plans, budgets, title page, coversheet, table of contents or other attachments)*

A. **Statement of Need** – This section of the proposal should include detailed information about the target population(s) and the unmet needs for pregnancy prevention initiatives.

1. **Target Area** – Provide a description of the target area, both geographically and demographically. Things to consider are: socio-economic factors, unemployment rates, graduation rates, single heads of households, after-school opportunities, etc.

2. **Target Population(s)** – Provide a description of the target population, youth and parents/guardians.

a. **Youth** – Identify the target population(s) for which the proposed programming for youth is intended. TMAP has an overall age range of youth **10-15 years of age** (up to 21 years old for special education populations), however, applicants may select a sub-set of that age range. Include in the identification of the target population the following information:

- i. Description of the target population selected including age and any other relevant demographics.
- ii. Description of youth risk behavioral factors (i.e., sexual activity, depression, alcohol, tobacco, other drugs, etc.)
- iii. Geographic location of the target population (e.g. all 10-14 year olds in Happy City, all 7th and 8th grade students in Metropolis Middle School or 10-18 year olds in the southwest side of the city of Goshen).
- iv. The number of unduplicated youth expected to be reached during the planning phase (5/1/12-9/30/12).
- v. The number of unduplicated youth expected to be reached during the first full implementation year (10/1/12-9/30/13).

A minimum of 50 youth must be served for each of the two full implementation years.

b. **Parents/Guardians** – Identify the target population(s) for which the proposed parent/guardian programming is intended. Parents/guardians of the youth involved in TMAP programming should be the primary target population; however, broader participation is allowable. Include in the identification of the target population the following information:

- i. Description of the target population (e.g. only parents/guardians of the youth in TMAP programming, or if a broader population will be targeted, a description of that broader population and why selected).
- ii. The number of unduplicated parents/guardians expected to be reached during the planning phase (5/1/12-9/30/12).

- iii. The number of unduplicated parents/guardians expected to be reached during the first full implementation year (10/1/12-9/30/13). A minimum of 25 parents must be reached for each of the two full implementation years.

- B. Youth Input** – Provide a description of how meaningful youth input will occur. Include details on how input will be gathered from youth participating in the program and/or from youth not participating in the program but still a part of the target area served.
- C. Recruitment/Retention** – Provide a brief description of the agency’s recruitment and retention plan for both youth and parent/guardian program participants.
- D. Coalition/Advisory Council** – Applicants are required to develop and/or maintain a coalition/advisory council (including teens and parents/guardians) which is instrumental in all phases of the program planning, implementation, and evaluation. If an applicant does not have a current active coalition/advisory council, they should address the following items with their proposal and plans to meet the requirements when the coalition/advisory council is active. Applicants must:
1. Describe the current or proposed structure of the coalition/advisory council, including membership and frequency of meetings.
 2. Include a list of current or proposed coalition/advisory council members.
 3. Specify how individual members, including teens and parents/guardians, will be involved on an on-going basis in program planning, implementation, monitoring, and evaluation to help assure access, cultural competence and the provision of programming that retains its participants.
- E. Community Collaboration/Support** – Provide details on any new and existing collaborative/referral partners and how the proposed programs will interact with (i.e. refer to, and/or accept referrals from) these organizations but not duplicate their efforts.
1. If applicable, submit a listing of current or proposed collaborative and referral partners which will be utilized for the proposed programming.
 2. TMAP programming must be provided either directly by the fiduciary agency or through a formal agreement or letter of understanding (LOU) with sub-contractor(s). Please submit signed LOUs for any new and existing sub contractual relationships. If none exist at this time but are proposed to be developed, please include information on proposed partnerships. See Attachment B for sample LOU guidelines for subcontractors.
 3. Attach letters of support from partners where the proposed programming will be implemented (schools, community-based locations, etc.). **PLEASE NOTE: Agencies providing services on public school property and during school hours, including charter schools, must provide written approval from the district’s Sex Education Advisory Board supporting the curricula.**
- F. Staffing** – Describe the proposed staffing plan for the program. Include staff titles, percent of time committed to the program and their roles/responsibilities in achieving the program objectives. Include a description of the qualifications, credentials, and relevant experience of the key staff.

G. Implementation Plan – Provide details on how the program, including curriculum and services/activities will be implemented during the planning phase. Applicants must detail how they will ensure that direct services will begin **NO LATER** than October 1, 2012. Provide details on the following for youth and parents:

1. **Curriculum Description** –
 - a. Staff responsible for intervention
 - b. Frequency, duration, and dosage of sessions
 - c. Proposed Adaptations and Rationale
2. **Services/Activities** – Provide a detailed description of services/activities offered by the program. *Include this information for youth and parent programming as well as community awareness and coalition/advisory council efforts.*
 - a. Target population, including identification, recruitment and retention methods,
 - b. In addition to activities directly related to the curriculum, list other activities that are proposed
 - c. Details on parent programming and how the 2-4 contact hours per parent will be met

H. Work Plan – Attach a completed work plan for the planning phase of May 1, 2012-September 30, 2012 using the required format in Attachment G. Program objectives must be specific, measurable, attainable, realistic and time-framed (S.M.A.R.T.) and address the needs of the target population, while program activities must correspond to and lead to the completion of the objectives. See Attachment H for guidelines for crafting goals and objectives as well as a sample work plan. The work plan should include the following:

1. **Program Goals:** Program goals should describe the purpose and anticipated results of the overall program. They are broad and general in nature, providing an overall sense of direction. The goal(s) should be outcome oriented, meaning they are to be expressed as a reduction of a problem or enhancement of a healthy behavior or protective factor. Provide at least four program goals, including at least one goal for each of the following areas: youth programming, parent programming, coalition/advisory council, and community awareness.
2. **Outcome Objectives:** Universal outcome objectives will be developed by MPHI. Because all grantees will be using the same curriculum, these objectives will be aligned with the curriculum evaluation. Outcome objectives are specific statements describing the intended effects of the intervention and are generally stated in terms of changes in knowledge, attitude, skills, behavioral intent or behaviors. **Note: Leave this section blank in your work plan.**
3. **Process Objectives:** For each goal and objective outcome, list process objectives which are specific, measurable, appropriate, realistic, and time-framed, and which will be achieved en route to meeting the programs outcome objectives
4. **Activities:** For each goals and objectives, include the major activities necessary to accomplish the objective. The activities should clearly describe what actions or steps will be taken to accomplish each objective (i.e. the “to-do” list). Time frames, responsible person and evaluation (outcome and process) methods must also be included for all activities.

- I. **Budget** – Attach a detailed line-item budget and corresponding narrative (Attachment I) for the planning phase of May 1, 2012 - September 30, 2012 using the required MDCH budget forms. All in-kind resources and hard match must be included on the budget, including source, how they will be used and total **20% or more** of amount requested. In-kind resources can include volunteer time and expenses, facility expenses (e.g. meeting or activity/program intervention space), paper products, food, donated marketing, supplies/materials, and other services/items provided in the development and implementation of programming. The budget should clearly delineate specific staff, percentage of fringe benefits, activities/travel or purchases supported with State dollars. **NOTE:** *Travel and lodging for 1 TMAP-sponsored coordinator meeting/training per year must be included in the budget for up to two staff. Travel for at least two staff members to attend the Moving Toward Solutions Conference 2012 must also be included.*
 1. Budget Summary (DCH 0385) and Cost Detail (DCH 0386) forms for the planning phase of May 1, 2012 – September 30, 2012.
 2. Budget Narrative for the planning phase of May 1, 2012 – September 30, 2012.
 3. If applicable, applicants requesting indirect costs must submit a copy of their negotiated Federal Indirect Cost Rate Agreement with this application.

4. Required Attachments

- A. Signed Local Grantee Assurance Statement
- B. Coalition/advisory council membership list (or proposed list)
- C. Letters of support
- D. Work plan
- E. Budget Forms
- F. Budget Narrative

5. Optional Attachments (if applicable)

- A. LOUs from collaborating agencies (if using subcontractors)
- B. Federal indirect rate agreement (if charging indirect to grant)
- C. Sex education advisory board approval (if providing services on public school property and during school hours)

ATTACHMENT A
MICHIGAN ABSTINENCE PROGRAM
Federal Title V, Section 510 Legislative Guidelines

(a) For the purpose described in subsection (b), the Secretary shall, for fiscal year 2010 and each subsequent fiscal year, allot to each State which has transmitted an application for the fiscal year under Section 505(a) an amount equal to the product of -

- (1) the amount appropriated in subsection (d) for the fiscal year; and
- (2) the percentage determined for the State under Section 502(c)(1)(B)(ii).

(b) (1) The purpose of an allotment under subsection (a) to a State is to enable the State to provide abstinence education, and at the option of the State, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on those groups which are most likely to bear children out-of-wedlock.

(b) (2) For purposes of this section, the term "abstinence education" means an educational or motivational program which

(A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;

(B) teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;

(C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;

(D) teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;

(E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;

(F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;

(G) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and

(H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.

(c) (1) Sections 503, 507, and 508 apply to allotments under subsection (a) to the same extent and in the same manner as such sections apply to allotments under Section 502(c).

(c) (2) Sections 505 and 506 apply to allotments under subsection (a) to the extent determined by the Secretary to be appropriate.

(d) For the purpose of allotments under subsection (a), there is appropriated, out of any money in the Treasury not otherwise appropriated, an additional \$50,000,000 for each of the fiscal years 2010 through 2014. The appropriation under the preceding sentence for a fiscal year is made on October 1 of the fiscal year except that such appropriation shall be made on the date of enactment of the Patient Protections and Affordable Care Act in the case of year 2010.

ATTACHMENT B
TRIBAL MICHIGAN ABSTINENCE PROGRAM
Letter of Understanding (LOU) Agreement Components

Letters of understanding (LOUs) or contracts are required for all subcontracted agencies and/or individuals not employed by the fiduciary agency who are contributing to the proposed programming.

The LOU must include assurance of the following:

- Goals and objectives will coincide with those of the Tribal Michigan Abstinence Program and the local coalition/advisory council
- Federal Guidelines will be met
- Safer-sex messages will not be provided
- Abortion services, counseling and/or referrals for abortion services will not be provided
- Activities will be delivered separate and apart from any religious education or promotion

The document should cover the following subcontractor responsibilities:

- Submission of activity and/or curriculum for prior approval (if applicable)
- Number of intervention hours required (intensity requirement - if applicable)
- Minimum number of youth to be reached with intervention (if applicable)
- Evaluation expectations that meet state requirements (see "Minimum Program Requirements")
- Financial and program reporting requirements

The document should cover the following fiduciary responsibilities:

- Provision of funds
- Assistance in development of evaluation tools and analysis of data
- Provision of reporting tools including required forms and timeline
- Monitoring progress of planning and implementation

ATTACHMENT C
MICHIGAN ABSTINENCE PROGRAM
Local Grantee Assurance Statement

Our agency, affirms that:

1. Abstinence education activities will emphasize guideline **A, G, and H** and will not contradict any of the components of the Federal Abstinence Education definition outlined in Section 510 of Title V of the Social Security Act.
2. Abstinence education activities will be delivered separate and apart from any religious education or promotion. TMAP funding will not be used to support inherently religious activities including, but not limited to, religious instruction, worship, prayer, or proselytizing (45 CFR Part 87).
3. Family planning drugs and/or devices will not be prescribed, dispensed or otherwise distributed on school property as mandated in the Michigan School Code as part of the abstinence education funded by TMAP.
4. Abortion services, counseling and/or referrals for abortion services will not be provided as part of the abstinence education funded under TMAP.
5. Any discussion of other forms of sexual conduct or provision of services will be conducted in a setting different from where and when the abstinence-only education is being conducted and without TMAP funding.
6. Safer-sex messages will not be delivered alone or as part of this abstinence education, including the promotion of the use of contraception.
7. Information provided will be medically accurate, age-appropriate, culturally relevant and up-to- date.
8. All program reports (quarterly) and financial forms (monthly) will be submitted by the deadlines specified by MDCH.
9. MAP funding will not be used to supplant funding for an existing program supported with another source of funds.
10. EVALUATION NOTE: MAP standard questions, which all grantees must use, will be provided to grantees before full programming begins on October 1, 2012. MDCH will work in partnership with MPHI during the planning phase to develop new MAP standard questions. All evaluation tools, excluding the standard questions, **MUST** be approved by your assigned MAP Community Health Consultant prior to implementation.
11. All information contained in this proposal is **truthful and accurate**.

Agency/Organization: _____

Authorized Representative: _____

Title: _____

Signature: _____

Date: _____

ATTACHMENT D
TRIBAL MICHIGAN ABSTINENCE PROGRAM
Proposal Checklist

- Title Page (Attachment E)
- Table of Contents
- **Program Narrative**
 - Statement of Need
 - Youth Input
 - Recruitment/Retention
 - Coalition/Advisory Council
 - Community Collaboration/Support
 - Staffing
 - Evaluation
 - Implementation Plan
 - Work Plan
 - Budget
- **Required Attachments**
 - Signed Local Grantee Assurance Statement
 - Coalition/advisory council membership list (or proposed list)
 - Letters of Support
 - Work Plan
 - Budget Forms
 - Budget Narrative
- **Optional Attachments** (if applicable)
 - LOUs from collaborating agencies (if using subcontractors)
 - Federal Indirect Rate Agreement (if charging indirect to grant)
 - Sex education advisory board approval (if providing services during school hours)
- **Formatting**
 - All pages are sequentially numbered, including attachments and attachments are labeled
 - Times New Roman 12-pt or Arial 10-pt font is used throughout (budgets, figures, tables, and footnotes may be smaller in size, but must be easily legible)
 - Single-sided 8½" x 11" paper is used
 - Proposal is double-spaced with 1" margins on all sides
 - Narrative does not exceed 15 pages (*excluding work plans, budgets, and other required attachments*)
- **Submission**
 - **Original and two copies** have been prepared for submission
 - Proposal is not bound or stapled (use a colored piece of paper to divide copies)
 - All formatting requirements have been adhered to
 - Proposal is addressed to:
 - Robyn Corey
 - Teen Pregnancy Prevention Consultant
 - Michigan Department of Community Health
 - Washington Square Building
 - 109 W. Michigan Ave., 4th Floor
 - Lansing, MI 48913

ATTACHMENT E
MICHIGAN ABSTINENCE PROGRAM
Title Page

Agency/Organization: _____

Federal ID Number: _____

Authorized Representative: _____ Phone: _____

Contact Person: _____ Phone: _____

Address: _____ Fax: _____

City/State/Zip: _____

E-Mail Address: _____

1. **Service Area** – identify primary city(s) and county(s) to be served

2. **Target Population(s)** – identify by age and setting (school, after-school, faith, etc.)

3. **Target Numbers** – identify number of youth and parents/guardians served during each phase

PLANNING PHASE (May 1, 2012 – September 30, 2012)	
Youth	Parents
IMPLEMENTATION PHASE (October 1, 2012 – September 30, 2013)	
Youth <i>(minimum 50)</i>	Parents <i>(minimum 25)</i>

5. **Planning Phase Funding Request** (5-months): \$ _____
(maximum \$50,000 and 20% match)

6. **Implementation Phase Funding Request** (12-month): \$ _____
(maximum \$50,000 and 20% match)

 Authorized Representative Signature

 Date

 Printed Name and Title

ATTACHMENT G
MICHIGAN ABSTINENCE PROGRAM
Work Plan

Program Goal: *Specify Goal*

Goals are general statements regarding planned outcome. Goals are global and general in nature. They are usually not measurable.

Outcome Objectives: *Specify Outcome Objective*

Outcome objectives are specific statements describing the intended effects of the intervention and are generally stated in terms of changes in knowledge, attitude, skills, behavioral intent or behaviors. *(Note: Programs may have more than one process objective which leads to a single outcome objective.)*

Process Objective: *State Process Objective*

These are a specific statement of the service that will be delivered and focus on the amount, frequency, and duration of the intervention. May be thought of as the “deliverables”. There may be one or more process objectives associated with each outcome objective.

Services/Activities	Person Responsible	Time Frame	Evaluation (Outcome and Process)
<p>List each activity which must be accomplished to achieve the process objective. May include such steps as staff recruitment, securing materials or materials development, staff training, approval of curriculum, scheduling sessions, evaluation et cetera.</p>	<p>Clearly identify the position(s) responsible for carrying out each activity described.</p> <p>Please provide <i>titles/positions</i> and <i>not names</i> of individuals.</p>	<p>Provide a time frame for achieving each activity described.</p> <p><i>Should reflect realistic dates, not all listed as end of contract period.</i></p>	<p>Outcome Evaluation: <i>How will achievement of this outcome be measured (e.g., pre/post test, chart reviews, etc.)?</i></p> <p>Process Evaluation: <i>How will achievement of this objective be measured (e.g., sign-in sheets, event flyers, evaluations, meeting minutes)?</i></p>

ATTACHMENT H

MICHIGAN ABSTINENCE PROGRAM

Crafting Goals and Objectives

Goals and Objectives are essential for effective and successful program planning, implementation and evaluation. They help to guide the design, implementation and evaluation of any program. They also articulate the criteria against which the success of the program will be measured.

Goals: Goals are general statements regarding planned outcome. Goals are global and general in nature, providing an overall sense of direction. They often refer to the distant or ultimate “prize” such as reductions in morbidity, mortality, or quality of life. They are usually not measurable.

Outcome Objectives: Outcome objectives are specific statements describing the intended effects of the intervention and are generally stated in terms of changes in knowledge, attitude, skills, behavioral intent or behaviors. Outcome objectives address the question, “What will have changed about the participants as a result of our intervention?” *There is a close link between the defined “need” and the outcome objective.* The objective should directly reflect program content and address the defined need.

Outcome objectives should include:

- Target date
- Target population
- Intervention
- Expected change to knowledge, skill, attitude, behavior (or intent)
- Means for measuring change

Process Objectives: A specific statement of the service that will be delivered and focus on the amount, frequency and duration of the intervention as well as the characteristics of those served by the intervention. Process objectives address the question, “Did we do what we said we were going to do?” It might be helpful to think of these as the “deliverables.” There may be one or more process objectives associated with each outcome objective.

Process objectives should include:

- Target date
- Target population
- Type, number of interventions, duration
- Expected number of clients (service units, contacts)
- Means of measurement

Activities: A specific statement about what actions or steps will be taken to accomplish each process objective. Activities are a means to an end, not an end in themselves. They are things that must be done by someone to accomplish a process objective. They might be thought of as “to do” lists.

Guidelines for Well-Crafted Objectives		
Specific	<i>Who? What?</i>	Is the target audience specified? Is the intended change (knowledge, attitude, behavior) specified? Is the intervention described? Is the venue/location specified?
Measurable	<i>How much? How many?</i>	Can the intended change be measured in an objective manner? Is the method/tool for measurement specified? Are there baseline data to compare to?
Appropriate	<i>Why? Where? How?</i>	Is there a clear link between the defined need and the outcome objective? Are these objectives culturally appropriate? Will the program or service be accepted by the target audience?
Realistic		Is the level of service feasible? Is the amount of change achievable given resources and experience? Is the amount of change consistent with outcomes behavioral science and evaluation literature?
Time-Framed	<i>When?</i>	Does the objective specify when the change will be achieved? Can the objective be reasonably accomplished within the given time frame?

Sample Goals, Objectives, and Activities	
Goal	Increase the number of youth ages 10-15 who understand how to reject sexual advances in X school district.
Outcome Objective	By September 30, 2010, increase 50% from baseline, the proportion of youth enrolled in X Intervention who report being able to reject sexual advances.
Objective Evaluation	Achievement of this objective will be measured through administration of a pre and post intervention questionnaire.
Process Objective	By September 30, 2010, conduct 5 cycles of the 14-hour X Intervention to a total of 500 10 -15 year olds in X school district.
Objective Evaluation	Achievement of the objective will be measured through sign-in sheets and completed event forms.
Activities	By October 30, 2009, duplicate all workshop materials By October 30, 2009, post schedule for all workshops By November 1, 2009, begin to implement workshops. By March 15, 2010, complete analysis of pre/post-workshop questionnaires from completed cycle By March 31, 2010, present evaluation findings to program advisory committee and solicit feedback and recommendations for program refinement. By September 30, 2010 complete implementation of remaining intervention cycles.

ATTACHMENT I
MICHIGAN ABSTINENCE PROGRAM
Guidelines for Preparation of Budget Narrative

The application is to be accompanied by a budget and budget narrative for the proposed program for the planning phase. This attachment details information required in the budget narrative. In the budget narrative applicants are expected to provide a detailed line-item budget and justify the total cost of the program. The budget forms and narrative must include local matching funds of at least **20 percent** of the requested state grant funds. The budget forms and narrative must indicate whether these funds are cash or in-kind resources. Also in the budget narrative, applicants are asked to provide a listing of other sources of funding which support services which are similar or related to the proposed TMAP program.

A. Budget Narrative

The budget narrative must provide detailed descriptions of planned expenditures, including justification and rationale. All budget line items must be described in the budget narrative.

Salaries and Wages (personnel) - For each staff position associated with the program provide their name, title, annual salary and percent of a full time equivalent (FTE) dedicated to the program. Describe the role of each staff person in achieving proposed program objectives. Salaries and wages for program supervision are allowable costs, proportionate to the time allocated to the proposed program.

Taxes and Fringe Benefits - Indicate, by percentage of total salary, payroll and fringe rate (e.g. FICA, retirement, medical, etc.).

Travel - Describe who is traveling and for what purpose. Include reimbursement rates for mileage, lodging and meals. Indicate how many miles, overnights, etc. will be supported annually. **Travel of consultants should not be included in this category but rather under the category of Other - Consultant Services.** International travel cannot be supported with funding awarded under this RFP. Out of state travel must be reasonable and necessary to the achievement of proposed goals and objectives. Staff travel for training and skills enhancement should be included here and justified.

NOTE: All agencies funded under this RFP should plan travel and lodging to one TMAP-sponsored coordinator meeting/training per year for up to two (2) staff.

Supplies and Materials - Describe the types and amount of supplies and materials that will be purchased. Include justification for level of support requested for items and how it relates to the proposed program. Items requested may include but are not limited to: postage, office supplies, screening devices, prevention materials, training supplies, and audio/visual equipment (under \$5,000).

Contractual - Describe all subcontracts with other agencies. Include the purpose of the contract, method of selection and amount of the sub-contract. **Contracts with individuals should be included in the Other category as Consultant Services.**

Equipment - This category includes stationary and moveable equipment to be used in carrying-out the objectives of the program. **Equipment items costing less than five thousand dollars (\$5,000) each must be included in the Supplies and Materials category.**

Other Expenses - This category includes all other allowable costs. Common expenditures in this category include the following, though your budget may include additional items.

Consultant Services - Provide the name (if known), hourly rate, scope of service, and method of selection for each consultant to be supported. The expertise and credentials of consultants should be described. Provide rationale for use of consultant for specified services. Travel and other costs of these consultants are to be included in this category and justified.

Space - Include items such as rent and utilities in this category. Each of these costs must be described. The description must address the cost per month and indicate the method of calculating the cost. Cost for acquisition and/or renovation of property are not allowable costs under this RFP.

Communications - Describe monthly costs associated with the following:

- Phone (average cost per month, proportionate to proposed program)
- Fax (average cost per month, proportionate to proposed program)
- Internet access/email service (average cost per month, proportionate to proposed program)
- Teleconferencing (number of sessions, cost average per use)

Note: Postage should be included in the Supplies and Materials category.

Printing and copying - Describe costs associated with reproduction of educational and promotional materials (manuals, course hand-outs, pamphlets, posters, etc.). Do not include copying costs associated with routine office activities.

Administrative Costs - This category of cost is allowed by MDCH.

Indirect Costs - Indirect costs can only be requested by entities with a Federally Approved Indirect Cost Rate Agreement. If indirect costs are requested, documentation of the federally approved indirect rate must be provided with the proposal.

B. Other Funding Sources

If the applicant receives other funding to conduct services which are similar, or related to the proposed program, supply the following information for each source.

- Source of funding
- Project period
- Annual amount of award
- Target population
- Brief description of intervention (2-3 sentences)

If applicant does not receive any other support for similar service, they may indicate that this section is not applicable. Reminder, funds awarded under this RFP are not to supplant existing funding.

PROGRAM BUDGET SUMMARY

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

View at 100% or Larger
Use **WHOLE DOLLARS** Only

PROGRAM (A) Budget and Contracts			DATE PREPARED (B) 7/01/xx		Page (C) 1	Of 2
CONTRACTOR NAME (D) Michigan Agency			BUDGET PERIOD (E) From: 10/01/xx To: 9/30/xx			
MAILING ADDRESS (Number and Street) (F) 123 ABC Drive			(G) BUDGET AGREEMENT ORIGINAL AMENDMENT <input type="checkbox"/>			AMENDMENT # 1
CITY Acme	STATE MI	ZIP CODE 44444	FEDERAL ID NUMBER (H) 38-1234567			

(I) EXPENDITURE CATEGORY	MDCH	Local		(K) TOTAL BUDGET (Use Whole Dollars)
1. SALARY & WAGES	43,000			43,000
2. FRINGE BENEFITS	11,180			11,180
3. TRAVEL	1,400			1,400
4. SUPPLIES & MATERIALS	37,000			37,000
5. CONTRACTUAL (Subcontracts/Subrecipients)	3,500			3,500
6. EQUIPMENT	5,000			5,000
7. OTHER EXPENSES				
	8,000			8,000
8. TOTAL DIRECT EXPENDITURES (Sum of Lines 1-7)	109,080			109,080
9. INDIRECT COSTS: Rate #1				
INDIRECT COSTS: Rate #2				
10. TOTAL EXPENDITURES	109,080			109,080

(J) SOURCE OF FUNDS

11. FEES & COLLECTIONS	10,000			10,000
12. STATE AGREEMENT	90,000			90,000
13. LOCAL	9,080			9,080
14. FEDERAL				
15. OTHER(S)				
16. TOTAL FUNDING	109,080			109,080

AUTHORITY: P.A. 368 of 1978 COMPLETION: Is Voluntary, but is required as a condition of funding	The Department of Community Health is an equal opportunity employer, services and programs provider.
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PROGRAM BUDGET – COST DETAIL SCHEDULE

View at 100% or Larger

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Use **WHOLE DOLLARS ONLY**

(B) PROGRAM Budget and Contracts		(C) BUDGET PERIOD		DATE PREPARED
		From: 10/01/xx	To: 9/30/xx	7/01/xx
(E) CONTRACTOR NAME Michigan Agency		(F) BUDGET AGREEMENT ORIGINAL AMENDMENT		AMENDMENT #
(G) 1. SALARY & WAGES POSITION DESCRIPTION	(H) COMMENTS	(I) POSITIONS REQUIRED	(J) TOTAL SALARY	
Nurse	9 month position	1	25,000	
Project Director		.5	18,000	
(K) 1. TOTAL SALARY & WAGES:		1.5	\$ 43,000	
(L) 2. FRINGE BENEFITS (Specify)				
FICA	LIFE INS.	DENTAL INS	COMPOSITE RATE	
UNEMPLOY INS.	VISION INS.	WORK COMP	AMOUNT 26%	
RETIREMENT	HEARING INS.	HOSPITAL INS.	OTHER (specify) _____	
2. TOTAL FRINGE BENEFITS:				\$ 11,180
(M) 3. TRAVEL (Specify if category exceeds 10% of Total Expenditures)				
Conference registration	\$350			
Airfare	\$600			
Hotel accommodations and per diem for 4 days	\$450			
3. TOTAL TRAVEL:				\$ 1,400
(N) 4. SUPPLIES & MATERIALS (Specify if category exceeds 10% of Total Expenditures)				
Office Supplies	2,000			
Medical supplies	35,000			
4. TOTAL SUPPLIES & MATERIALS:				\$ 37,000
(O) 5. CONTRACTUAL (Specify Subcontracts/Subrecipients)				
Subcontractor Name	Address	Amount	Subrecipient Name	
ACME Evaluation Services	555 Walnut, Lansing, MI 48933	\$ 2,000		
Health Care Partners	333 Kalahazee, Lansing, MI 48933	\$ 1,500		
5. TOTAL CONTRACTUAL:				\$ 3,500
(P) 6. EQUIPMENT (Specify items)				
Microscope	\$5,000			
6. TOTAL EQUIPMENT:				\$ 5,000
(Q) 7. OTHER EXPENSES (Specify if category exceeds 10% of Total Expenditures)				
Communication Costs	\$2,400			
Space Costs	\$3,600			
Consultant or Vendor: John Doe, Evaluator, 100 Main, E. Lansing	\$2,000			
7. TOTAL OTHER:				\$ 8,000
(R) 8. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-7)		8. TOTAL DIRECT EXPENDITURES:		\$ 109,080
(S) 9. INDIRECT COSTS CALCULATIONS				
Rate #1: Base \$0 X Rate 0.0000 % Total				\$ 0
Rate #2: Base \$0 X Rate 0.0000 % Total				\$ 0
9. TOTAL INDIRECT EXPENDITURES:				\$ 0
(T) 10. TOTAL EXPENDITURES (Sum of lines 8-9)				\$ 109,080
AUTHORITY: P.A. 368 of 1978				
COMPLETION: Is Voluntary, but is required as a condition of funding		The Department of Community Health is an equal opportunity employer, services and programs provider.		
DCH-0385 (E) (Rev 2-07) (W) Previous Edition Obsolete. Use Additional Sheets as Needed				