

Teen Pregnancy Prevention Initiative (TPPI)

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Adolescent and School Health Unit**

Request for Proposals (RFP)



Required Letter of Intent Due:

Friday, January 2, 2009

Full Proposal Due:

Friday, January 23, 2009

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Teen Pregnancy Prevention Initiative (TPPI) Request for Proposals

PART I: GENERAL GUIDELINES AND INFORMATION

A. INTRODUCTION

The Teen Pregnancy Prevention Initiative (TPPI) is a comprehensive pregnancy prevention program of the Michigan Department of Community Health, Adolescent and School Health Unit. The goal of the program is to reduce the rate of teen pregnancy in Michigan. This will be achieved through the implementation of evidence based interventions that target the sexual and non-sexual factors that lead to delayed initiation of sex and increased condom or other contraception use.

The TPPI, and funding awarded under this RFP, support comprehensive programs which encourage abstinence as the safest choice but also encourage young people who are having sex to always use condoms and/or other methods of contraception.

B. BACKGROUND

As stated in *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*, “When teens become pregnant..., they, their children, and society at large often pay a significant price, both in human and monetary terms” (Kirby, 2007).

Teen mothers are more likely than adult mothers to have dropped out of high school, be unemployed and lack parenting skills. In addition to increased lifetime risks of social and economic disadvantage to both the teens and their children, there are additional health risks for infants born to teen-aged mothers. These increased risks include low birth weight, pre-term delivery, fetal distress and other adverse outcomes.

In 2006, there were an estimated 19,669 pregnancies among Michigan teenagers, or a rate of 54 per 1,000 females, ages 15-19 years old. The teen pregnancy rate in Michigan has declined by 30% since 1996, translating into almost 6,000 fewer teen pregnancies in 2006. While this is great news, there is still more work to be done.

In 2005, The National Campaign to Prevent Teen and Unplanned Pregnancy called upon states to set new 10 year goals for reducing this important health indicator even further. In Michigan, the Governor’s Office set a goal to reduce teen pregnancy by 20 percent by 2015.

This RFP will fund programs which are committed to helping Michigan achieve this goal.

C. AVAILABLE FUNDS

MDCH intends to award four (4) to six (6) grants totaling approximately \$400,000 annually to agencies for the implementation of comprehensive pregnancy prevention education. It is anticipated that awards will range from \$50,000 - \$100,000. Applicants requesting more than \$100,000 annually will not be considered for funding.

Funding awarded under this RFP will be for a 42-month (three-and-one-half-year) period, based on availability of funding. All funded communities will receive funding beginning April 1, 2009 (through September 30, 2012). Successful applicants will be issued six-month contracts for the period April 1 - September 30, 2009.

The program will include the following two phases:

- Start-Up Phase: A six (6) month planning/start-up period from April 1 - September 30, 2009 with a maximum allocation of \$50,000. Direct programming with youth and parents should begin during this phase.
- Full Implementation Phase: Three (3) year implementation period from October, 1, 2009 through September 30, 2012 with a maximum allocation of \$100,000 (annually). Full implementation is required for this period. Contracts will be renewed annually through the three-year implementation phase based on the continued availability of funding, program performance, grantee compliance with contractual obligations and reporting requirements and documented need.

It is expected that each funded agency will serve between 250 and 1,000 youth per each full twelve (12) month implementation period. A consistent increase of youth served over each of the next three (3) years is expected. Agencies expecting to serve smaller numbers are required to justify their “number to be served” based on the selected service model. Lower numbers will be allowable for the initial fiscal year due to the partial, six (6) month period. The amount of funding approved per agency will be based on the number of youth projected to be served as well as the applicant’s selected programming interventions and budget justification.

Note: Because the initial contract period will be for the six month period April 1 - September 30, 2009, applicants MUST prepare and submit two program budgets, one for the Start-Up Phase, not to exceed one-half (1/2) of their annual request, and one for the first full year of implementation (October 1, 2009-September 30, 2010), not to exceed \$100,000. (Additional directions regarding budget preparation are provided on page 16 of this announcement.)

The TPPI requires that programming be provided either directly by the applicant or through a formal agreement or letter of understanding (LOU) with a subcontractor(s). If utilizing subcontractors, an LOU must be submitted that details the responsibilities to which both parties agree. All agreements or LOUs must include the requirements identified in Appendix A and be submitted as Attachment I.

D. PROGRAM REQUIREMENTS

TPPI Funding will be granted only to programs proposing to implement the select set of evidence-based interventions (EBI) selected by MDCH as eligible for funding under this RFP. These programs are proven to result in positive changes in attitudes, beliefs and behaviors associated with sexual risk and teen pregnancy. A list of eligible interventions is included in Appendix J. Applicant agencies must develop evaluation methods to document that they are implementing the chosen EBI with fidelity. It is only through attention to fidelity, that the applicant can expect to achieve similar positive outcomes to those documented when the

intervention was originally implemented and evaluated. (See Appendix J for additional information on EBIs and fidelity.)

Based on recommendations for success released in *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*, by Douglas Kirby, Ph.D., fourteen (14) or more hours of structured intervention, spread across at least a four week period, and excluding activities that are solely recreational or social must be provided per youth per year to assure program effectiveness. This is a requirement for those receiving funding via this RFP.

All applicants awarded funding by MDCH for the TPPI must:

- Develop and/or maintain a coalition/advisory council representative of the diversity of the community (including teens and parents/adults/caregivers) who are instrumental in all phases of the program planning, implementation and evaluation. The coalition/advisory council must meet at least quarterly throughout the funding period.
- Implement programming targeting youth within the 10-18 year old population (or up to 21 years old for special education populations) that impacts the knowledge, skills, attitudes and beliefs proven to lower rates of teen pregnancy.
- Provide services either directly by the fiduciary agency or through sub-contractors. If subcontractors will be used, the fiduciary agency must monitor all subcontractors and must retain authority and control over all services provided as part of this program to assure that state requirements are followed. If applicable, submit as Attachment I, signed LOUs from agencies with whom the applicant will collaborate on programming (Appendix A).
- Secure local matching funds (either cash or in-kind resources) per funding year totaling 35 percent or more of the amount requested.
- Begin full implementation of direct service interventions no later than October 1, 2009. Applicants utilizing school sites must provide letter(s) of support/approval from school administrator (if applicable).
- Provide a minimum of 14 hours of structured programming to each targeted youth per programming year. These hours cannot come from a one-time event (e.g. a weekend retreat) but must be gained over a period of time, at least four weeks in duration so that long-term support is available to help assure behavior change.
- Utilize skills-based curricula/interventions that are research-based and eligible for funding under this RFP, as listed in Appendix J.
- **If funded, agencies providing services on school property and during school hours, need to provide written approval from the Sex Education Advisory Committee supporting the curricula/intervention. Submit as Attachment K.**

- Incorporate evaluation into all work plan objectives. The evaluation plan (including evaluation tools) must be developed in collaboration with the MDCH TPPI Coordinator. Final plans and tools must be approved by MDCH prior to utilization.
- For interventions contributing to the 14 or more hours of programming for youth, linked pre/post tests to measure changes in knowledge, attitude, skills, intended behavior and actual behavior must be used. Age appropriate standard questions as developed by the TPPI Program must be included in pre/post tests along with additional questions developed for the specific intervention. MDCH standardized questions are currently being developed and will be provided to grantees during the grant orientation period following award decisions.
- For all program components in the work plan, conduct process evaluation to determine if the process objectives and/or work plan activities occurred as proposed/intended.

Additional Eligible Services

Based on the identified needs of the target population and the components of the selected intervention model, applicants may, but are not required to:

- Implement parent/adult/caregiver 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/adults/ caregivers of the youth participants, however, a broader audience is allowable.
- Enhance community awareness of teen pregnancy prevention programs and activities through marketing encounters such as community events, public service announcements, donated media and informational meetings.

E. APPLICANT ELIGIBILITY

It is the intent of MDCH to fund established providers with proven experience providing teen pregnancy prevention services in the most at-risk communities. **Applicants proposing services in the ten counties with the highest rates of teen pregnancy will receive 5 bonus points in the scoring of their proposal.** (See Appendix G for a ranking of counties by teen pregnancy rate.)

Eligible applicants include:

- Community Based Organizations (CBOs) and other Non-Governmental Organizations (NGOs)
- Public and Private Schools and Intermediate School Districts (ISD)
- Local Health Departments (LHDs)
- Federally Recognized Indian Tribes
- Colleges/Universities
- Faith-Based Organizations

- Federally Qualified Health Centers (FQHCs)
- Hospitals or Healthcare Organizations

Ineligible applicants include:

- Individuals
- For-profit health/human service agencies
- State level government agencies

F. USE OF FUNDS

Funding awarded under this RFP may be used to pay for:

- 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)
- Equipment (proportionate to program)
- Supplies and materials (e.g. educational materials, screening/diagnostic devices, office supplies-proportionate to program)
- 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

- Abortion services, counseling and/or referrals for abortion services cannot be provided as part of the pregnancy prevention education funded under this RFP.
- State sub-awardees may not use State or matching funds under this award to support inherently religious activities including, but not limited to, religious instruction, worship, prayer, or proselytizing (45 CFR Part 87).
- Medical treatment, psychiatric services, legal services, clinical care, substance abuse or mental health services may not be paid for by funds available under this RFP.
- Funding awarded under this RFP may not be used to supplant funding for an existing program supported with another source of funds.

PART II: APPLICATION PROCESS

A. NOTICE OF INTENT TO APPLY

It is **required** that applicants submit an “Intent to Apply” form (Appendix B) by 5:00 p.m. Eastern Standard Time (EST) on **Friday, January 2, 2009**. Submission of the “Intent to Apply” form is non-binding but will be used by MDCH to adequately prepare for the review of

submitted proposals. Applicants who do not submit this form or miss the deadline set above, **ARE NOT** eligible to submit a complete application. Forms may be submitted via fax or email.

Submit to: Kara Anderson
Teen Pregnancy Prevention Consultant
Michigan Department of Community Health
AndersonK10@michigan.gov
(517) 335-8294 (fax)

Receipt of “Intent to Apply” forms will be confirmed via email within two business days of receipt. If confirmation is not received in this time period, contact Ms. Anderson at (517) 373-3864 immediately.

B. QUESTIONS REGARDING THE RFP

The TPPI “Question & Answer Forum” will be the **ONLY** opportunity to ask questions related to this RFP, as the “Question & Answer Forum” will serve in place of a pre-bid meeting. **ALL** questions about the TPPI RFP **MUST** be emailed to Kara Anderson at AndersonK10@michigan.gov. Answers will be posted within two business days (except for holidays) to the “Question & Answer Forum” on the TPPI website at www.michigan.gov/tppi.

Questions can be asked from **Monday, December 22, 2008-Friday, January 9, 2009**. 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. MAP staff **CANNOT** answer any questions related to this RFP through any means other than email.

C. SUBMISSION AND REVIEW REQUIREMENTS AND TIMELINE

1. Submission

Proposal packages must be RECEIVED by **5:00 p.m. Eastern Standard Time, on Friday, January 23, 2009**. **LATE APPLICATIONS WILL NOT BE ACCEPTED OR REVIEWED**. Late, faxed, e-mailed, or hand delivered proposals **WILL NOT** be accepted.

Applicants are required to submit the signed original and four (4) copies of the proposal package. Submit proposals to:

Kara Anderson
Teen Pregnancy Prevention Consultant
Michigan Department of Community Health
Washington Square Building
109 W. Michigan Ave., 4th Floor
Lansing, MI 48913

Phone – if required for express delivery – (517) 373-3864

2. Rejection of Proposals

MDCH reserves the right to reject any and all proposals received as a result of this RFP or to negotiate with any source in any manner necessary to serve the best interests of the TPPI. All timely proposals will be initially reviewed to determine compliance with the minimum requirements outlined in the Checklist for a Complete Proposal (Appendix F). Incomplete proposals may not be reviewed and notification will be provided.

3. Review of Proposals

Proposals submitted in response to this RFP will be reviewed and evaluated by an Objective Review Panel (ORP) comprised of individuals who have expertise/experience in relevant areas. Reviewers will be required to disclose any potential conflict of interest and reviewer assignments will be made in light of this information. All proposals will be scored by reviewers according to pre-established criteria. Scoring criteria will be responsive to the requirements of this RFP. The relative weight that each component of the proposal will receive in the review process is described below.

Formatting/Packaging	5 points
Abstract	5 points
Agency Description, Qualifications, and Capacity	20 points
Statement of Need	30 points
Community Collaboration/Support	15 points
Program Plan	40 points
Work Plan and Timeline	10 points
Evaluation	20 points
Staffing Plan	15 points
Coalition/Advisory Council	10 points
Budget Preparation	10 points
Required Attachments	5 points
Proposed Service in Geographical Priority Area	<u>5 points</u> (bonus)
Total Possible Points:	190 points

MDCH reserves the right to consider criteria in addition to ORP scores in making final decisions regarding programming and award levels. Other criteria which MDCH may consider include, but are not limited to: resource availability, gaps in services (according to population, intervention or geographic coverage), agency capacity, past performance of the applicant in similar contracts (e.g. progress toward reaching objectives, success in targeting and compliance with contractual obligations) and other factors relevant to addressing changing needs and priorities. MDCH will make all final funding and allocation decisions.

4. Notice of Award

Notices of Award are expected to be made in **March 2009** with implementation anticipated to begin April 1, 2009.

5. Incurring Costs

All awards are contingent on the availability of funds. MDCH is not liable for any costs incurred by applicants prior to issuance of a contract signed by all required parties.

PART III: CONTRACT MANAGEMENT

A. DISTRIBUTION OF FUNDS

The contract funds will be distributed upon receipt of a monthly Financial Status Report (FSR) by 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.

Agencies/organizations will be eligible to receive funding when minimum requirements are met, an acceptable proposal is approved for funding and a contract is signed by all required parties.

B. FIDUCIARY ROLE

The MDCH 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 plans, quarterly and annual progress reports, required forms and budget reimbursements by the deadlines specified by MDCH.

All funded agencies will be required to attend a program orientation and at least one annual coordinator meeting per contract year. Travel for these trips should be included in the applicant's budget.

C. PROGRAM MONITORING

On-site program reviews will be conducted at each funded agency at least annually during the funding cycle to assure quality programming and adherence to State and program requirements. The TPPI Program Consultant will provide technical assistance, consultation and program monitoring on an on-going basis throughout the entire project period.

PART IV: FORMAT REQUIREMENTS

A. CONTENT OF PROPOSAL PACKAGE

A complete proposal package will consist of:

1. Intent to Apply Form (required submission by January 2, 2009)
2. Proposal Cover Sheet (Appendix C), signed by authorized agency representative(s)

2. Table of Contents
3. Abstract
4. Proposal Narrative
5. Budget Forms (Appendix D) and Detailed Budget Narrative (Appendix E)
6. Required Attachments
7. Additional Attachments (optional)
8. Proposal Checklist (Appendix F)

Applicants are encouraged to refer to the Proposal Checklist (Appendix F) in preparing their proposal package, and order the document according to this guideline.

B. FORMATTING/PACKAGING (5 points)

1. Sequentially number all pages, including attachments and appendices
2. Include a table of contents and a list of attachments for the entire package submitted
3. Do not staple or bind any of the copies submitted to MDCH. (Rubberbands or binder clips are acceptable)
4. Use 8 ½" by 11" paper
5. 12 point font; budgets, figures, charts, tables, figure legends, and footnotes may be smaller in size, but must be readily legible.
6. Use 1" margins (top and bottom, left and right)
7. Print on single side of page only
8. The narrative section is not to exceed 20 pages (Sections 1-6)
9. The structure and lay out of the proposal must follow the format outlined in this RFP.

PART V: PROPOSAL OUTLINE

The proposal should provide the following information using these headings and subheadings.

A. PROPOSAL COVER SHEET

Complete the Proposal Cover Sheet (Appendix C)

B. TABLE OF CONTENTS

Attachments must be paginated and listed in the Table of Contents.

C. ABSTRACT (5 points)

A one page, single-spaced summary of the proposal is required. Include the following information:

- Name of Applicant
- Description of the target area and target population
- Statement of need for the proposed program

- A summary of the major program goals
- Description of the proposed programming interventions including the target audience
- Number of unduplicated youth participating in the 14-contact hour core curriculum of the proposed programming **each year of full-implementation (2009-10, 2010-11, 2011-12)**
- Number of unduplicated parents/adults/caregivers to be reached with programming **each year of full-implementation (2009-10, 2010-11, 2011-12) (if applicable)**
- The amount of funds requested (initial six months and first full year of implementation)
- Description of local funds or in-kind resources to be applied to the overall program

D. PROPOSAL NARRATIVE

The following outline must be adhered to for development of the proposal narrative.

1. Agency Description, Qualifications and Capacity (20 points)

This section is to describe the expertise and experience of the applying organization in providing the proposed services. At minimum, the applicant is to address the following:

- Mission of the organization and experience serving as a fiduciary agent for a grant program of similar size.
- Past or present experience planning or implementing teen pregnancy prevention interventions. Experience and success of such efforts should be supported with quantitative and qualitative data when available.
- Organization history and experience relevant to provision of services to target population(s). Experience and success of such efforts should be supported with quantitative and qualitative data when available.
- Methods for obtaining target community input in development and implementation of the proposed program.
- The structure of the agency and how proposed intervention(s) “fit” within this structure.

2. Statement of Need (30 points)

This section of the proposal should include detailed information about the target audience(s) and the unmet needs for pregnancy prevention initiatives.

a. 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.

Include: The most recent data (**broken down by two age groups, 10-14 years and 15-18 years**) for the following areas must be included (cite source and date for each):

- a. Teen birth rate for the county(s)*
- b. Teen pregnancy rate for the county(s)*
- c. Teen STI rate for the county(s)*
- d. If available, information/data regarding teen use of alcohol, tobacco and other drugs, in the county(s)*
- e. If available, information/data regarding teen sexual activity in the county(s)*

How does your target area compare to the State as a whole in the measures above?

b. Target Population(s) to be served -

Youth—identify the target audience(s) for which the proposed programming interventions are intended. The TPPI has an overall age range of 10-18 years (up to 21 years old for special education populations), however, applicants may select a sub-set of that age range. MDCH requires equal access be provided to male and female youth within the age range chosen. Equal access does not mean that an equal number of interventions must be made available, but rather that both genders have an opportunity to participate in some of the programming. Include in the identification of the target audience the following information:

- Description of the target audience selected including age and any other relevant demographics
- Justification for the age group and audience selected
- Geographic location of the target audience (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).
- The number of unduplicated youth expected to be reached during each of the three (3) service years of the project period. If program will provide services during the start-up period of April – September 2009, include this number as well.

Parents/Adults/Caregivers (if applicable) – identify the target audience(s) for which the proposed programming interventions are intended. Parents/adults/caregivers of the youth involved in TPPI programming should be the primary target audience, however, broader participation is allowable. Include in the identification of the target audience the following information:

* If the target area is a city and data for the city is available, provide data for the city rather than county.

- Description of the target audience (e.g. only parents/adults/caregivers of the youth in TPPI programming, or if a broader audience will be targeted, a description of that broader audience).
 - The number of unduplicated parents/adults/caregivers expected to be reached during each of the three service years of the project period. If program will provide services during the start-up period of April – September 2009, include this number as well.
- c. **Needs Assessment** - Describe the particular knowledge, skill, attitude and behavioral needs of your target audience(s) which will be addressed by the proposed program. What are the risk and/or protective factors of your target population that you want to impact with your intervention? A list of helpful websites is included in Appendix J of this document. Applicants may use these or other sources of data to justify the needs of their target population. Applicants should specify the source and date of data used in their proposal.
- d. **Gaps in service** - Describe current pregnancy prevention services available to your target population, and existing gaps. Explain how the proposed program will fill these gaps and how they are different from and not duplicative of existing services.

3. **Community Collaboration/Support** (15 points)

- If applicable, submit as Attachment B a listing of collaborative and referral arrangements which will be utilized for the proposed programming. This listing should include, at a minimum, other agencies, organizations or programs that conduct pregnancy prevention education programming for 10-18 year olds in the community and how the proposed programs will interact with (i.e. refer to, and/or accept referrals from) these organizations but not duplicate their efforts.
- Submit as Attachment A five (5) letters of support for the proposal including one from a local health or education agency in the jurisdiction(s) where the proposed programming will be implemented.

4. **Program Plan** (40 points)

Describe how the proposed program addresses the goal of this RFP. Provide a detailed presentation of the activities you have chosen to implement.

Applicants that Require a Start-Up Phase: Start-up activities are allowable under this funding opportunity. If necessary, start-up activities should be described in detail in this section and justification provided. Activities which may occur during this time period include but are not limited to: identification, hiring and training of staff, recruitment of target population (if necessary), adaptation of curricula or materials for target population, securing approval from local school board(s). Applicants should state how they will insure that direct services will begin **NO LATER** than October 1, 2009.

Applicants that DO NOT Require a Start-Up Phase: Describe how the above activities will be completed prior to April 1, 2009, and on what date services to the target community will begin.

All Applicants: Provide the following information about your proposed program.

Description of Intervention(s) - Describe the intervention(s) you will utilize to reach and impact the target population. Provide the rationale for selecting the specific interventions in relation to your target audience(s). Describe each service or activity in detail including:

- Program Intervention
 - Name of intervention and who will be providing the intervention
 - Frequency, duration and dose of service/activity (how many sessions, how long, over what period of time?)
 - Other supporting details that describes the service or activities that will be provided
 - *A list of the interventions eligible for funding under this RFP is included in Appendix J. ONLY those listed are eligible under this announcement.*
- Target audience
 - Number and type of participants (e.g., age, gender)
 - Describe how participants will be identified/recruited for the intervention
 - Discuss strategies for participant retention
- Purpose
 - What is the expected outcome of the intervention and why was it selected
 - Describe why the proposed interventions are expected to achieve the stated goals and intended behavioral outcome(s).
- Location
 - Describe the specific venues and locations where services will be provided. Provide evidence that program has access to target population in this venue (e.g. Letter of Commitment or Memoranda of Agreement).
 - If youth programming will be conducted using a school building, a letter from the superintendent, Superintendent of Instruction or the building principal indicating their approval/ support of the programming and permission to begin implementation in April 2009 must be included as Attachment J. Also, if the proposed programming intervention is new to the school, agencies need to provide written approval from the Sex Education Advisory Committee supporting the programming and submit at Attachment K. (This process involves two public hearings and school board approval. Contact the sexuality education supervisor of the district for assistance in obtaining such approval. Because the approval process may take several months it should be initiated during the initial planning/start-up phase of the program. Additional information regarding this process can be found at www.emc.cmich.edu/hiv/default.htm).

Services and activities should be clearly linked to one or more of the stated objectives. It is helpful to point out if the activities are integrated or linked to other services and activities in your work plan.

5. Work Plan and Timeline (10 points)

Complete and submit as Attachment E of your application a program work plan and timeline for the planning period (April 1, 2009-September 30, 2009) and the first implementation period (October 1, 2009-September 30, 2010), which includes the program process objectives, activities to be completed in meeting these objectives, responsible party for each activity, and targeted completion dates. (See Appendix I for required work plan and timeline format)

This section should include the following:

- Program Name
- Goals: Specify the proposed project's overall goals.
- Outcome Objectives: For each goal, give specific, measurable objectives focusing on participant outcomes (expected changes in knowledge, skills, access, attitudes and/or behavioral intent).
 - Objective Evaluation – For each outcome objective, provide method of data collection, how findings will be applied to program and methods for insuring fidelity of chosen curriculum.
- Process Objectives: For each outcome objective, list process objectives which are specific, measurable, appropriate, realistic, and time-phased, and which will be achieved en route to meeting the programs outcome objectives (see Appendix H for guidelines on writing program goals and objectives.)
 - Objective Evaluation – For each process objective, provide method of data collection, how findings will be applied to program and methods for insuring fidelity of chosen curriculum.

Activities: Within the narrative, provide a brief overview of the major activities to be completed to achieve the program objectives.

6. Evaluation (20 points)

Describe in detail how attainment of the process and outcome objectives will be measured. The proposed evaluation plan must be sufficient to measure the progress toward and achievement of the proposed process objectives, as well as measure the effectiveness of the program in achieving the specific participant outcomes described in the applicant's outcome objectives.

Applicants are to describe:

- Methods for data collection (i.e., pre/post test, chart review, sign-in sheets, focus group)
- How findings of evaluation will be applied for program refinement and improvement

- Methods for insuring fidelity to the content and structure of the chosen proven effective intervention

Standard questions will be provided to agencies upon Funding. Applicants are highly encouraged to include relevant sample evaluation and data collection tools which are being proposed to use to document achievement of process objectives, and measure client outcomes (if available). All evaluation tools **MUST** be approved by MDCH prior to implementation. These tools can be provided as an Additional Attachment to the application.

7. **Staffing Plan** (15 points)

Describe the proposed staffing plan for the program. Include staff titles, percent of time committed to the program, and their roles and responsibilities in achieving the program objectives. Include a description of the qualifications, credentials and relevant experience of the Project Director, other key staff, and proposed consultants and/or contractors. Submit as Attachment F resumes (max 2 pages each) for identified staff and position descriptions (max 1 page each) for positions.

8. **Coalition/Advisory Council** (10 points)

Applicants are required to develop and/or maintain a coalition/advisory council which is representative of the diversity of the community (including teens and parents/adults/caregivers) who are instrumental in all phases of the program: planning, implementation and evaluation. Applicants must:

- Submit as Attachment C a list of advisory council members, their affiliation and characteristics that indicate the group is representative of the diversity of the community.
- Provide a current or proposed mission statement that describes the community focus or overall purpose of the program/intervention. What does the program/intervention intend to do and why?
- Describe the current or proposed structure of the coalition/advisory council, including membership, leadership, sub-committees, activities, frequency of meetings (full coalition and subcommittees), meeting structure and procedures.
 - Include a list of advisory council members and their affiliation and characteristics that indicate the group is representative of the diversity of the community.
- Outline the plan to recruit and maintain diverse members that are representative of the racial, ethnic, economic and philosophical diversity of the community. **Specifically address how the coalition/advisory council will recruit and maintain youth as participants on the body.**
- Specify how individual members, including teens and parents/adults/caregivers, 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.

- Describe the administrative and organizational structure within which the program/coalition will function. Submit as Attachment D, an organizational chart depicting the program, including the coalition/advisory council (proposed or current).

E. BUDGET PREPARATION (10 points)

Budget Forms and Narrative are not included in the 20 page limit.

A complete budget presentation will include the following:

1. Budget Summary (DCH 0385) and Cost Detail (DCH 0386) Forms for the budget period of April 1, 2009 – September 30, 2009. See Appendix D for forms)
2. Budget narrative for the initial 6-month budget period of April 1, 2009 – September 30, 2009. (See Appendix E for Budget Narrative Instructions)
3. Budget Summary (DCH 0385) and Cost Detail Forms (DCH 0386) for the period October 1, 2009 – September 30, 2010. (See Appendix D for forms)
4. Travel and lodging to one (1) TPPI-sponsored Coordinator meeting/training per year.
5. Travel and lodging to the Statewide Teen Pregnancy Prevention Conference (up to two staff).

Note: Although a narrative for the period October 1, 2009 – September 30, 2010 is not required at this time, the budget should be presented in sufficient detail that the reviewer can assess it's appropriateness in light of the proposed activities.

The budget narrative for the initial project period will include a budget justification that fully describes each line item, as well as the identified local match resources. The sources of matching funds and how they will be used must be indicated. If including matching funds from community/partner agencies, written confirmation of this contribution from the collaborating partners identifying the support and amount (or worth, if in-kind) must be included as Attachment G. This may be done through a letter of support.

Also included in the budget narrative is a listing of other sources of funding which support programming that is similar or related to the proposed service.

In-Kind

The budget forms must include local matching funds of at least 35 percent of the requested state grant funds. The budget forms and narrative must indicate whether these funds are cash or in-kind resources. 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 amount of match resources attributable to volunteer time is as follows:

- \$15.00/hour for non-professional volunteers or a level based on how much your organization would pay someone to perform a similar role that is expected of the volunteer.
- \$20.00/hour for professionals serving as experts in specific areas of programming or their actual hourly rate if they are willing to disclose it.
- Actual hourly rate for professionals who serve in a general capacity in program development and implementation who are willing to disclose their salary.
- For those professionals who serve in a general capacity in program development and implementation, but who are unwilling to disclose their salary, a level should be determined based on what will be expected of the volunteer, their role, the event, and how much the organization would pay someone based on those expectations. This figure will be different for each organization.

Applicants requesting in-direct costs must submit as Attachment H a copy of their negotiated Federal Indirect Cost Rate Agreement.

F. REQUIRED ATTACHMENTS (5 points)

- A. Five (5) Letters of Support (one from local health or education agency)
- B. Collaborative and Referral Agreements
- C. Advisory Council Membership List
- D. Organizational Chart (clearly demonstrates position of TPPI in organization, including coalition)
- E. Work Plan and Timeline
- F. Position Descriptions and Resumes of Key Staff
- G. Match Funding Confirmation Letters
- H. Federal Indirect Rate Agreement (if applicable)
- I. Letter of Understanding (if applicable)
- J. Letters of Approval/Support from School Administrators (if utilizing school sites)
- K. Sex Education Advisory Committee Approval (if providing services during school hours)

LETTER OF UNDERSTANDING (LOU) AGREEMENT COMPONENTS

Letters of understanding (LOUs) or contracts are required for all subcontract 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 Teen Pregnancy Prevention Initiative and the local advisory council
- 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 “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

**TEEN PREGNANCY PREVENTION INITIATIVE RFP
INTENT TO APPLY FORM**

Agency

Address

City State Zip Code

Phone Fax

Contact Person Title

Email

Type of Agency: (check one, only)

Not-for-profit 501(c)(3) _____	Federally Qualified Health Center _____
Tribal Council _____	Public/Private College or University _____
Health Department _____	School or LHD _____
Hospital or Healthcare Org. _____	Faith-Based Organization _____

The following information is requested to assist in matching reviewers to applications. MDCH understands that it is preliminary and is **non-binding**.

1. **Service area** - please identify the primary communities to be served by your program.

2. **Proposed target population** – Identify by age and setting

3. **Primary evidence-based intervention model to be implemented**

4. **Estimated 12-month funding request:** \$ _____

Signature of Authorized Representative Date

Please Print Name and Title

Please fax or email to:

Kara Anderson
Teen Pregnancy Prevention Consultant
Michigan Department of Community Health
AndersonK10@michigan.gov
(517) 335-8294 (fax)

TEEN PREGNANCY PREVENTION INITIATIVE RFP

PROPOSAL COVER SHEET

Legal name of organization applying: _____

Year founded: _____

Authorized Agent: _____ Phone: _____

Contact Person for this application: _____ Phone: _____

Address : _____ Fax: _____

City/State/Zip: _____

E-Mail Address: _____

1. Service area - please identify the primary communities to be served by your program.

2. Target population(s) – Identify by age and setting

3. Primary evidence-based intervention model(s) to be implemented

4. Initial 6-month funding request: \$ _____

5. Following 12-month funding request: \$ _____

6. Number of individuals to be served in 12-month implementation period: _____

Signature, Authorized Representative

Date

Typed Name and Title

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
**INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)
 RFP FY 2009**

I. INTRODUCTION

The budget should reflect all expenditures and funding sources associated with the program, including fees and collections and local, state and federal funding sources. When developing a budget it is important to note that total expenditures for a program must equal total funds.

The Program Budget Summary (DCH-0385) is utilized to provide a standard format for the presentation of the financial requirements (both expenditure and funding) for each applicable program. Detail information supporting the Program Budget Summary is contained in the Program Budget-Cost Detail Schedule (DCH-0386). General instruction for the completion of these forms follows in Sections II-III. Budgets must be submitted on Michigan Department of Community Health approved forms.

II. PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION

Use the **Program Budget Summary (DCH-0385)** supplied by the Michigan Department of Community Health. An example of this form is attached (see **Appendix C**) for reference. **The DCH-0386 form should be completed prior to completing the DCH-0385 form.** (Please note: the excel workbook version of the DCH 0385-0386 automatically updates the Program Summary amounts as the user completes the DCH-0386).

- A. Program - Enter the title of the program.
- B. Date Prepared - Enter the date prepared.
- C. Page ____ of ____ - Enter the page number of this page and the total number of pages comprising the complete budget package.
- D. Contractor Name - Enter the name of the Contractor.
- E. Budget Period - Enter the inclusive dates of the budget period.
- F. Mailing Address - Enter the complete address of the Contractor.
- G. Budget Agreement: Original or Amended - Check whether this is an original budget or an amended budget. The budget attached to the agreement at the time it is signed is considered the original budget although it may have been revised in the negotiation process. If the budget pertains to an amendment, enter the amendment number to which the budget is attached.
- H. Federal Identification Number – Enter the Employer Identification Number (EIN), also known as a Federal Tax Identification Number.

PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION (continued)

- I. Expenditure Category – All expenditure amounts for the DCH-0385 form should be obtained from the total amounts computed on the Program Budget - Cost Detail Schedule (DCH-0386). (See Section III for explanation of expenditure categories.)

Expenditures:

1. Salary and Wages
2. Fringe Benefits
3. Travel
4. Supplies and Materials
5. Contractual (Subcontracts/Subrecipients)
6. Equipment
7. Other Expenses
8. Total Direct Expenditures
9. Indirect Costs
10. Total Expenditures

- J. Source of Funds – Refers to the various funding sources that are used to support the program. Funds used to support the program should be recorded in this section according to the following categories:

11. Fees and Collections - Enter the total fees and collections estimated. The total fees and collections represent funds that the program earns through its operation and retains for operation purposes. This includes fees for services, payments by third parties (insurance, patient collections, Medicaid, etc.) and any other collections.
12. State Agreement - Enter the amount of MDCH funding allocated for support of this program. This amount includes all state and federal funds received by the Department that are to be awarded to the Contractor through the agreement.
13. Local - Enter the amount of Contractor funds utilized for support of this program. In-kind and donated services from other agencies/sources should not be included on this line.
14. Federal - Enter the amount of any Federal grants received directly by the Contractor in support of this program and identify the type of grant received in the space provided.

PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION (continued)

15. Other(s) - Enter and identify the amount of any other funding received. Other funding could consist of foundation grants, United Way grants, private donations, fund-raising, charitable contributions, etc. In-kind and donated services should not be included unless specifically requested by MDCH.
 16. Total Funding - The total funding amount is entered on line 16. This amount is determined by adding lines 11 through 15. The total funding amount must be equal to line 10 - Total Expenditures.
- K. Total Budget Column - The Program Budget Summary is designed for use in presenting a budget for a specific program agreement funded in part by or through the Department or some other non-local funding source. Total Budget column represents the program budget amount. **The “K” Total Budget column must be completed while the remaining columns are not required unless additional detail is required by the Department.**

III. PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM PREPARATION

Use the **Program Budget-Cost Detail Schedule (DCH-0386)** supplied by the Michigan Department of Community Health. An example of this form is attached (**see Attachment C**) for reference. Use additional pages if needed.

- A. Page ___ of ___ - Enter the page number of this page and the total number of pages comprising the complete budget package.
- B. Program - Enter the title of the program.
- C. Budget Period - Enter the inclusive dates of the budget period.
- D. Date Prepared - Enter the date prepared.
- E. Contractor Name - Enter the name of the contractor.
- F. Budget Agreement: Original or Amended - Check whether this is an original budget or an amended budget. If an amended budget, enter the amendment number to which the budget is attached.

Expenditure Categories:

- G. Salary and Wages - Position Description - List all position titles or job descriptions required to staff the program. This category includes compensation paid to all permanent and part-time employees on the payroll of the contractor and assigned directly to the program. This category does not include contractual services, professional fees or personnel hired on a private contract basis. Consulting services, professional fees or personnel hired on a private contracting basis should be included in Other Expenses. Contracts with subrecipient organizations such as cooperating service delivery institutions or delegate agencies should be included in Contractual (Subcontracts/Subrecipients) Expenses.
- H. Comments - Enter information to clarify the position description or the calculation of the positions salary and wages or fringe benefits, (i.e., if the employee is limited term and/or does not receive fringe benefits).
- I. Positions Required - Enter the number of positions required for the program corresponding to the specific position title or description. This entry could be expressed as a decimal (e.g., Full-time equivalent – FTE) when necessary. If other than a full-time position is budgeted, it is necessary to have a basis in terms of a time study or time reports to support time charged to the program.
- J. Total Salary - Compute and enter the total salary cost by multiplying the number of positions required by the annual salary.

PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM PREPARATION

(continued)

- K. Salary and Wages Total - Enter a total in the Positions Required column and the Total Salary and Wages column. The total salary and wages amount is transferred to the Program Budget Summary - Salary and Wages expenditure category. If more than one page is required, attach an additional DCH 0386.
- L. Fringe Benefits – Check applicable fringe benefits for employees assigned to this program. This category includes the employer’s contributions for insurance, retirement, FICA, and other similar benefits for all permanent and part-time employees. Enter composite fringe benefit rate and total amount of fringe benefit. (The composite rate is calculated by dividing the fringe benefit amount by the Salary and Wages amount.)
- M. Travel - Enter cost of employee travel (mileage, lodging, registration fees). **Use only for travel costs of permanent and part-time employees assigned to the program.** This includes cost for mileage, per diem, lodging, lease vehicles, registration fees and approved seminars or conferences and other approved travel costs incurred by the employees (as listed under the Salary and Wages category) for conducting the program. **Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Travel category (line 3) exceeds 10% of the Total Expenditures (line 10).** Travel of consultants is reported under Other Expenses - as part of the Consultant Services.
- N. Supplies & Materials - Enter cost of supplies & materials. This category is used for all consumable and short-term items and equipment items costing less than five thousand dollars (\$5,000). This includes office supplies, computers, office furniture, printers, printing, janitorial, postage, educational supplies, medical supplies, contraceptives and vaccines, tape and gauze, education films, etc., according to the requirements of each applicable program. **Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Supplies and Materials category (line 4) exceeds 10% of the Total Expenditures (line 10).**
- O. Contractual (Subcontracts/Subrecipients) – **Specify the subcontractor(s) working on this program in the space provided under line 5.** Specific details **must** include: 1) subcontractor(s) and/or subrecipient(s) name and address, 2) amount for each subcontractor and/or subrecipient, 3) the total amount for all subcontractor(s) and/or subrecipient(s). Multiple small subcontracts can be grouped (e.g., various worksite subcontracts). Use this category for written contracts or agreements with subrecipient organizations such as affiliates, cooperating institutions or delegate contractors when compliance with federal grant requirements is delegated (passed-through) to the subrecipient contractor. Vendor payments such as stipends and allowances for trainees, fee-for-service or fixed-unit rate patient care, consulting fees, etc., are to be identified in the Other Expense category.

PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM PREPARATION
(continued)

- P. Equipment - Enter a description of the equipment being purchased, including number of units and the unit value, the total by type of equipment and total of all equipment. This category includes stationary and movable equipment to be used in carrying out the objectives of the program. The cost of a single unit or piece of equipment includes the necessary accessories, installation costs and any taxes. Equipment is defined to be an article of non-expendable tangible personal property having a useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit. **Equipment items costing less than five thousand dollars (\$5,000) each are to be included in the Supplies and Materials category. All equipment items summarized on this line must include: item description, quantity and budgeted amount and should be individually identified in the space provided (line 6). Upon completing equipment purchase, equipment must be tagged and listed on the Equipment Inventory Schedule (see Appendix C) and submitted to the agreement's contract manager.**
- Q. Other Expenses - This category includes other allowable cost incurred for the benefit of the program. The most significant items should be specified. . Minor items may be identified by general type of cost and summarized as a single item on the Cost Detail Schedule to arrive at a total Other Expenses category. Significant groups or subcategories of costs are described as follows and should be individually identified in the space provided (line 7). **Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Other Expenses category (line 7) exceeds 10% of the Total Expenditures (line 10).**
1. Communication Costs - Costs of telephone, telegraph, data lines, Internet access, websites, fax, email, etc., when related directly to the operation of the program.
 2. Space Costs - Costs of building space, rental and maintenance of equipment, instruments, etc., necessary for the operation of the program. If space is publicly owned, the cost may not exceed the rental of comparable space in privately owned facilities in the same general locality. Department funds may not be used to purchase a building or land.

PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM PREPARATION
(continued)

3. Consultant or Vendor Services - These are costs for consultation services, professional fees and personnel hired on a private contracting basis related to the planning and operations of the program, or for some special aspect of the project. Travel and other costs of these consultants are to be included in this category.
 4. Other - All other items purchased exclusively for the operation of the program and not previously included, patient care, fee for service, auto and building insurance, automobile and building maintenance, membership dues, fees, etc.
- R. Total Direct Expenditures – Enter the sum of items 1 – 7 on line 8.
- S. Indirect Costs Calculations - **Enter the allowable indirect costs for the budget.** Enter the base amount. Indirect costs can only be applied if an approved indirect costs rate has been established or an actual rate has been approved by a State of Michigan department (i.e., Michigan Department of Education) or the applicable federal cognizant agency and is accepted by the Department. Attach a current copy of the letter stating the applicable indirect costs rate. **Detail on how the indirect costs was calculated must be shown on the Cost Detail Schedule (DCH-0386).**
- T. Total Expenditures - Enter the sum of items 8 and 9 on line 10.

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 ▶		AMENDMENT # 1
CITY Acme	STATE MI	ZIP CODE 44444	FEDERAL ID NUMBER (H) 38-1234567		

(I) EXPENDITURE CATEGORY				(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 EXPENDITURE (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.

DCH-0385 (E) (Rev 2-07) (W) Previous Edition Obsolete.

PROGRAM BUDGET – COST DETAIL SCHEDULE

View at 100% or Larger

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Use **WHOLE DOLLARS ONLY**

(B) PROGRAM		(C) BUDGET PERIOD		DATE PREPARED
Budget and Contracts		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	(H) COMMENTS	(I) POSITIONS REQUIRED	(J) TOTAL SALARY	
POSITION DESCRIPTION				
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	\$5,000			
4. TOTAL SUPPLIES & MATERIALS:				\$ 37,000
(O) 5. CONTRACTUAL (Specify Subcontracts/Subrecipients)				
<u>Subcontractor Name</u>	<u>Address</u>	<u>Amount</u>		
ACME Evaluation Services	555 Walnut, Lansing, MI 48933	\$ 2,000		
<u>Subrecipient Name</u>				
Health Care Partners	333 Kalamazoo, 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)				\$ 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		The Department of Community Health is an equal opportunity employer, services and programs provider.		
COMPLETION: Is Voluntary, but is required as a condition of funding				
A. DCH-0385 (E) (Rev 2-07) (W) Previous Edition Obsolete. Use Additional Sheets as Needed				

Guidelines for Preparation of Budget Narrative

The proposal is to be accompanied by a budget narrative for the proposed program for the initial **six month period**. This appendix 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 **35 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 TPPI program.

A. Budget Justification

The budget justification 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 (1) TPPI-sponsored Coordinator meeting/training per year and required attendance at the Statewide Teen Pregnancy Prevention Conference for up to two (2) staff. The 2009 conference will be held on May 5-6 at the Radisson Hotel in Kalamazoo. Resources associated with travel to this meeting should be included in the budget.

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 are to 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 audience
- 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.

Proposal Checklist

- Cover Sheet
- Proposal Checklist (this form with each item checked off as completed)
- Table of Contents
- Abstract

Proposal Narrative

- Agency Description, Qualifications and Capacity
- Statement of Need
- Community Collaboration/Support
- Program Plan
- Work Plan & Timeline
- Evaluation
- Staffing Plan
- Coalition/Advisory Council
- Budget Preparation

Required Attachments

- A - Five (5) Letters of Support (one from local health or education agency)
- B - Collaborative and Referral Agreements
- C - Advisory Council Membership List
- D - Organizational Chart (clearly demonstrates position of TPPI in organization, including coalition)
- E - Work Plan and Timeline
- F - Position Descriptions and Resumes of Key Staff
- G - Match Funding Confirmation Letters

Additional Attachments (optional - may include)

- H - Federal Indirect Rate Agreement (if applicable)
- I - Letter of Understanding (if applicable)
- J - Letters of Approval/Support from School Administrators (if utilizing school sites)
- K - Sex Education Advisory Committee Approval (if providing services during school hours)
- References and Source Documents

Have you followed the required format?

- ALL pages are sequentially numbered, including attachments
- Narrative (sections 1-6) does not exceed 20 pages
- 12 point font is used throughout (budgets, figures, charts, tables, legends and footnotes may be smaller in size, but must be readily legible)
- 8½" x 11" paper is used
- Margins are 1" on all sides
- The proposal is written on one side of the page only
- The proposal is not bound or stapled

- Have you prepared the **original and four copies** for submission?

APPLICANTS PROPOSING SERVICES IN JURISDICTIONS SHADED IN GRAY BELOW WILL RECEIVE 5 BONUS POINTS IN THE REVIEW OF THEIR APPLICATION.

Females Age 15 – 17 Pregnancy Rate per 1000, 2006		Females Age 15 - 17 Pregnancy Rate per 1000, 2006		Females Age 15 - 17 Pregnancy Rate per 1000, 2006	
COUNTY	RATE/ 1000	COUNTY	RATE/ 1000	COUNTY	RATE/ 1000
Detroit	77.1	St Joseph	25.8	Grand Traverse	14.9
Wayne	43.8	Gratiot	25.8	Roscommon	14.5
Jackson	43.8	Barry	25.5	Monroe	14.2
Muskegon	39.8	Benzie	25.3	Clinton	12.4
Ingham	39.3	Isabella	25.1	Dickinson	12.3
Saginaw	39.0	Mason	24.5	Delta	12.0
Genesee	38.9	Lenawee	23.5	Iosco	10.6
Lake	38.8	Newaygo	23.1	Emmet	10.0
Branch	38.1	St Clair	22.1	Livingston	7.4
Calhoun	37.5	Shiawassee	21.4	Marquette	5.9
Oceana	37.2	Huron	20.9	Alcona	*
Crawford	36.9	Allegan	20.6	Alger	*
Kalamazoo	36.6	Cheboygan	20.6	Arenac	*
Berrien	36.6	Washtenaw	20.4	Baraga	*
Manistee	35.3	Eaton	19.8	Charlevoix	*
Wexford	31.7	Chippewa	19.7	Gogebic	*
Ionia	31.3	Mecosta	19.6	Iron	*
Clare	31.0	Sanilac	18.6	Kalkaska	*
Ogemaw	30.9	Otsego	16.9	Leelanau	*
Kent	29.4	Macomb	16.7	Luce	*
Bay	29.4	Menominee	16.6	Mackinac	*
Montcalm	29.1	Midland	16.2	Missaukee	*
Cass	28.5	Ottawa	16.2	Montmorency	*
Gladwin	28.1	Alpena	15.7	Oscoda	*
Houghton	28.0	Antrim	15.7	Presque Isle	*
Hillsdale	27.7	Lapeer	15.4	Schoolcraft	*
Osceola	27.3	Tuscola	15.0	Keweenaw	---
Van Buren	26.2	Oakland	14.9	Ontonagon	---

State of Michigan = 28.2

*** - a rate is not calculated when there are fewer than 6 events.*

“---” - a rate is not calculated when there are 0 events

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 audience
- 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 audience
- 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.”

S.M.A.R.T		
<i>Guidelines for Well-Crafted Objectives</i>		
Specific	<i>Who?</i> <i>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?</i> <i>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?</i> <i>Where?</i> <i>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-Based	<i>When?</i>	Does the objective specify when the change will be achieved? Can the objective be reasonably accomplished within the given time frame?

GOALS, OBJECTIVES AND ACTIVITIES
- Examples -

Goal	Increase contraceptive use among sexually active 14 -18 year olds in X school district.
Outcome Objective	By September 30, 2010, increase 50% from baseline, the proportion of sexually active youth enrolled in X Intervention who report contraceptive use at last intercourse.
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 sexually active 14 -18 year olds in X school district.
Objective Evaluation	Achievement of the objective will be measured through sign-in sheets and completed event forms.
Activities	<p>By October 30, 2009, duplicate all workshop materials</p> <p>By October 30, 2009, post schedule for all workshops</p> <p>By November 1, 2009, begin to implement workshops.</p> <p>By March 15, 2010, complete analysis of pre/post-workshop questionnaires from completed cycle</p> <p>By March 31, 2010, present evaluation findings to program advisory committee and solicit feedback and recommendations for program refinement.</p> <p>By September 30, 2010 complete implementation of remaining intervention cycles.</p>

Required TPPI Work Plan and Timeline Format

<p>Program Goal: <i>Specify Goal</i></p> <p>Goals are general statements regarding planned outcome. Goals are global and general in nature. They are usually <u>not</u> measurable.</p>		
<p>Outcome Objective: <i>Specify Outcome Objective</i></p> <p>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. <i>(Note: Programs may have more than one process objective which leads to a single outcome objective.)</i></p> <p>Outcome Evaluation: <i>How will achievement of this outcome be measured</i> (e.g., pre/post test, chart reviews, etc.)?</p>		
<p>Process Objective: State Process Objective</p> <p>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.</p> <p>Process Evaluation: <i>How will achievement of this objective be measured</i> (e.g., sign-in sheets, event flyers, evaluations, meeting minutes)?</p>		
Activities	Person Responsible	Timeframe
<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>

FOR MORE INFORMATION

**Evidence-Based Interventions Eligible for Funding under the
Teen Pregnancy Prevention Initiative**

Evidence-based programs are those which have been shown through rigorous evaluation design to be effective in significantly impacting specific health outcomes and/or risk behaviors among the population to which the program was delivered. These programs generally have been replicated in multiple populations or locations with similar effects. The results of an empirical evaluation design, demonstrating significant effectiveness, are typically published in the literature (e.g., peer-reviewed journals), reviewed by independent scientific review panels, and are recognized by nationally respected organizations and/or government agencies.

A number of reputable organizations and authorities have compiled lists of proven effective, and/or promising programs. Each list varies slightly due to differences in targeted outcomes, and required level of research rigor.

The following is a list of programs eligible for replication under this Request for Proposals. Each of these programs was selected based, in part, on their inclusion in multiple compendia of evidence-based teen pregnancy prevention programs, including those referenced below. Although other programs may fit the label of evidence-based, these have been selected based on their specific behavioral outcomes and direct impact on teen pregnancy (i.e., reduced incidence of unprotected sex, increased use of contraception).

ONLY THE FOLLOWING PROGRAM MODELS ARE ELIGIBLE FOR FUNDING UNDER THIS RFP:

- Abecedarian Project
- BART: Becoming a Responsible Teen
- Be Proud, Be Responsible
- Children’s Aid Society – Carrera Program
- Draw The Line/Respect The Line
- Making Proud Choices
- Poder Latino (delayed initiation of sex in inner-city Latino youth)
- Reach for Health - Community Youth Service
- Reducing the Risk
- Safer Choices
- School/Community Program for Sexual Risk Reduction Among Teens
- Seattle Social Development Project
- SiHLE (females only)
- Tailoring Family Planning Services to the Special Needs of Adolescents
- Teen Outreach Program
- Teen Talk (for males)
- Quantum Opportunities

Options to Consider for Younger Youth (10-13 years):

- Postponing Sexual Involvement (PSI), Human Sexuality, and Health Screening Curriculum
- Making a Difference! An Abstinence-Based Approach to HIV/STDs and Teen Pregnancy Prevention
- Sex Can Wait

For any program to be effective, it should fit well with the target population and its needs, be implemented with fidelity to the original program by trained staff, and be appropriately evaluated for outcomes.

Applicants are encouraged to access the following resources to learn more about these programs, including their target populations, venues, intervention format, and targeted outcomes.

The National Campaign to Prevent Teen and Unplanned Pregnancy

Making the List: Understanding, Selecting and Replicating Effective Teen Pregnancy Prevention Programs (2004) – available at:

<http://www.thenationalcampaign.org/resources/pdf/pubs/MakingTheList.pdf>

What Works: Curriculum-Based Programs That Prevent Teen Pregnancy (2008) –

available at: http://www.thenationalcampaign.org/resources/pdf/pubs/What_Works.pdf

A Good Time: After-school Programs to Reduce Teen Pregnancy (2004) – available at:

<http://www.thenationalcampaign.org/resources/pdf/pubs/AGoodTime.pdf>

Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases (2007) – available at:

http://www.thenationalcampaign.org/resources/pdf/pubs/EA2007_FINAL.pdf

No Time to Waste: Programs to Reduce Teen Pregnancy Among Middle School-Aged Youth (2004) – available at:

http://www.thenationalcampaign.org/resources/pdf/pubs/No_Time.pdf

Advocates for Youth

Science and Success, Second Edition: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections (2008) – available at:

<http://www.advocatesforyouth.org/publications/ScienceSuccess.pdf>

Child Trends

Preventing Teenage Pregnancy, Childbearing, and Sexually Transmitted Diseases: What the Research Shows (2002) – available at:

<http://www.childtrends.org/files/K1Brief.pdf>

Administration for Children and Families

Review of Comprehensive Sex Education Curricula (2007) – available at:

<http://www.acf.hhs.gov/programs/fysb/content/docs/comprehensive.htm>

The Program Archive on Sexuality, Health & Adolescence (PASHA)

<http://www.socio.com/pasha.htm>

FOR MORE INFORMATION

**Teen Pregnancy Prevention Initiative
Data/Statistic Resources**

Michigan Department of Community Health Vital Statistics: Natality and Pregnancy
http://www.michigan.gov/mdch/0,1607,7-132-2944_4669---,00.html

Michigan Youth Risk Behavior Survey (YRBS)
http://www.michigan.gov/mde/0,1607,7-140-28753_38684_29233_41316---,00.html

Michigan Profile for Healthy Youth (MiPHY)
http://www.michigan.gov/mde/0,1607,7-140-28753_38684_29233_44681---,00.html

Centers for Disease Control and Prevention Youth Risk Behavior Survey (YRBS)
<http://www.cdc.gov/HealthyYouth/yrbs/>

** There are numerous other sources of data relevant to this RFP, this is only a partial list.*