

TAKING PRIDE IN PREVENTION (TPIP)

Request for Proposals (RFP) – Teen Pregnancy Prevention Funding



MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Division of Family & Community Health
Adolescent and School Health Unit



Intent to Apply Form Due:

Friday, June 24, 2011

Full Proposal Due:

Friday, July 22, 2011

Taking Pride in Prevention (TPIP) Request for Proposals FY 2012

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Taking Pride in Prevention (TPIP) Request for Proposals

PART I: GENERAL GUIDELINES AND INFORMATION

A. INTRODUCTION

Taking Pride in Prevention (TPIP) is a comprehensive pregnancy prevention program of the Michigan Department of Community Health (MDCH), Adolescent and School Health Unit. TPIP is designed to educate adolescents on both abstinence **and** contraception to prevent pregnancy and sexually transmitted infections (STIs), including HIV/AIDS. Programs must replicate evidence-based programs or substantially incorporate elements of effective programs that have been proven to change behaviors, which mean delaying sexual activity, increasing condom/contraceptive use for sexually active youth, or reducing pregnancy among youth. TPIP programming must also address the following 3 adulthood preparation subjects: 1) healthy relationships; 2) adolescent development; and 3) parent-child communication. The ultimate goal of TPIP is to reduce the rate of teen pregnancy among the youth most at risk in Michigan: African-American youth, youth in the City of Detroit, and youth in cities with teen birth numbers over 100.

B. LEGISLATIVE AUTHORITY

The Taking Pride in Prevention program is funded through the Personal Responsibility Education Program (PREP). The legislative authority for this funding is Section 2953 of the Patient Protection and Affordable Care Act of 2010, Pub. L. No. 111-148, which adds a new Section 513 to Title V of the Social Security Act, to be codified at 42 U.S.C. § 713, authorizing the Personal Responsibility Education Program (PREP). Funding is authorized through fiscal year 2014.

C. AVAILABLE FUNDS

MDCH intends to award up to eight (8) awards totaling approximately \$800,000 annually to agencies for the implementation of comprehensive pregnancy prevention education. **Each applicant agency can submit up to two separate applications, which clearly target two distinct target populations eligible to be served by this RFP.** The maximum award is \$100,000 per application per year for three years (36 months) with the possibility of a fourth year of funding.

Funding awarded under this RFP is based on availability of funding and subject to State Administrative Board approval. Successful applicants will receive funding beginning October 1, 2011 (through September 30, 2014) and will be issued twelve-month contracts starting with the period of October 1, 2011 - September 30, 2012. Funded applicants will submit a non-competitive renewal application for each subsequent year of funding.

D. PROGRAM REQUIREMENTS

The following Minimum Program Requirements (MPRs) apply to all organizations funded under the Michigan Department of Community Health's Taking Pride in Prevention:

- TPIP programs shall provide evidence-based comprehensive (abstinence **and** contraception) pregnancy prevention programming to youth ages 12-19. TPIP programs must serve between 75 and 250 youth each programming year depending on the intensity level of the eligible intervention.
- TPIP programs must implement one of the eligible interventions (Safer Choices, Becoming a Responsible Teen (BART), Be Proud! Be Responsible!, Reducing the Risk, Michigan Model – Healthy & Responsible Relationships, or Teen Outreach Program) **AND** address the following adulthood preparation topics: Healthy Relationships, Adolescent Development, and Parent-Child Communication.
- TPIP programs shall implement, with fidelity, the specific evidence-based intervention approved by MDCH as described in the agency’s TPIP application. The approved intervention cannot be changed without prior approval from MDCH.
- TPIP programs shall develop and/or maintain a coalition/advisory council that is active in program planning, implementation, and evaluation and operates as follows:
 - Coalition/advisory council must meet at least quarterly throughout the funding period (minimum 4 meetings per year).
 - Coalition/advisory council membership is representative of the diversity of the community and includes youth and parents/guardians.
 - Coalition/advisory council provides input on and suggestions for programming, including evaluation, needs assessment, curriculum, activities, marketing, resource materials, etc. (refer to “*TPIP Coalition/Advisory Council Roles and Responsibilities*” for more specific details about coalition responsibilities).
- TPIP programs shall maintain meaningful youth input on the advisory council through either membership on the established coalition/advisory council, a youth-specific advisory council or through other formalized mechanisms of youth involvement and input.
- TPIP programs shall implement parent/guardian education to educate adults on how to effectively communicate with youth about sexuality and the importance of remaining abstinent from sexual activity or condom/contraceptive use, as well as other risky behaviors. The primary audience must be the parents/guardians of the youth participants; however, a broader audience is allowable.
- TPIP programs shall enhance community awareness of the Taking Pride in Prevention program and activities through marketing encounters such as posters, community events, public service announcements, donated media, and informational meetings.
- TPIP programs shall host one Talk Early & Talk Often (TETO) workshop each funded year. TETO workshops will be funded and facilitated by Parent Action for Healthy Kids.
- TPIP programs shall provide programming and services relevant to the specific needs of the target population based upon data from a local/county needs assessment. In order to do so, programs shall complete, update, or have access to a needs assessment conducted within the last two to three years.

- TPIP programs shall establish a quality assurance mechanism (e.g. client satisfaction survey, focus group, other methodologies) that evaluates the effectiveness and appropriateness of programming and services to the target population.
- TPIP programs shall incorporate evaluation into all aspects of programming, especially the work plan. Programs are required to use the TPIP standard questions, as developed by MDCH.
- TPIP programs shall provide programming and services either directly by the fiduciary agency or through sub-contractors. If subcontractors will be used, the fiduciary agency must have a signed Letter of Understanding (LOU) (see Appendix A) for each subcontractor. The fiduciary agency is responsible for monitoring all subcontractors and must retain authority and control over all services provided to assure that state requirements are followed.
- TPIP programs shall secure annual local matching funds (either cash or in-kind resources) totaling 35 percent or more of the amount allocated.
- TPIP programs shall not, as part of programming or services offered, provide abortion counseling, services, or make referrals for abortion services.
- TPIP programs, while on school property, shall not prescribe, dispense, or otherwise distribute family planning drugs and/or devices.
- TPIP programs shall, if providing services on school property and during school hours, have written approval from the Sex Education Advisory Committee supporting the implementation of the curriculum in their district.
- TPIP programs shall have secure storage for supplies, equipment, and paper/electronic records, especially participant evaluations.

E. APPLICANT ELIGIBILITY

It is the intent of MDCH to fund established providers with capacity and proven experience providing teen pregnancy prevention services in the most at-risk communities.

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

Eligible target population (youth 12-19 years of age):

(Applicants may select a subset of this age range)

- African-Americans
- City of Detroit
- Cities with teen (15-19 years) birth numbers above 100
 - Detroit (2,316 live births)
 - Flint (475 live births)
 - Grand Rapids (458 live births)
 - Lansing (261 live births)
 - Saginaw (230 live births)
 - Kalamazoo (225 live births)
 - Pontiac (220 live births)
 - Battle Creek (174 live births)
 - Muskegon (165 live births)
 - Warren (159 live births)
 - Jackson (136 live births)
 - Wyoming (128 live births)
 - Westland (107 live births)

Eligible Interventions:

- Short Intensity (250 youth served)
 - Safer Choices
 - Becoming a Responsible Teen (BART)
 - Be Proud! Be Responsible!
- Medium Intensity (150 youth served)
 - Reducing the Risk
 - Michigan Model – Healthy & Responsible Relationships
- High Intensity (75 youth served)
 - Teen Outreach Program

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).
- 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

NOTE: An electronic version of all required forms (work plan, budget, intent to apply, etc.) can be found on the homepage of the TPPI website at www.michigan.gov/teenpregnancy.

A. NOTICE OF INTENT TO APPLY

MDCH **requires** that applicants submit (via email) an “Intent to Apply” form (Appendix B) by 5:00 p.m. Eastern Standard Time (EST) on **Friday, June 24, 2011**. Submission of the “Intent to Apply” form is non-binding (an applicant can switch the selected intervention, target population, etc. submitted in their final proposal) and will be used 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 email to:

Robyn Corey
Community Health Consultant
Michigan Department of Community Health
Coreyr1@michigan.gov

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. Corey at (517) 335-9526 immediately.

B. QUESTIONS REGARDING THE RFP

The TPIP Question and Answer Forum will be the **ONLY** opportunity to ask questions related to this RFP. All questions about the TPIP 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 Teen Pregnancy Prevention Initiative website at www.michigan.gov/teenpregnancy.

Questions can be asked from **June 27, 2011- July 8, 2011**. 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. TPIP staff **cannot** answer any questions related to this RFP through any means other than email and only during the designated time period.

C. SUBMISSION AND REVIEW REQUIREMENTS AND TIMELINE

1. Submission

Proposal packages must be RECEIVED via mail by **5:00 p.m. Eastern Standard Time, on Friday, July 22, 2011**. **LATE, FAXED, E-MAILED, OR HAND DELIVERED APPLICATIONS WILL NOT BE ACCEPTED OR REVIEWED.**

Applicants are required to submit a signed original and four (4) copies of the proposal package 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 TPIP program. All timely proposals will be initially reviewed to determine compliance with the minimum requirements outlined in the Proposal Checklist (Appendix C). 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. MDCH will make all final funding and allocation decisions.

Formatting/Packaging	5 points
Agency Description, Qualifications, and Capacity	20 points
Statement of Need	30 points
Community Collaboration/Support	20 points
Program Plan	40 points
Work Plan and Timeline	25 points
Evaluation	10 points
Staffing Plan	10 points
Coalition/Advisory Council	15 points
Budget Preparation	15 points
Required Attachments	10 points
Total Possible Points:	200 points

4. Notice of Award

Notices of Award are expected to be made by **August 30, 2011** with implementation anticipated to begin October 1, 2011.

5. Incurring Costs

All awards are contingent on the availability of funds and approval by State Administrative Board. MDCH is not liable for any costs incurred by applicants prior to issuance of an award signed by all required parties.

PART III: CONTRACT MANAGEMENT

A. DISTRIBUTION OF FUNDS

The award 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, State Administrative Board approval is obtained 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 award. 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.

Travel and lodging for a team of 5 to attend two (2) two-day Teen Pregnancy Prevention Institutes, whose purpose is to build community buy-in and support for working with adolescents around sexual health issues.

C. PROGRAM MONITORING

Program site visits/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 TPIP Community Health Consultants will provide technical assistance, consultation, and program monitoring on an on-going basis throughout the entire project period to assure agencies succeed in implementing TPIP in their communities.

PART IV: FORMAT REQUIREMENTS

A. CONTENT OF PROPOSAL PACKAGE

A complete proposal package will consist of:

1. Intent to Apply Form (Appendix B) **[Due June 24, 2011]**
2. Proposal Checklist (Appendix C)
3. Proposal Cover Sheet (Appendix D), signed by authorized agency representative(s)
4. Table of Contents
5. Proposal Narrative
6. Budget Forms (Appendix E)
7. Detailed Budget Narrative (Appendix F)
8. Required Attachments
9. Optional Attachments

Applicants are encouraged to refer to the Proposal Checklist (Appendix C) 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. (Rubber bands 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 and pages must be double-spaced
8. **The narrative section is not to exceed 20 pages (Sections 1-4 & 6-8)**
9. The structure and lay out of the proposal must follow the format outlined in this RFP.
10. In addition to the original, **4 copies** have been prepared in accordance with the formatting and packaging requirements and included for submission.

PART V: PROPOSAL OUTLINE

NOTE: An electronic version of all the required forms (work plan, budget, intent to apply, etc.) can be found on the homepage of the TPPI website at www.michigan.gov/teenpregnancy.

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

A. PROPOSAL COVER SHEET

Complete the Proposal Cover Sheet (Appendix D), which must be signed by the agency's authorized representative. A separate proposal cover sheet must be completed for each application and is **not to exceed 2 pages**.

B. PROPOSAL CHECKLIST

Complete the Proposal Checklist (Appendix C) and submit with each proposal.

C. TABLE OF CONTENTS

Attachments must be paginated and listed in the table of contents.

D. PROPOSAL NARRATIVE

The following outline must be adhered to for development of the proposal narrative. The proposal narrative **must not exceed 20 pages** (sections 1-4 & 6-8). The work plan (section 5) and budget (forms and narrative) are not included in this amount.

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 a minimum, the applicant must 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.
- Past or present experience in mobilizing, establishing, and maintaining a community-based, broadly representative local advisory council/coalition/grassroots movement with a health-related mission.
- Submit as **Attachment A**, the Local Grantee Assurance Statement signed by the agency’s authorized representative (Appendix G).

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. Target population of youth 12-19 eligible to receive programming under this RFP includes:

- African-Americans
- City of Detroit
- Cities with teen (15-19 years) birth numbers above 100
 - Detroit (2,316 live births)
 - Flint (475 live births)
 - Grand Rapids (458 live births)
 - Lansing (261 live births)
 - Saginaw (230 live births)
 - Kalamazoo (225 live births)
 - Pontiac (220 live births)
 - Battle Creek (174 live births)
 - Muskegon (165 live births)

- Warren (159 live births)
- Jackson (136 live births)
- Wyoming (128 live births)
- Westland (107 live births)

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; other school district data; single heads of households; and after-school opportunities. Refer to Appendix H for a listing of websites that provide useful teen health data and statistics.

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 city(s)*
- b. Teen pregnancy rate for the city(s)*
- c. Teen STI rate for the city(s)*
- d. If available, information/data regarding teen use of alcohol, tobacco, and other drugs, in the city(s)*
- e. If available, information/data regarding teen sexual activity in the city(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 based upon eligible populations (African-Americans, City of Detroit and cities with teen birth numbers above 100). The TPIP has an overall age range of **12-19 year olds**; 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 12-14 year olds in Happy City, all 7th and 8th grade students in Metropolis Middle School or 12-18 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.

The required number of youth to be served by each grantee will be contingent upon their selected intervention’s intensity (refer to eligible interventions on page 6 or the TPIP Approved

** If data for the city(s) is unavailable, provide data for the county rather than city.*

Evidence-Based Interventions table on page 14). Agencies are expected to provide services to anywhere from 75-250 unduplicated youth each year, depending on the selected service model. 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.

Parents/guardians— identify the target audience(s) for which the proposed programming interventions are intended. Parents/guardians of the youth involved in TPIP programming should be the primary target audience, however, broader participation is allowable. Include in the identification of the target audience the following information:

- Description of the target audience (e.g. only parents/guardians of the youth in TPIP programming, or if a broader audience will be targeted, a description of that broader audience).
 - The number of unduplicated parents/guardians expected to be reached during each of the three service years of the project period.
- 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 H (Additional Resources) 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** (20 points)

- 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 youth 12-19 years 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 C** 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.
- If utilizing school sites, provide letters of approval/support from school administrator at each site and submit as **Attachment J** (optional attachment).
- If providing services during school hours provide approval letter from each school districts Sex Education Advisory Board and submit as **Attachment J** (optional attachment). (This process involves two public hearings and school board approval. For more information 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.

- TPIP 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 as **Attachment J** (optional attachment) that details the responsibilities to which both parties agree. All agreements or LOUs must include the requirements identified in Appendix A.

4. Program Plan (40 points)

Direct programming must begin October 1, 2011. Describe how the proposed program addresses the goal of this RFP, to reduce rates of teen pregnancy in Michigan. Provide a detailed presentation of the activities you have chosen to implement.

Provide the following information about your proposed program:

Description of Intervention - After reviewing the *TPIP Approved Evidence-Based Interventions Table* and the *Adulthood Preparation Topics Table* below, describe the intervention you will utilize to reach and impact the target population.

TPIP APPROVED EVIDENCE-BASED INTERVENTIONS

Short Intensity (6-10 sessions)	Medium Intensity (16-22 sessions)	Long Intensity (56 sessions)
Minimum Number to be Served 250	Minimum Number to be Served 150	Minimum Number to be Served 75
Safer Choices (10)	Reducing the Risk (16)	Teen Outreach Program (56)
Be Proud! Be Responsible! (6)	Michigan Model – Healthy & Responsible Relationships (22)	
Becoming a Responsible Teen (8)		

ADULTHOOD PREPERATION TOPICS

Interventions	Healthy Relationships	Adolescent Development	Parent-Child Communication
Safer Choices		X	X
Be Proud! Be Responsible!	X	X	X
Becoming a Responsible Teen	X	X	
Reducing the Risk	X	X	X
Michigan Model-Healthy & Responsible Relationships	X		X
Teen Outreach Program	X	X	

Provide the rationale for selecting the specific interventions in relation to your target audience. 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 summary of each of the interventions eligible for funding under this RFP is included in Appendix I. ONLY those listed are eligible under this announcement.*
- Adulthood Preparation Topics
 - If selected intervention does not address one of the three required adulthood preparation topics, please provide details on how that topic will be addressed with the use of that intervention.
- 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 it was 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 October 1, 2011 must be included as **Attachment J** (optional attachment). 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 as **Attachment J** (optional attachment).

5. Work Plan and Timeline (25 points)

Work plan is not included in the 20 page narrative limit.

Complete and submit as **Attachment D** of your application a program work plan and timeline for the first implementation period (October 1, 2011-September 30, 2012), which includes the program process objectives, activities to be completed in meeting these objectives, responsible party for each activity, and targeted completion dates. TPIP funded programs must incorporate the following four components into their programming and work plan: **Youth Programming, Parent Programming, Advisory Council, and Community Awareness**. (See Appendix J for Required Work Plan and Timeline format and Appendix K for Sample Goals and Objectives – electronic form available online at www.michigan.gov/teenpregnancy.)

This section should include the following:

- Program 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). Refer to Appendix K for details on writing S.M.A.R.T. objectives.
 - Evaluation Methods – 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 J for guidelines on writing program goals and objectives.)
 - Evaluation Methods – 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. Also, include the person responsible for the activity, time frame for activity and evaluation methods for each activity.

6. Evaluation (10 points)

As part of TPIP, evaluation services/support to grantees will be provided by the Michigan Public Health Institute's (MPHI) Center for Healthy Communities. The TPIP evaluation team will be

responsible for developing, coordinating, and managing the entire evaluation process, including finalizing the logic model, instrument development (standard questions), data collection method development, fidelity log/adaptation log creation, training for funded grantees, reporting, and all other duties needed to successfully carry out the evaluation plan.

Applicants are to describe:

- Methods used to ensure pre/post-test data collection is conducted appropriately
- Additional methods of data collection other than the required pre/post-tests (i.e., activity logs, sign-in sheets, focus group)
- How findings of evaluation will be applied for program refinement and improvement
- Methods for ensuring fidelity to the content and structure of the chosen proven effective intervention, including any proposed adaptations to the selected intervention.

7. **Staffing Plan** (10 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 E** resumes (max 2 pages each) for identified staff and position descriptions (max 1 page each) for positions.

8. **Coalition/Advisory Council** (15 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/guardians) who are instrumental in all phases of the program: planning, implementation, and evaluation. Refer to Appendix H for a listing of websites that provide useful coalition building information.

Applicants must:

- Submit as **Attachment F** a list of advisory council members or proposed 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.
- 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. If utilizing a separate youth advisory council, provide**

details on how the two advisory councils will interact and how meaningful youth input is included in the other advisory council.

- 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. Each agency is required to send a team, including members of their coalitions to both Teen Pregnancy Prevention Institutes designed to build community buy-in and support for working with adolescents around sexual health issues.
- Describe the administrative and organizational structure within which the program/coalition will function. Submit as **Attachment G**, an organizational chart depicting the program, including the coalition/advisory council (proposed or current).

E. Budget Preparation (15 points)

Budget forms and narrative are not included in the 20 page narrative 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 October 1, 2011 – September 30, 2012. See Appendix E for forms – electronic form available online at www.michigan.gov/teenpregnancy. Submit budget forms as **Attachment H**.
2. Budget narrative for the budget period of October 1, 2011 – September 30, 2012. (See Appendix F for Budget Narrative Instructions) Submit budget narrative as **Attachment H** as well.
3. Travel and lodging for a team of 5 to attend two (2) two-day Teen Pregnancy Prevention Institutes, whose purpose is to build community buy-in and support for working with adolescents around sexual health issues.
4. Travel and lodging to the Statewide Teen Pregnancy Prevention Conference (up to two staff).

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 I**. This may be done through a letter of support.

Also include in the budget narrative 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. If requesting the maximum amount of \$100,000, the minimum amount of match is \$35,000. 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 J** (optional attachment) a copy of their negotiated Federal Indirect Cost Rate Agreement.

F. Attachments (10 points)

Required

- a. Local Grantee Assurance Statement
- b. Collaborative and Referral Listing
- c. Five (5) Letters of Support (one from local health or education agency)
- d. Work Plan and Timeline
- e. Position Descriptions and Resumes of Key Staff
- f. Advisory Council Membership List
- g. Organizational Chart (clearly demonstrates position of TPIP in organization, including coalition)
- h. Budget Forms and Narrative
- i. Match Funding Confirmation Letters

Optional

- j. Letter of Understanding (if applicable)
- j. Letters of Approval/Support from School Administrators (if utilizing school sites)
- j. Sex Education Advisory Committee Approval (if providing services during school hours)
- j. Federal Indirect Rate Agreement (if applicable)



APPENDICES

Appendix A – Letter of Understanding

Appendix B – Intent to Apply Form

Appendix C – Proposal Checklist

Appendix D – Proposal Cover Sheet

Appendix E – Budget Forms and Instructions

Appendix F – Guidelines for Budget Narrative

Appendix G – Local Grantee Assurance Statement

Appendix H – Additional Resources

Appendix I – Eligible Interventions

Appendix J – Required Work Plan and Timeline

Appendix K – Sample Goals and Objectives



Appendix A

Letter of Understanding

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 Taking Pride in Prevention 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
- If on school property, family planning drugs, and/or devices shall not prescribe, dispense, or otherwise distributed

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, including match
- 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



Appendix B

Intent to Apply Form

TAKING PRIDE IN PREVENTION RFP INTENT TO APPLY FORM

**NOTE: A separate proposal intent to apply form must be completed for each proposal. An electronic version of this form is available at www.michigan.gov/teenpregnancy. **

Agency _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Contact Person _____ Title _____

Email _____

Type of Agency: *(check only one)*

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	_____

Proposed Target Population: *(see RFP for eligible populations)*

Age: _____ Race: _____

Setting: _____

Location (city): _____

Evidence-Based Intervention: *(check only one)*

Safer Choices	_____
Be Proud! Be Responsible!	_____
Becoming a Responsible Teen	_____
Reducing the Risk	_____
Michigan Model – HRR	_____
Teen Outreach Program	_____

Funding Request: (maximum \$100,000): _____

Please email to:

Robyn Corey
Community Health Consultant
Michigan Department of Community Health
coreyr1@michigan.gov



Appendix C

Proposal Checklist

Taking Pride in Prevention Proposal Checklist

- Intent to Apply form (Due June 24, 2011)
 - A. Proposal Cover Sheet
 - B. Proposal Checklist
 - C. Table of Contents
 - D. Proposal Narrative
 - 1. Agency Description, Qualifications, and Capacity
 - 2. Statement of Need
 - 3. Community Collaboration/Support
 - 4. Program Plan
 - 5. Work Plan and Timeline
 - 6. Evaluation
 - 7. Staffing Plan
 - 8. Coalition/Advisory Council
 - E. Budget Preparation
 - F. Attachments
 - Required**
 - A - Local Grantee Assurance Statement
 - B - Collaborative and Referral Listing
 - C - Five (5) Letters of Support (one from local health or education agency)
 - D - Program Work Plan
 - E - Position Descriptions and Resumes of Key Staff
 - F – Coalition/Advisory Council Membership List
 - G - Organizational Chart
 - H – Budget Forms and Narrative
 - I - Match Funding Confirmation Letters
 - Optional**
 - J – Letter of Understanding (if applicable)
 - J – Letter s of Approval/Support from School Administrators (if utilizing school sites)
 - J – Sex Education Advisory Committee Approval (if providing services during school hours)
 - J – Federal Indirect Rate Agreement (if applicable)
- Have you followed the required format?**
- Sequentially number all pages, including attachments and appendices
 - Include a table of contents and a list of attachments for the entire package submitted
 - Do not staple or bind any of the copies submitted to MDCH. (Rubber bands or binder clips are acceptable)
 - Use 8 ½" by 11" paper
 - 12 point font; budgets, figures, charts, tables, figure legends, and footnotes may be smaller in size, but must be readily legible.
 - Use 1" margins (top and bottom, left and right)
 - Print on single side of page only and pages must be double-spaced
 - The narrative section is not to exceed 20 pages (Sections 1-4 & 6-8)**
 - Have you prepared the **original and fours copies** for submission?



Appendix D

Proposal Cover Sheet

TAKING PRIDE IN PREVENTION (TPIP) PROPOSAL COVER SHEET

****NOTE:** A separate proposal cover sheet must be completed for each proposal and each cover sheet must not exceed 2 pages. An electronic version of this form is available at www.michigan.gov/teenpregnancy. **

Agency: _____

Authorized Representative: _____ Phone: _____

E-Mail Address: _____

Contact Person: _____ Phone: _____

E-Mail Address: _____ Fax: _____

Address: _____

City/State/Zip: _____

1. Program/project name: _____

2. Service area: *(please identify the primary location to be served by your program)*

3. Target population(s):
A. Age- _____
B. Race- _____
C. Setting- _____

4. Evidence-based intervention to be implemented:
Safer Choices Reducing the Risk
Be Proud! Be Responsible Teen Outreach Program
Becoming a Responsible Teen
Michigan Model-Healthy & Responsible Relationships

5. Number of youth to be served in first year: _____

6. Number of parents/guardians to be served in first year: _____

7. Total project cost for first year: \$ _____
a. MDCH funding request *(maximum of \$100,000)*- \$ _____
b. Local match *(minimum of \$35,000)*- \$ _____
i. Description of local match sources-

8. Need statement: *(provide brief description of need in the community you will be serving)*

9. Summary of major program goals and objectives:

10. Program implementation plan: *(provide brief summary of youth and parent programming)*

Signature, Authorized Representative

Date

Typed Name and Title



Appendix E

Budget Forms and Instructions

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

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 Attachment B.1**) 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.
- 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:
1. 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.
 2. 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.
 3. 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.
 4. 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.
 5. 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.
 6. 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 B.2**) 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.
- 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.
- 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 Attachment B.3) 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.
 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, such as 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 were 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

PROGRAM (A) Budget and Contracts			DATE PREPARED (B) 7/01/xx		Page (C)	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 #
CITY Acme	STATE MI	ZIP CODE	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 EXPENDITURES (Sum of Lines 1-7)		110,000				110,090
9. INDIRECT COSTS: Rate #1 %						
INDIRECT COSTS: Rate #2 %						
10. TOTAL EXPENDITURES		110,090				110,090

(J) SOURCE OF FUNDS

11. FEES & COLLECTIONS		10,000				10,000
12. STATE AGREEMENT		90,000				90,000
13. LOCAL		9,090				9,090
14. FEDERAL						
15. OTHER(S)						
16. TOTAL FUNDING		110,090				110,090

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.

PROGRAM BUDGET – COST DETAIL SCHEDULE

(B) PROGRAM Budget and Contracts		(C) BUDGET PERIOD		(D) 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	(H) COMMENTS	(I) POSITIONS REQUIRED	(J) TOTAL SALARY	
1. 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	35,000			
4. TOTAL SUPPLIES & MATERIALS:				\$ 37,000
(O) 5. CONTRACTUAL (Specify Sub-contracts/ Subrecipients)				
Subcontractor Name	Address	Amount		
ACME Evaluation Services	555 Walnut, Lansing, MI 48933	\$ 2,000		
Subrecipient Name				
Health Care Partners	350 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)		8. TOTAL DIRECT EXPENDITURES:		\$ 110,090
(S) 9. INDIRECT COSTS CALCULATIONS				
Rate #1: Base \$0 X Rate 0.0000 %				\$ 0
Total				\$ 0
Rate #2: Base \$0 X Rate 0.0000 %				\$ 0
9. TOTAL INDIRECT EXPENDITURES:				\$ 0
(T) 10. TOTAL EXPENDITURES (Sum of lines 8-9)				\$ 110,090



Appendix F

Guidelines for Budget Narrative

Guidelines for Preparation of Budget Narrative

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 TPIP 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.

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: Travel and lodging for a team of 5 to attend two (2) two-day Teen Pregnancy Prevention Institutes, whose purpose is to build community buy-in and support for working with adolescents around sexual health issues.

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.



Appendix G

Local Grantee Assurance Statement

Taking Pride in Prevention (TPIP) Local Grantee Assurance Statement

**NOTE: A separate local grantee assurance statement must be completed for each proposal. An electronic version of this form is available at www.michigan.gov/teenpregnancy. **

Our agency, affirms that:

1. Comprehensive pregnancy prevention (abstinence **and** contraception) education will be taught using an evidence-based intervention (EBI) approved by MDCH and will address the following adulthood preparation topics: Healthy Relationships, Adolescent Development, and Parent-Child Communication.
2. Pregnancy prevention education activities will be delivered separate and apart from any religious education or promotion. TPIP 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 pregnancy prevention education funded by TPIP.
4. Abortion services, counseling and/or referrals for abortion services will not be provided as part of the abstinence education funded under TPIP.
5. Information provided will be medically accurate, age-appropriate, culturally relevant, and up-to-date.
6. All program reports and financial forms will be submitted by the deadlines specified by MDCH.
7. TPIP funding will not be used to supplant funding for an existing program supported with another source of funds.
8. All information contained in this proposal is **truthful and accurate**.

Agency/Organization: _____

Authorized Representative: _____

Title: _____

Signature: _____

Date: _____



Appendix H

Additional Resources

Taking Pride in Prevention Additional Resources

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

The Office of Adolescent Health:

List of Evidence-Based Program Models

<http://www.hhs.gov/ophs/oah/prevention/research/programs/index.html>

The National Campaign to Prevent Teen and Unplanned Pregnancy

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

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

What Works: Curriculum-Based Programs That Prevent Teen Pregnancy (2010)

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

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

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

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

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)

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)

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

Child Trends

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

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

Administration for Children and Families

Review of Comprehensive Sex Education Curricula (2007)

<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>

Data/Statistic Resources

Michigan Department of Community Health, Vital Statistics: Natality and Pregnancy

<http://www.michigan.gov/healthstatistics>

Michigan Department of Community Health, Health Statistics: HIV/STD/Hepatitis

<http://www.michigan.gov/healthstatistics>

Michigan Youth Risk Behavior Survey (YRBS)

<http://www.michigan.gov/yrbs>

Michigan Profile for Healthy Youth (MiPHY)

<http://www.michigan.gov/miphy>

Centers for Disease Control and Prevention Youth Risk Behavior Survey (YRBS)

<http://www.cdc.gov/HealthyYouth/yrbs/>

Michigan Kids Count

<http://www.milhs.org/kids-count/mi-data-book-2010>

Right Start in Michigan

<http://www.milhs.org/kids-count/rs-2010>

Center for Educational and Performance Information

<http://www.michigan.gov/cepi>

Michigan Uniform Crime Reports

<http://www.michigan.gov/ucr>

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

Coalition Building

Wisconsin Clearinghouse for Prevention Resources

WCPR offers a series of helpful tip sheets that pertain to coalition building. Topics include: Building Coalitions That Work: Lessons from the Field, Coalition Barriers and How to Overcome Them, Coalition Building: One Path to Empowered Communities, Coalition Planning, Coalition Leadership, Engaging Residents in Coalition Building, Involving Young People in Coalitions, The Six R's of Participation, and Starting a Coalition.

<http://wch.uhs.wisc.edu/01-Prevention/01-Prev-Coalition-tips.html>

Community Tool Box

The Tool Box provides over 6,000 pages of practical skill-building information on over 250 different topics. You can find additional information on how to run an effective meeting, grant writing, advocacy and more. This link provides an in depth look at coalition building fundamentals, checklists, community examples and printable overheads.

<http://ctb.ku.edu/en/default.aspx>



Appendix I

Eligible Interventions

**Evidence-Based Interventions Eligible for Funding under
Taking Pride in Prevention**

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:

Short Intensity Interventions (6-10 sessions)	Medium Intensity Interventions (16-22 sessions)	Long Intensity Interventions (56 sessions)
Required Number to be Served 250	Required Number to be Served 150	Required Number to be Served 75
Safer Choices (10)	Reducing the Risk (16)	Teen Outreach Program (56)
Be Proud! Be Responsible! (6)	Michigan Model – Healthy & Responsible Relationships (22)	
Becoming a Responsible Teen (8)		

ADULTHOOD PREPERATION TOPICS

Interventions	Healthy Relationships	Adolescent Development	Parent-Child Communication
Safer Choices		X	X
Be Proud! Be Responsible!	X	X	X
Becoming a Responsible Teen	X	X	
Reducing the Risk	X	X	X
Michigan Model-Healthy & Responsible Relationships	X		X
Teen Outreach Program	X	X	

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.

Intervention Name:	<i>Safer Choices</i>
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Developer:	Safer Choices was developed by ETR Associates in collaboration with the Center for Health Promotion Research and Development, University of Texas-Houston, Health Science Center. Level 1 Curriculum authors: Joyce V. Fetro, PhD, CHES; Richard P. Barth, MSW, PhD, & Karin K. Coyle, PhD. Level 2 Curriculum authors: Karin K. Coyle, PhD & Joyce V. Fetro, PhD, CHES
Program Description:	<i>Safer Choices</i> is a two-year, school-based, HIV/STI and teen pregnancy prevention program with the primary goal of reducing unprotected sexual intercourse by encouraging abstinence and, among students who report having sex, encouraging condom use. The program, which includes 5 primary components (school organization, curriculum and staff development, peer resources and school environment, parent education, and school-community linkages) seeks to modify:

- 1: HIV/STI knowledge
- 2: Attitudes about abstinence and condom use as well as barriers to condom use
- 3: Perceive peer norms about sexual behavior and condom use
- 4: Students' belief in their ability to refuse sex and avoid unprotected sex, use condoms, and communicate with partners about safer sex
- 5: Perceptions of risk for infection with HIV or other STIs
- 6: Communication with parents

Program Implementation:

The program is facilitated through a school health promotion council, which helps ensure program implementation across the school environment. The curriculum is delivered in 20 sequential sessions, divided evenly between ninth and tenth grades. Parents receive newsletters and participate in two student-parent homework assignments at each grade level; schools may host other parent education activities as well. A peer team plans and implements monthly school-wide activities to reinforce the messages of the curriculum. School-community links center on activities to enhance students' familiarity with and access to support services in the community. Each year of the program, schools implement activities across all five components.

Lessons in Level One Curriculum:

- 1: Not Everybody's Having Sex!
- 2: The Safest Choice: Deciding Not to Have Sex
- 3: Saying No to Having Sex
- 4: Understanding STD and HIV
- 5: Examining the Risk of Unsafe Choices
- 6: Teens with HIV: A Reality
- 7: Practicing the Safest Choice
- 8: Safer Choices: Using Protection — Part I
- 9: Safer Choices: Using Protection — Part II
- 10: Know What You Can Do

Lessons in Level Two Curriculum:

- 1: Making Safer Choices
- 2: The Safer Choices Challenge
- 3: Talking with a Person Infected with HIV
- 4: Personalizing the Risk for Pregnancy
- 5: Avoiding Unsafe Choices
- 6: Sticking with Your Decision

7: Using Condoms Consistently and Correctly

8: Resources

9: Media Influences

10: Making a Commitment

High school aged youth

Target Population:

Program

Materials:

The program materials include two 10-lesson curricula plus two workbooks, the Peer Leader training guide plus two workbooks, the implementation manual and a Safer Choices Activity Kit.

ETR Associates

Phone: 1 800 321-4407

Fax: 1 (800) 435-8433

Web Site: www.etr.org

Training and TA: The developers recommend a one-day Program Overview Training for school teams made up of teachers, students, parents, an administrator, and community representatives. Two-day basic educator trainings for *Safer Choices*, Level One and/or Level Two are available on a fee-for-service basis from ETR Associates. Fee-for service trainings are provided by request from a state or local education or health agency for groups of approximately 20-50 people. Costs vary depending on the size of the group trained. For more information, contact ETR Associates' Center for Sexual and Reproductive Health Promotion (CSRHP) at training@etr.org. In addition, there may be a local trainer in your state who is qualified to provide *Safer Choices* trainings.

Study Citation: Coyle, K., Basen-Engquist, K., Kirby, D., Parcel, G., Banspach, S., Collins, J., Baumler, E., Carvajal, S., Harrist, R. (2001). Safer Choices: Reducing teen pregnancy, HIV, and STDs. *Public Health Reports*, 116 (Suppl. 1), 82-93.

Basen-Engquist, K., Coyle, K., Parcel, G., Kirby, D., Banspach, S., Carvajal, S., Baumler, E. (2001). Schoolwide effects of a multicomponent HIV, STD and pregnancy prevention program for high school students. *Health Education and Behavior*, 28(2), 166-185.

Population Evaluated:

Safer Choices was evaluated using a randomized controlled design. A cohort of 3,869 ninth grade students was tracked for 31 months following a baseline survey (Fall 1993 to Spring 1996); 79% of these students completed the 31-month follow-up survey.

Setting:

20 public schools in urban areas of northern California and southeast Texas.

Study Findings:

Behavioral Findings

Thirty-one months following the baseline survey, *Safer Choices* reduced the frequency of intercourse without a condom (during the three months prior to the survey), reduced the number of sexual partners with whom students had intercourse without a condom (during the three months prior to the survey), and increased use of condoms and other protection against pregnancy at last intercourse.

Other Significant Findings

Thirty-one months following the baseline survey, *Safer Choices'* students, relative to comparison students, scored significantly higher on the HIV and other STD knowledge scales, expressed significantly more positive attitudes about condoms; and reported significantly greater condom use self-efficacy, fewer barriers to condom use, and higher levels of perceived risk for HIV and other STD. *Safer Choices'* students also reported greater normative beliefs about condom use and communication with parents; these differences neared statistical significance ($P=0.06$ for each variable).

Intervention Name:	<i>Be Proud! Be Responsible!</i> <i>(Strategies to Empower Youth to Reduce Their Risk for HIV/AIDS)</i>
Developer:	Loretta Sweet Jemmott, PhD, RN, FAAN; John B. Jemmott III, PhD; and Konstance A. McCaffree, PhD
Program Description:	<i>Be Proud! Be Responsible!</i> is geared toward behavior modification and building knowledge, understanding, and a sense of responsibility regarding STD/HIV risk in vulnerable youth. The intervention is designed to affect knowledge, beliefs, and intentions related to condom use and sexual behaviors such as initiation and frequency of intercourse.
Component 1: Curriculum	<p>This curriculum is based on communicating a strong sense of community, sexual responsibility and accountability, and a sense of pride in making safer sexual choices. It consists of six modules:</p> <ol style="list-style-type: none"> 1: Introduction to HIV and AIDS 2: Building Knowledge About HIV and AIDS 3: Understanding Vulnerability to HIV Infection 4: Attitudes and Beliefs about HIV, AIDS and Safer Sex 5: Building Condom Use Skills 6: Building Negotiation and Refusal Skills <p>The program is delivered through group discussions and exercises, videos, games, and role-play. While originally conducted in small groups of five to six participants, in a one-day five-hour session, the developer indicates that it can be used in larger groups and can be implemented alternatively as six one-hour sessions or split into two three-hour sessions over two days.</p>
Target Population:	The program originally targeted African American male adolescents, 13–18 years old, in urban, community-based settings. However, it has subsequently been used with more diverse youth populations in both in-school and out-of-school settings.
Curriculum Materials:	The full curriculum package includes a facilitator manual, an activity set (interactive cards, role-plays, and posters), and video clips. It is available for purchase at http://selectmedia.org/customer-service/evidence-based-curricula/be-proud-be-responsible/ . TV and video equipment is necessary for use of the program.

Training and TA:	Two types of trainings are offered for implementation of the program. Facilitators who are well versed in HIV/AIDS and adolescent sexuality education receive 16 hours of training. Facilitators who are not as knowledgeable about the subject receive 24 hours of training. The training involves gauging the facilitators' comfort level with sexuality and HIV/AIDS, discussion of implementation concerns, an overview of HIV/AIDS knowledge and understanding the content of the curriculum.
Study Citation:	Jemmott III, J. B. (1992). Reductions in HIV risk-associated sexual behaviors among black male adolescents: Effects of an AIDS prevention intervention. <i>American Journal of Public Health, 82</i> (3), 372–377.
Population Evaluated:	African American male adolescents recruited from an outpatient medical clinic, local high school assemblies, and a local YMCA in Philadelphia, Pennsylvania <ul style="list-style-type: none"> • Mean age 14.6 years
Setting:	A local school (outside the regular school day)
Study Findings:	At the 3-month follow-up: adolescents participating in the intervention reported having significantly fewer female sexual partners and fewer days of vaginal intercourse and vaginal intercourse without a condom (prior 3 months), and were significantly less likely to report having heterosexual anal sex.
Study Citation:	Jemmott, J. B., Jemmott, L. S., Fong, G. T., & McCaffree, K. (1999). Reducing HIV risk-associated sexual behavior among African American adolescents: Testing the generality of intervention effects. <i>American Journal of Community Psychology, 27</i> (2), 161–187.
Population Evaluated:	African American adolescents in grades 7 and 8 from public schools in Trenton, NJ <ul style="list-style-type: none"> • Mean age 13.2 years • 54% female and 46% male
Setting:	A local school (outside the regular school day)
Study Findings:	At the 6-month follow-up: adolescents participating in the intervention reported significantly less frequent engagement in unprotected sex in the previous 3 months and were significantly less likely to report having had anal intercourse in the previous 3 months.

Intervention Name:	<i>Becoming a Responsible Teen (BART)</i>
Developer:	Janet S. St. Lawrence, PhD
Program Description:	<i>Becoming a Responsible Teen (BART)</i> is an HIV prevention intervention designed originally for African American adolescents. The program aims to improve communication and negotiation skills related to condom use and increase knowledge of HIV/AIDS.
Component 1: Curriculum	<p>The program consists of eight sessions delivered through interactive group discussions, videos, and games by trained male and female adult facilitators. Adolescents also create and learn through role-play scenarios. Sessions include:</p> <ol style="list-style-type: none"> 1: Understanding HIV and AIDS 2: Making Sexual Decisions and Understanding Your Values 3: Developing and Using Condom Skills 4: Learning Assertive Communication Skills 5: Practicing Assertive Communication Skills 6: Personalizing the Risks 7: Spreading the Word 8: Taking BART with You <p>The sessions feature discussion of abstinence as the best way to prevent HIV and pregnancy, as well as talking with local, HIV-positive youth to promote risk recognition and improve perception of vulnerability. The program is designed to help adolescents clarify their own values about sexual decisions and pressures as well as practice skills to reduce sexual risk taking.</p>
Target Population:	While originally targeting African American adolescents, 14–18 years old, in community-based settings, the intervention has subsequently been used in a variety of settings, including schools, for diverse youth populations.
Curriculum Materials:	The curriculum includes a teacher’s guide, session outlines, and a CD with master copies of the handouts. It is available through ETR Associates (http://pub.etr.org/ProductDetails.aspx?id=390000&itemno=R515).
Training and TA:	The curriculum includes instructions for facilitators. ETR Associates provides two-day educator trainings for <i>Becoming a Responsible Teen</i> on a fee-for-service basis. Costs vary depending on the size of the group trained.

For locations in the Philadelphia, PA area, trained group leaders may also be available from Urban Solutions, Inc. (<http://www.philaurbansolutions.org/BART/b.a.r.t.program.html>).

- Study Citation:** St. Lawrence, J. S., Brasfield, T. L., Jefferson, K. W., Alleyne, E., O'Bannon, R. E. 3rd, & Shirley, A. (1995). Cognitive-behavioral intervention to reduce African American adolescents' risk for HIV infection. *Journal of Consulting and Clinical Psychology*, 63(2), 221–237.
- Population Evaluated:** African American adolescents from low-income families, who had no current symptoms of HIV infection or AIDS
- Age range between 14 and 18 years
 - 28% male and 72% female
- Setting:** Health center in a medium-sized city in the southern U.S.
- Study Findings:** At the 12-month follow-up: adolescents participating in the intervention were significantly less likely to report being sexually active in the previous 2 months.

Intervention Name:	<i>Reducing the Risk</i>
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Developer: ETR Associates

Program Description: *Reducing the Risk* is a classroom-based sexuality-education curriculum that provides instruction and practice in using social skills needed to implement knowledge about preventing pregnancy and reducing unsafe behavior in future high-risk situations. The intervention is designed to affect knowledge, beliefs, values, and intentions related to abstinence, unprotected sexual activity, unintended teen pregnancy, and STD contraction of high school students. The curriculum emphasizes teaching refusal skills and alternative behaviors to remain abstinent.

**Component 1:
Classroom Sessions** This component includes 16 classroom lessons. Each lesson spans a 45-minute period, but can be extended by increasing practicing time and providing additional time for discussion and disclosure. Lessons include:

- Lesson 1: Abstinence, Sex and Protection
- Lesson 2: Abstinence: Not Having Sex
- Lesson 3: Refusals
- Lesson 4: Using Refusal Skills
- Lesson 5: Delaying Tactics
- Lesson 6: Avoiding High-Risk Situations
- Lesson 7: Getting and Using Protection I
- Lesson 8: Getting and Using Protection II
- Lesson 9: Knowing/Talking About Protection: Skills Integration I
- Lesson 10: Skills Integration II
- Lesson 11: Skills Integration III
- Lesson 12: Preventing HIV and Other STD
- Lesson 13: Risk Behaviors
- Lesson 14: Implementing Protection from STD and Pregnancy
- Lesson 15: Sticking with Abstinence and Protection
- Lesson 16: Skills Integration IV

Target Population: Available information describes the target population as students in grades 9 through 12. The program is designed to be appropriate for students of all races/ethnicities and for use in school classrooms.

Curriculum Materials: *Reducing the Risk* includes a teacher’s manual, student workbook available in English and Spanish, and an activity kit. Materials are available at:
<http://pub.etr.org/productdetails.aspx?id=110000&itemno=359>.

Training and TA: Basic educator trainings for *Reducing the Risk* are available on a fee-for-service basis from ETR Associates. Fee-for-service trainings are provided by request for groups of approximately 20–50 people. Costs vary depending on the size of the group trained.

Study Citation:	Kirby, D., Barth, R. P., Leland, N., & Fetro, J. V. (1991). Reducing the risk: Impact of a new curriculum on sexual risk-taking. <i>Family Planning Perspectives</i> , 23(6), 253–263.
Population Evaluated:	<p>High school students primarily in grades 9 (27%) and 10 (56%)</p> <ul style="list-style-type: none"> • 62% white, 20% Hispanic, 9% Asian, 2% African American, 2% Native American, 5% other • 53% female and 47% male
Setting:	High school classrooms in rural and urban areas of northern California
Study Findings:	At the 18-month follow-up: female adolescents participating in the intervention who were sexually inexperienced at baseline were significantly less likely to report having had unprotected sex.

Intervention Name:	<i>Michigan Model for Health®</i> <i>Healthy and Responsible Relationships: HIV, Other STIs, and Pregnancy Prevention</i>
Developer:	Rivertown Consultants, in partnership with the Michigan Department of Community Health and Michigan Department of Education.
Program Description:	<p>The Michigan Departments of Education and Community Health have worked collaboratively with curriculum writers and a broad-based review committee to develop a high school curriculum addressing HIV, STIs, and pregnancy prevention and completing the <i>Michigan Model for Health®</i> scope and sequence related to adolescent youth risk behaviors. <i>Healthy and Responsible Relationships</i> was designed to accomplish several outcomes:</p> <ul style="list-style-type: none"> ◆ Emphasize abstinence and offer districts options for implementation with either an abstinence-based or abstinence-only approach; ◆ Include 22 lessons that are aligned with the National Health Education Standards, the Michigan Merit Curriculum Credit Guidelines for Health Education, research and best practice, and Michigan state statutes. Topics include: relationships and intimacy; HIV and STI facts; compassion for people living with HIV/AIDS; transmission risks; influences and the law; abstinence, communication, avoidance, and refusal skills; costs of teen pregnancy and parenting; risk reduction through condom and contraceptive use; testing; goal setting; and sharing with others; ◆ Include extensive family and community involvement through an introductory parent letter, family homework assignments, and activities that can involve community resources; ◆ Incorporate embedded assessments and correlations with items developed through the national Health Education Assessment Project (SCASS~HEAP). <p>Meeting the Mandates and Guidelines</p> <p><i>Healthy and Responsible Relationships</i> has been carefully aligned with the following:</p> <ul style="list-style-type: none"> ◆ Michigan statutes regarding HIV and sex education, including the “A-K” requirements added in 2004 (MCL 380.1507b) ◆ National and Michigan Health Education Standards ◆ Michigan Merit Curriculum Credit Guidelines for Health Education (2007) ◆ State Board of Education <i>Policy To Promote Health and Prevent Disease and Pregnancy</i> (2003) ◆ Principles of effective school-based HIV/STI and pregnancy prevention programs <p>No other commercially developed curriculum addresses these key components, including requirements in Michigan statutes.</p>
Target Population:	<i>Healthy and Responsible Relationships</i> is a Module for Grades 9-12. The <i>Michigan Model for Health</i> is designed for implementation as a component of the core school curriculum, with each of the lessons lasting 30-45 minutes in length. The lessons may be integrated in various disciplines such as language arts, science, social studies, etc. Furthermore, some lessons include activities to facilitate parental and family involvement beyond the classroom. The curriculum can be implemented in public, private, or alternative schools.
Curriculum Materials:	The curriculum incorporates a variety of instructional strategies to keep students motivated and engaged. Those include large and small group discussions, cooperative learning, skill development, role playing, worksheets, interactive activities, videos,

group projects, family homework assignments, and field trips. For a complete list of videos included in *Healthy and Responsible Relationships*, go to www.emc.cmich.edu/9-12hiv

As with other *Michigan Model* modules, the lessons in the manual are formatted for ease of use. Each lesson includes learning objectives correlated with the National Health Education Standards, lesson synopsis, time and materials chart, preparation, lesson procedure, student worksheets, teacher keys, teacher references, family worksheets, and assessment rubrics and/or checklists.

Teachers also receive a CD-ROM that includes:

- ◆ Print masters for student worksheets and handouts, and family resource sheets.
- ◆ Slide masters offered in black and white PDF or color PowerPoint options.
- ◆ Assessments offered in PDF or MS Word options.
- ◆ Support materials information.

Training and TA:

The Michigan Model for Health is implemented through a network of regional Coordinators in Intermediate and large school districts. These Coordinators provide training, organization and support to the local schools who are implementing school health. At this time, more than 90% of public districts, 200 private schools and many of the new charter schools are voluntarily implementing the program. School health programs now reach 940,000 students and their families with key health promotion and disease prevention messages. More information:

<http://www.emc.cmich.edu/michigan/how.htm>

Study Citation:

In 2010, the Michigan Model for Health (Michigan's comprehensive K-12 health education curriculum) secured placement on the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-Based Programs and Practices (NREPP). It was identified as an effective program for promoting mental health, and preventing drug abuse and violence among youth following a two-year study conducted during the 2006-2007 and 2007-2008 school years.

The principal investigator is Dr. Jim O'Neill from Madonna University, with collaboration by Dr. Jeff Clark of Ball State University. Support was provided by the Michigan Departments of Education and Community Health.

O'Neill, J.M., Clark, J. K., & Jones, J.A. (2011). Promoting Mental Health and Preventing Substance Abuse and Violence in Elementary Students: A Randomized Control Study of the Michigan Model for Health. *Journal of School Health*, 81(6), 304-314.

Population Evaluated/ Setting: Study Findings:

The study involved more than 2,500 students followed through grades four and five, 321 teachers, and 52 schools in Michigan and Indiana.

Results showed that students who received the *Michigan Model for Health* curriculum showed significant, positive changes compared to a randomized control group of students who did not receive the program. Specifically, students who received the *Michigan Model* had:

- better interpersonal communication skills, social emotional skills, and self-management skills;
- improved pro-safety attitudes;

- stronger drug and tobacco refusal skills;
- less reported alcohol and tobacco use in the past 30 days; and
- enhanced knowledge and skills in physical activity and nutrition

Students who received the *Michigan Model for Health* did not show negative results on any indicators, compared to the control group.

Results from students who received instruction in both Grades Four and Five showed the Michigan Model students had better health knowledge, skills, attitudes, and behavioral intentions in several content areas:

- knowledge about drugs
- social-emotional skills
- interpersonal communication skills
- self-management skills
- physical activity skills
- refusal skills: alcohol use
- refusal skills: cigarette use
- attitudes against violence/bullying
- attitudes against cigarette use
- attitudes against alcohol use
- intentions to use alcohol
- intentions to smoke cigarettes

In addition, the Michigan Model participants also had better health behavior outcomes than their control-group counterparts in the following areas:

- later age of first cigarette use (i.e., initiation of use)
- lower cigarette use in the past 30 days lower alcohol use in the past 30 days
- less aggressive behavior in the past 30 days

Intervention Name:	<i>Teen Outreach Program (TOP)</i>
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Developer: Brenda Hostetler

Program Description: The *Teen Outreach Program™ (TOP™)* is a national youth development program designed to prevent adolescent problem behaviors by helping adolescents develop a positive self-image, effective life management skills, and achievable goals. The program is directed toward reducing rates of teenage pregnancy, school failure, and school suspension. The focus is to engage young people in a high level of community service learning that is closely linked to classroom-based discussions of future life options. The program can be integrated into the curriculum of schools and is also implemented as an out-of-school program through community-based youth organizations, local health departments, and social service agencies. The program consists of supervised community service learning, classroom-based discussions, and activities related to key social-developmental tasks of adolescence.

Component 1: Community Service

Participants engage in a minimum of 20 hours of community service learning per academic year. TOP™ staff guide the youth in choosing, planning, implementing, reflecting on, and celebrating their service learning project. Service projects may include direct service, indirect service, or civic actions.

Component 2: Classroom Activities and Community Service Learning

TOP™ groups meet at least once a week throughout the school year (nine months) to discuss topics from the Changing Scenes© curriculum, including communication skills/assertiveness, understanding and clarifying values, relationships, goal-setting, influences, decision-making, and adolescent health and sexual development. Although pregnancy prevention is a main outcome of the TOP™ program, less than 15 percent of the curriculum would be considered sex education. The curriculum uses a variety of experiential methods to engage youth, including small-group discussions and role-playing. A community service learning guide aids discussions about volunteer experiences to tie together the classroom and community service learning aspects of the program, allowing youth to process and reflect on their service activities. Group facilitators include teachers, guidance personnel, or youth workers who have been trained to facilitate the discussions outlined in the curriculum.

Target Population: Available information describes the target population as youth from disadvantaged and at-risk circumstances, ages 12 to 18, voluntary or referred.

Curriculum Materials:	Four levels of the “Changing Scenes” curriculum are available to ensure age/stage-appropriate activities. The curriculum also includes a community service learning guide. Wyman Center, at http://wymancenter.org/wyman_top.php has more ion materials and related costs.
Training and TA:	Organizations that wish to bring TOP™ to their community must become a replication partner with Wyman. Program and budget information for TOP™ is available on the Wyman website, http://wymancenter.org/wyman_top.php . For additional information on being a replication partner or additional questions about TOP™, please contact Felice McClendon, TOPnet Manager (felice.mcclendon@wymancenter.org).
Study Citation:	Allen, J. P., Philliber, S., Herrling, S., & Kuperminc, G. P. (1997). Preventing teen pregnancy and academic failure: Experimental evaluation of a developmentally based approach. <i>Child Development</i> , 68(4), 729-742.
Population Evaluated:	High school students in grades 9 through 12 <ul style="list-style-type: none"> • Mean age 15.8 years • 67% African American, 19% white, 11% Hispanic, 3% other • 85% female and 15% male
Setting:	Classrooms and after-school activities in high schools at 25 sites across the United States
Study Findings:	At the 9-month follow-up: female adolescents participating in the program were significantly less likely to report a pregnancy during the academic year of the program.



Appendix J

Required Work Plan and Timeline

Required TPIP 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 Objectives: <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>Evaluation Methods: <i>How will achievement of this outcome be measured (e.g., pre/post test, chart reviews, etc.)?</i></p>			
<p>Process Objectives: 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>Evaluation Methods: <i>How will achievement of this objective be measured (e.g., sign-in sheets, event flyers, evaluations, meeting minutes)?</i></p>			
Activities	Person Responsible	Time Frame	Evaluation (outcome & 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>Provide methods for how each activity will be measured to ensure it’s been achieved (sign-in sheets, training logs, event flyers, evaluations, meeting minutes).</p>



Appendix K

Sample Goals and Objectives

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		
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-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?

- Examples -

Goal	Increase contraceptive use among sexually active 14 -18 year olds in X school district.
Outcome Objectives	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.
Evaluation Methods	Achievement of this objective will be measured through administration of a pre and post intervention questionnaire.
Process Objectives	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.
Evaluation Methods	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.