

# Michigan Adolescent Pregnancy and Parenting Program (MI-APPP)

**Request for Proposals (RFP) –  
Pregnancy Assistance Fund: Support for Pregnant and Parenting Teens**



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



Intent to Apply Form Due:  
**Friday, November 8, 2013**

Full Proposal Due:  
**Friday, November 22, 2013**

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Request for Proposals**

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# Michigan Adolescent Pregnancy and Parenting Program (MI-APP) Request for Proposals

## PART I: GENERAL GUIDELINES AND INFORMATION

### A. INTRODUCTION

The Michigan Adolescent Pregnancy and Parenting Program (MI-APPP) is a comprehensive program designed to improve the educational, health and social outcomes for pregnant and parenting teens, fathers, and families in high need communities in Michigan. The goal of MI-APPP is to create an integrated system of care, including linkages to support services, for pregnant and parenting adolescents 15-19 years of age, the fathers, and their families. Through this integrated system, MI-APPP aims to reduce repeat pregnancies; strengthen access to and completion of secondary education; improve maternal and child health outcomes; and strengthen familial connections between adolescents and their support networks.

MI-APPP will utilize a Positive Youth Development (PYD) framework in creating and providing services, supports and opportunities to pregnant and parenting youth in order to strengthen ties to families and communities, bolster self-esteem, facilitate the transition into adulthood, and instill hope for the future. PYD is prevention-based approach to working with youth that aims to develop their resiliency by strengthening developmental assets such as social competence, problem solving, autonomy, and sense of purpose.

### B. LEGISLATIVE AUTHORITY

MI-APPP is funded through the Pregnancy Assistance Fund (PAF) administered by the Department of Health and Human Services, Office of Adolescent Health. The legislative authority for this funding is Section 10211-10214 of the Patient Protection and Affordable Care Act (Public law 111-148). Funding is authorized through fiscal year 2017.

### C. AVAILABLE FUNDS

The Michigan Department of Community Health (MDCH) intends to fund up to five (5) awards totaling \$925,000 annually to agencies for the implementation of the MI-APPP in their local communities. **An applicant agency can submit only one application for funding per geographic area (see page 7 for eligible counties).** The maximum award is \$185,000 per application per year for four years (48 months).

Grants awarded under this RFP are based on availability of funding and subject to State Administrative Board approval. Successful applicants will receive MI-APPP funding beginning January 1, 2014 (through September 30, 2017) and will be issued twelve-month agreements starting with the period of October 1- September 30 with the exception of this first program

year which will occur over a 9-month period from January 1-September 30, 2014. Funded applicants will submit a non-competitive renewal application for each subsequent year of funding. *Ongoing funding after year one will be based on documented performance meeting grant deliverables.*

#### **D. PROGRAM REQUIREMENTS**

***Planning process requirements:*** MI-APPP funded communities will be expected to undergo a planning process from January 1 – March 31, 2014 with the following requirements and deliverables:

- By March 1, 2014, grantees must complete a comprehensive needs assessment of their pregnant and parenting adolescents 15-19 years of age, teen fathers, and their families using assessment instruments and tools developed by the Michigan Public Health Institute (MPHI) and approved by the Michigan Department of Community Health (MDCH). Grantees are required to work collaboratively with MPHI, lead evaluator for MI-APPP.
- By March 31, 2014, grantees must develop a comprehensive service delivery plan that includes as its core the implementation of the evidence-informed *Adolescent Family Life Program-Positive Youth Development (AFLP-PYD)*, a strength-based case management program designed specifically for pregnant and parenting teens. AFLP-PYD supports pregnant and parenting adolescents by 1) assessing adolescents' strengths and needs, 2) developing an individualized service plan, 3) providing home visitation support for teens' educational and career goals and to strengthen self-sufficiency skills, 4) promoting health and safety practices, and 5) linking adolescents to services that can influence familial health and well-being such as medical care, family planning, mental health services, substance abuse services, housing, and employment opportunities. *Refer to Appendix A for a brief summary of AFLP-PYD or visit the California Department of Public Health's website at [www.cdph.ca.gov/programs/aflp/Pages/default.aspx](http://www.cdph.ca.gov/programs/aflp/Pages/default.aspx).*
- Additional services and supports should be proposed to fill gaps in services identified through the planning process. *Services for teen fathers must be included in this plan.*
- Existing Home Visiting Programs (HVPs), Title X family planning services, and other programs and/or resources must be leveraged as part of the service delivery plan. Letters of commitment from these key partners outlining roles and expectations of all parties will be required.
- Grantees must convene a community level steering committee that is reflective of the diversity of their community and at a minimum include pregnant and parenting youth, teen fathers, education and health partners, human services, and representatives from area Home Visiting Programs (HVPs). For the purpose of the planning process, steering committees should meet monthly or more frequently if needed.

***The following Minimum Program Requirements (MPRs) apply to all organizations funded under the Michigan Department of Community Health’s Michigan Adolescent Pregnancy and Parenting Program (MI-APPP):***

- MI-APPP grantees **must** implement the *Adolescent Family Life Program-Positive Youth Development (AFLP-PYD)*, an evidence-informed strength-based case management program designed for pregnant and parenting teens, with 15-19 year old pregnant and parenting teens and fathers in their community. The program must be administered with fidelity and established program guidelines followed. A minimum number of 50 youth must participate yearly in the AFLP.
- One full-time equivalent case manager must be dedicated to the implementation of AFLP-PYD, either through grant funding or in-kind support.
- Existing Home Visiting Programs (HVPs) and other programs and/or resources must be leveraged as part of the service delivery plan.
- At a minimum, the required service delivery plan must address the following focus areas: secondary educational success; adult connectedness; maternal and child health outcomes; and family wellness (Appendix B)
- Support services in addition to the required implementation of AFLP-PYD, such as other evidence-based or informed interventions may be provided with MI-APPP funding. Any approved intervention must be followed with fidelity, and cannot be adapted without prior approval from MDCH.
- MI-APPP grantees must convene a community-level steering committee that is active in program planning, implementation, and evaluation and operates as follows:
  - Steering committees must meet monthly during the planning process and at least quarterly throughout the remainder of the funding period (minimum 4 meetings per year).
  - Steering committee membership must be representative of the diversity of the community and include pregnant and parenting teens, teen fathers, and families; education and health partners; human service agencies; and representatives from area Home Visitation Programs (HVPs).
  - Steering committee members will provide input on and suggestions for programming, including needs assessment, development of a comprehensive service delivery plan, program implementation, marketing, resource development and evaluation.
- MI-APPP grantees must follow the principles of Positive Youth Development (Appendix C) and maintain meaningful youth input on the steering committee through either

membership on the established committee, a youth-specific advisory council or through other formalized mechanisms of active youth involvement and input.

- MI-APPP grantees must attend all required trainings sponsored by MDCH, including bi-annual 2-day *Learning Collaboratives*.
- MI-APPP grantees must enhance awareness of the program and activities in their community through marketing and public awareness activities, such as public service announcements, smart phone technology, donated media, and other approaches that reach pregnant and parenting teens, fathers, and their families.
- MI-APPP grantees must establish a quality assurance mechanism (e.g., client survey, focus group, other methodologies) that evaluates the effectiveness and appropriateness of programming and services to the target population.
- MI-APPP grantees must incorporate evaluation into all aspects of programming, and must follow the MI-APPP Evaluation Plan developed by MPHI, including implementation of all required evaluation and tracking instruments.
- MI-APPP grantees shall provide programming and services either directly by the fiduciary agency or through sub-contractors. *For both the planning process and program implementation, grantees are encouraged to work with agencies that have a documented history of providing services to pregnant and parenting teens and understand the complexity of their need.* If sub-contractors will be used, the fiduciary agency must have a signed Letter of Understanding (LOU) (Appendix D) for each subcontractor. The fiduciary agency is responsible for monitoring all sub-contractors and must retain authority and control over all services provided to assure that state requirements are followed.
- MI-APPP grantees must secure annual local matching funds (either cash or in-kind) totaling 20 percent or more of the amount awarded.
- MI-APPP grantees must not, as part of programming or services offered, provide abortion counseling, abortion services, or make referrals for abortion services.
- MI-APPP grantees, while on school property, must not prescribe, dispense, or otherwise distribute family planning drugs and/or devices.
- MI-APPP grantees must have written approval from the school district or administration, if providing services on school property during school hours. In addition, if proposing reproductive health education on school property, grantees must have written approval from the Sex Education Advisory Board supporting the implementation of the curriculum in their district.

- MI-APPP grantees must have secure storage for supplies, equipment, and paper/electronic records, including participant evaluations.

## E. APPLICANT ELIGIBILITY

It is the intent of MDCH to fund established providers with capacity and proven experience providing services to pregnant and parenting teens 15-19 years of age, teen fathers, and their families in communities with a disproportionate burden of teen births. **An applicant agency can submit only one application for funding per geographic area.**

*Eligible applicants include:*

- Community Based Organizations (CBOs), or Youth Serving Organizations (YSOs)
- Public Schools and Intermediate School Districts (ISD)
- Local Health Departments (LHDs)
- Federally Recognized Tribes
- 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 populations – pregnant and parenting youth 15-19 years of age, teen fathers, and their families, residing in the following 11 counties and the City of Detroit:***

- |                    |                    |
|--------------------|--------------------|
| • Berrien County   | • Kent County      |
| • Calhoun County   | • Muskegon County  |
| • City of Detroit  | • Oakland County   |
| • Genesee County   | • Saginaw County   |
| • Ingham County    | • St. Clair County |
| • Kalamazoo County | • Wayne County     |

## F. USE OF FUNDS

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

*Costs associated with the 3-month planning process, including:*

- Staff salaries/fringe
- Consultant services (e.g., local evaluator, facilitator, etc.)
- Steering committee meetings
- Equipment, supplies, and materials

- Travel and mileage
- Survey distribution, incentives for completing surveys, focus groups or other methodologies associated with the community needs assessment

*Costs associated with program implementation including:*

- Project staff salaries and associated payroll taxes and fringe benefits
- Program administration (e.g., accounting, payroll-proportionate to program)
- Travel and mileage 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, office supplies-proportionate to program)
- Communications (e.g., community awareness campaign, telephone, fax, postage, internet access)
- Printing and copying
- Rent, utilities, security, and maintenance (proportionate to program)
- 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 this grant.
- State sub-awardees may not use grant dollars 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](http://www.michigan.gov/teenpregnancy).

**A. NOTICE OF INTENT TO APPLY**

MDCH **requires** that applicants submit (via email) an “Intent to Apply” form (Appendix E) by 5:00 p.m. Eastern Standard Time (EST) on **Friday, November 8, 2013**. Submission of the “Intent to Apply” form is non-binding 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 Kara Anderson at [andersonk10@michigan.gov](mailto:andersonk10@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 Kara Anderson at 517-373-3864 immediately.

## **B. QUESTIONS REGARDING THE RFP**

The MI-APPP online Question and Answer Forum will be the **ONLY** opportunity to ask questions related to this RFP. All questions about the MI-APPP RFP must be emailed to Robyn Corey at [coreyr1@michigan.gov](mailto:coreyr1@michigan.gov). Answers will be posted within 48 hours to the "Question & Answer Forum" document on the Teen Pregnancy Prevention Initiative website at [www.michigan.gov/teenpregnancy](http://www.michigan.gov/teenpregnancy).

Questions can be asked from **November 4 – November 15, 2013**. 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. MDCH 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**

### **1. Submission**

Proposal packages must be RECEIVED via mail by **3:00 p.m. Eastern Standard Time, on Friday, November 22, 2013**. **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 Coordinator  
Michigan Department of Community Health  
Washington Square Building  
109 W. Michigan Ave., 8<sup>th</sup> 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 MI-APPP. All timely proposals will be initially reviewed to determine compliance with the minimum

requirements outlined in the Proposal Checklist (Appendix F). Incomplete proposals may not be reviewed and notification will be provided.

### **3. Review of Proposals**

Proposals submitted in response to this RFP will be reviewed and evaluated by a panel 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	30 points
Characteristics of Target Population & Area	40 points
Community Collaboration/Support	20 points
Program Plan	25 points
Work Plan and Timeline	20 points
Evaluation	10 points
Staffing Plan	10 points
Local Steering Committee	15 points
Budget Preparation	15 points
<u>Required Attachments</u>	<u>10 points</u>
<b>Total Possible Points:</b>	<b>200 points</b>

### **4. Notice of Award**

Notices of Award are expected to be made by December 9, 2013 with implementation anticipated to begin on January 1, 2014.

### **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 at least 3 and up to 5 to attend two (2) two-day MI-APPP Learning Collaborative should be included in the budget.

Up to two additional trainings for ALFP-PYD case managers will be required as part of this funding and should be included in the budget.

## **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 MI-APPP Coordinator will provide technical assistance, consultation, and program monitoring on an on-going basis throughout the entire project period to assure agencies succeed in implementing MI-APPP 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 E) **[Due November 8, 2013]**
2. Proposal Cover Sheet (Appendix G), signed by authorized agency representative(s)
3. Proposal Checklist (Appendix F)
4. Table of Contents
5. Proposal Narrative
6. Budget Forms (Appendix J)
7. Detailed Budget Narrative (Appendix K)

8. Required Attachments
9. Optional Attachments

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

**B. FORMATTING/PACKAGING (5 points)**

1. Sequentially number all pages, including attachments
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 on all four sides
7. Print on single side of page only
8. Pages must be double-spaced
- 9. The narrative section is not to exceed 20 pages** (Sections 1-4 & 6-8)
10. The structure and lay out of the proposal must follow the format outlined in this RFP
11. 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](http://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 G), which must be signed by the agency's authorized representative.

**B. PROPOSAL CHECKLIST**

Complete the Proposal Checklist (Appendix F) 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 the 20-page limit.

### 1. Agency Description, Qualifications, and Capacity (30 points)

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 and complexity.
- Organization history (past or present) planning or implementing programming for pregnant and parenting teens, teen fathers, and their families. Experience and success of such efforts should be supported with quantitative and qualitative data, if available.
- The structure of the agency and how MI-APPP “fits” within this structure.
- Past or present experience in mobilizing, establishing, and maintaining a community-based, broadly representative local steering council/coalition/grassroots movement with a health-related mission.
- Methods for obtaining input from pregnant and parenting teens, teen fathers, and their families during the planning process and implementation of MI-APPP, as well as any experience with using the principles of positive youth development and the provision of case management services.
- Describe how teen fathers will be meaningfully engaged in both the planning process and in the delivery of MI-APPP services. *Teen fathers are a required target population that must be served with this funding.*

### 2. Characteristics of Target Area and Target Population (40 points)

#### a. Target Area

Provide a description of the target area, including both geographic and demographic characteristics such as socio-economic factors; unemployment rates; graduation rates; other school district data; single heads of households; and availability of services for pregnant and parenting teens.

At a minimum, include the following data (cite source and date for each) for your targeted county or defined geographic area:

- a. Teen birth rate for the target area or county
- b. Repeat birth rate for the target area or county
- c. Teen sexually transmitted infection (STI) rates for the target area or county
- d. If available, information/data regarding teen sexual activity in the county or the geographic area you are targeting; if available include other risk behaviors such as information/data regarding teen use of alcohol, tobacco, and other drugs or any other risk behaviors that contribute to teen pregnancy and births.

How does your targeted county or defined geographic area compare to the State as a whole for the measures listed above?

## **b. Target Population(s) to be Served**

Identify the target audience(s) for the MI-APPP proposal including the population that will be assessed as part of the community needs assessment and the proposed intended population that will receive programming interventions. *Please note, communities will be able to adjust their proposed target audience after completion of the community needs assessment, if there is documented need that supports the change.*

MDCH requires equal access be provided to male and female youth within the age range chosen. Equal access does not mean an equal number of interventions must be made available, but rather that both genders have an equal opportunity to participate in some level of programming. Include in the identification of the target audience the following information:

- Description of the target audience selected including age, race, gender and any other relevant demographic characteristics.
- Explanation of the specific geographic location of the target audience (e.g., all 9<sup>th</sup> – 12<sup>th</sup> grade pregnant and parenting students in Metropolis High School or 18-19 year old pregnant and parenting teens and fathers in the southwest side of the City of Goshen).
- Provide any demographic or other relevant descriptive data for teen fathers.
- Provide the estimated number of pregnant and parenting teens and fathers expected to be reached during each of the four (4) service years of the project period. Due to the 3-month planning process, MDCH expects year one participant numbers to be lower than subsequent year's projections.

The required number of youth to be served by each grantee will be contingent upon their approved service delivery plan, which is a deliverable of the planning process. All grantees are required to implement the evidence-informed *Adolescent Family Life Program-Positive Youth Development (AFLP-PYD)*, which is a strength-based case management program

designed for pregnant and parenting teens and teen fathers. When selecting your proposed target population, take into account that AFLP-PYD is the core service delivered as part of MI-APPP. Additional services and supports can be enhanced or initiated with this grant for gaps or needs identified during the community assessment process.

### c. Strengths and Needs of Target Population

MI-APPP aims to promote **four major categories of outcomes** among program participants: 1) Family wellness, 2) Connectedness to other adults, 3) Secondary educational success (including completing high school, obtaining a GED, and/or attending institutions of higher education), and 4) improved maternal and child health (with a focus on reproductive and family planning services).

- Describe what you know about the *strengths* of pregnant and parenting adolescents, teen fathers, and families in your community related to the major outcomes listed above. For example, what strengths or resources does this population currently have to help them work toward secondary educational success? How could you promote and build upon these through your work?
- Describe what you know about the *needs* of pregnant and parenting adolescents, teen fathers, and families in your community related to the major outcomes listed above. For example, what particular needs does this population currently have that are impacting their overall family wellness? How could you support participants in meeting their needs in these areas through your work? Are there any neighborhoods, schools or sub-populations within your community that are disproportionately affected that you might target with your program?

Use data to support your descriptions. Clearly explain what each piece of data you present says about the strengths and needs of the population and how that information supports your point. Avoid including data that does not clearly link to your descriptions. *Please specify the source and date of any supporting data used in the proposal.*

### d. Service Resources and Gaps

- Describe what you know about the services for pregnant and parenting adolescents, teen fathers, and families that are *currently available* in your target area, as well as any *existing gaps*.
- Describe how the proposed program will 1) leverage existing services or other resources, 2) not duplicate existing services, and 3) fill service gaps.

Use data to support your descriptions. Clearly explain what each piece of data you present says about existing service resources and gaps and how that information supports your point. Avoid including data that does not clearly link to your descriptions. *Please specify the source and date of any supporting data used in the proposal.*

### e. Needs Assessment and Planning Process

MI-APPP grantees will work with staff from MPHI's Center for Healthy Communities to conduct an in-depth assessment of community resources, service gaps, and needs for pregnant and parenting adolescents, teen fathers, and families. For the initial needs assessment, grantees will be required to compile existing community- and/or program-level data, inventory current services and supports, hold focus groups with stakeholder groups, and conduct interviews with other key community members.

Please provide the following information regarding your capacity and commitment to participate in a needs assessment and planning process:

- Describe any past success(es) with participating or leading a community level needs assessment or related process.
- Provide assurances of your agency's commitment to:
  - a. work with MDCH and MPHI to develop and carry out a needs assessment in your community
  - b. work with MDCH and MPHI to adapt your intervention and/or target population to best address the local needs, gaps, and resources identified in the needs assessment
  - c. complete and submit to MDCH a comprehensive service delivery plan for pregnant and parenting teens in your community that is reflective of the strengths and gaps identified through the needs assessment and planning process

### 3. Community Collaboration/Support (20 points)

- Submit as **Attachment A** a listing of collaborative and referral arrangements, which will be utilized as part of MI-APPP in your community/target area. This listing should include, at a minimum, other agencies, organizations or programs that provide services to pregnant and parenting adolescents and teen fathers 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 B** five (5) letters of support (LOS) for the proposal, including one from a local health or education agency in the jurisdiction(s) where the proposed programming will be implemented.
- If providing services in school buildings or on school property, provide letters of approval/support from a school administrator at each site and submit as **Attachment H**.

- If providing sexual health education on school property and during school hours, provide letter of approval from the school districts Sex Education Advisory Board and submit as **Attachment I**.
- MI-APPP requires that programming/services be provided either directly by the applicant or through a formal agreement or letter of understanding (LOU) with a sub-contractor(s). If utilizing sub-contractors, a signed LOU must be submitted as **Attachment J** that details the responsibilities and roles of both parties. All agreements or LOUs must include the requirements identified in Appendix D.

#### 4. Program Plan (25 points)

Direct programming must begin by April 1, 2014. Provide a detailed plan and timeline including any necessary steps needed to begin implementing the *Adolescent Family Life Program-Positive Youth Development (AFLP-PYD)*. The following four program focus areas must be incorporated into the implementation plan: **Secondary Educational Success; Adult Connectedness; Maternal and Child Health Outcomes; and Family Wellness**, as well as the following information:

- Identify the agency in your community that will be the lead for implementation of AFLP, including a justification for why they are the appropriate entity to reach this population.
- Describe recruitment methods that will be utilized to promote awareness of participation in AFLP-PYD among pregnant and parenting adolescents aged 15-19, and teen fathers.
- Identify the specific venue or location(s) where AFLP-PYD services will take place (e.g., home based, school building(s), and community-based locations).
- Describe any retention efforts that will be used to ensure youth complete the program, including the use of incentives.
- Provide a timeline for hiring staff (if needed).

**Description of Additional Interventions/Supports** – Based on the existing gaps in your community identified in the *Program Strengths and Need Section*, provide a brief description of any additional services or supports proposed with MI-APPP funding and the intended impact to pregnant and parenting adolescents and teen fathers. *Please note that adjustments to interventions will be allowed if community assessment data supports a change.*

#### 5. Work Plan and Timeline (20 points)

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

Complete and submit as **Attachment C** of your application the following two work plans:

- Planning Process Work Plan - January 1, 2014-March 31, 2014
- Implementation Work Plan - April 1, 2014-September 30, 2014.
  - The Implementation work plan should have a separate goal with corresponding objectives and activities for each of the four program focus areas: **Secondary Educational Success; Adult Connectedness; Maternal and Child Health Outcomes; and Family Wellness** (Appendix B).

Each work plan should include outcome and process objectives, activities to be completed in meeting these objectives, responsible party for each activity, and targeted completion dates. The work plan should include any objectives and activities necessary to meet the planning process deliverables as detailed on page 4 of this application guidance as well as the first six months of program implementation. Program outcomes and activities must address the needs of both pregnant and parenting teens, including teen dads. Refer to Appendix H for Required Work Plan format and Appendix I for Sample Goals and Objectives – electronic forms available online at [www.michigan.gov/teenpregnancy](http://www.michigan.gov/teenpregnancy).

Each work plan should include the following:

- Program Goal: 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 I 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 ensuring fidelity to AFLP and any supplemental interventions.
- 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 program outcome objectives (see Appendix I 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 ensuring fidelity to AFLP-PYD and any supplemental interventions.
- Activities: Provide a brief description 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)

MI-APPP grantees will work with MPHI's Center for Healthy Communities to implement a comprehensive evaluation of the MI-APPP in your community. Following the needs assessment and planning process, each grantee will work with MPHI to develop local performance measures based on their community's unique needs and priorities, and will also inform standardized performance measures to be used statewide.

Grantees will be responsible for collecting and reporting local and statewide performance measure data in annual reports, entering participant demographic and program use data into a data collection system, and conducting intake, exit, and follow-up interviews with each participant. Grantees will also be encouraged to develop other evaluation activities and tools that are relevant to their local programs. MPHI will support grantees' efforts to use their evaluation results for ongoing program learning and improvement.

In addition to the evaluation activities described above, MPHI will be conducting a focused outcome evaluation at designated sites. Up to two grantees with the appropriate capacity will be selected to participate in this more intensive evaluation. The selected sites will work closely with MPHI in a unique study that compares the outcomes of pregnant and parenting adolescents, teen fathers, and families who take part in MI-APPP with the outcomes of those who do not. These grantees will be responsible for recruiting and retaining both participants of MI-APPP, as well as pregnant and parenting adolescents, teen fathers, and families that are not receiving MI-APPP case management to take part in a series of outcome-focused interviews that MPHI will conduct over a period of one to two years.

Grantees should set aside 5% of their budget to support evaluation costs. Please delineate these costs in the "other" line item of your budget.

***This section should include the following information:***

- Describe any past success(es) with evaluation in a related program.
- Describe any existing systems for capturing participant demographic and program use data (including electronic or paper systems), and capacity to use electronic forms in Microsoft Excel or Access to capture these data.
- Describe how your agency or program will work closely with MPHI to recruit and retain participants if selected for the focused outcome evaluation.
- Describe how findings of the evaluation will be applied for program refinement and improvement.

**7. Staffing Plan (10 points)**

- Describe the proposed staffing plan for both the planning process (January 1-March 31,

2014) and the year one implementation period (April 1-September 30, 2014).

- Include staff titles, percent of time committed to the program, and their roles and responsibilities in achieving the program objectives.
  - One full-time equivalent case manager position is required to implement AFLP-PYD. The position can be covered by grant funds or local match.
  - 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 D** resumes (maximum 2 pages each) for identified staff and position descriptions (maximum 1 page each) for staff positions.

#### **8. Local Steering Committee (15 points)**

Applicants are required to develop and/or maintain a local steering committee, which is representative of the diversity of the community (including pregnant and parenting teens, teen fathers, and family members) who are instrumental in all phases of the program: planning, implementation, and evaluation.

Applicants must:

- Describe the administrative and organizational structure within which the steering committee will function. Submit as **Attachment E**, an organizational chart depicting the program, including the coalition/advisory council (proposed or current).
- Submit as **Attachment F** a list of local steering committee 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 MI-APPP in your community. What will MI-APPP intend to accomplish and why?
- Describe the current or proposed structure of the local steering committee, including membership, leadership, sub-committees (if needed), activities, frequency of meetings, 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 steering committee will recruit and maintain pregnant and parenting adolescents and teen fathers as participants. If utilizing a separate youth steering council, provide details on how the two groups will interact and how meaningful youth input will be assured.

#### **E. Budget Preparation (15 points)**

**Budget forms and narrative are not included in the 20 page narrative limit.** Electronic versions of the budget forms are available online at [www.michigan.gov/teenpregnancy](http://www.michigan.gov/teenpregnancy).

**A complete budget will include the following:**

1. Budget summary (DCH 0385) form for the period of January 1, 2014 – September 30, 2014. Amount of funding requested, as well as the required 20% match must be included on this form. See Appendix J for sample forms.
2. Budget cost detail (DCH 0386) form for the budget period of January 1, 2014 – September 30, 2014. Amount of funding requested, as well as the required 20% match must be included on this form. See Appendix J for sample forms.
3. Budget narrative that clearly delineates, per line item, expenses for the planning period (January 1-March 31, 2014), as well as those for the implementation period (April 1-July 31, 2014) as reported on the budget summary and cost details. Also, the amount of match, per line item, must be included in the narrative. See Appendix K for budget narrative guidance.
4. Includes travel and lodging for a team of up to 5 to attend two (2) two-day Learning Collaborative.
5. Includes travel and lodging for the case manager position to attend at least 2 full-day professional development trainings as part of implementing AFLP-PYD.
6. Includes travel and lodging for up to two staff to attend the Statewide Teen Pregnancy Prevention Conference in Michigan.
7. Grantees should set aside 5% of their budget to support evaluation costs. Please delineate these costs in the “other” line item of your budget.
8. Submit budget narrative, budget summary form and budget cost detail form as **Attachment G**.

The budget narrative for the project must include a budget justification that fully describes each line item, as well as the identified 20% 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 K**. 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.

In-Kind

**The budget forms must include local matching funds of at least 20 % of the requested state grant funds. If requesting the maximum amount of \$185,000, the minimum amount of match is \$37,000. 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 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 indirect costs must submit as **Attachment L** a copy of their negotiated Federal Indirect Cost Rate Agreement.

**F. Attachments (10 points)**

Required

- A. Collaborative and Referral Listing
- B. Five (5) Letters of Support (one from local health or education agency)
- C. Planning Process Work Plan and Implementation Work Plan
- D. Position Descriptions and Resumes of Key Staff
- E. Organizational Chart (clearly demonstrates position of MI-APPP in organization, including steering committee)
- F. Steering Committee Membership List
- G. Budget Forms and Narrative

Optional (if applicable)

- H. Letter of Approval/Support from School Administrators (if utilizing school sites)

- I. Sex Education Advisory Board Approval (if provide sex education services during school hours)
- J. Letters of Understanding
- K. Match Funding Confirmation Letters
- L. Federal Indirect Rate Agreement



## **APPENDICES**

Appendix A – AFLP Summary

Appendix B – MI-APPP Focus Areas and Outcomes

Appendix C – Principles of Positive Youth Involvement

Appendix D – Letter of Understanding

Appendix E – Intent to Apply

Appendix F – Proposal Checklist

Appendix G – Proposal Cover Sheet

Appendix H – Required Work Plan Template

Appendix I – Sample Goals and Objectives

Appendix J – Budget Forms and Instructions

Appendix K – Guidelines for Budget Narrative



Appendix A  
AFLP Summary

## Adolescent Family Life Program (AFLP) Fact Sheet

The Adolescent Family Life Program addresses the social, health, educational, and economic consequences of adolescent pregnancy by providing comprehensive case management services to pregnant and parenting teens and their children. The AFLP emphasizes promotion of positive youth development, focusing on and building upon the adolescents' strengths and resources to work toward:

### Goals

- Improving the health of the pregnant and parenting teen, thus supporting the health of the baby.
- Improving graduation rates.
- Reducing repeat pregnancies.

### Problems

- The incidence of premature births and low birth weight babies is much greater for adolescents than for babies born to mothers age 20-35.
- Teen mothers are less likely to complete high school and hence more likely to remain on welfare.
- Children of teen parents are more likely to become teen parents themselves.

### Program Components

- AFLP services available to pregnant/parenting adolescent females and teen fathers 15-19 years of age.
- Provision of case management services including assessment of adolescents' strengths and needs, and development of individualized service plans.
- Monthly contacts that include home visitation support the teens' educational and career goals and strengthen their self-sufficiency skills.
- Assisting teens and their children to access appropriate services including:
  - Medical Care (including prenatal, postpartum care, oral health)
  - Family Planning
  - School Support Services
  - Social Services
  - Mental Health Services
  - Parenting Education
  - Employment Opportunities
  - Nutrition Counseling



## Appendix B

### MI-APPP Focus Areas and Outcomes

## MI-APPP Focus Areas and Outcomes

### Major MI-APPP Outcomes & Related AFLP Strategies

#### Outcome 1: Family Wellness

**Program Strategy:** Use findings from the community assessment to connect pregnant and parenting adolescents to housing, transportation, food assistance, child care, family counseling, parenting classes, and other health and wellness supports

#### Outcome 2: Adult Connectedness

**Program Strategy:** Use case management strategies to increase pregnant and parenting adolescents' connectedness to a parent or other positive adult caregiver

#### Outcome 3: Secondary Educational Success

**Program Strategy:** Use community assessment findings to connect pregnant and parenting adolescents to flexible alternative education modalities, education completion and attainment, job training, financial literacy, and building connections to IHEs and other post-secondary education

#### Outcome 4: Maternal & Child Health

**Program Strategy:** Use community assessment findings to connect pregnant and parenting adolescents to primary medical home, prenatal care, health literacy, contraceptives, postpartum counseling, and inter-conception care



## Appendix C

# Principles of Positive Youth Involvement

## MI-APPP

### Positive Youth Development Principles:

- Positive youth development is an intentional process. It is about being proactive to promote protective factors in young people.
- Positive youth development complements efforts to prevent risky behaviors and attitudes in youth, and complements efforts that work to address negative behaviors.
- Youth assets are both acknowledged and employed through positive youth development. All youth have the capacity for positive growth and development.
- Positive youth development enables youth to thrive and flourish in their teen years, and prepares them for a healthy, happy and safe adulthood.
- Positive youth development involves youth as active agents. Adults may set the structure, but youth are not just the recipients of services. Youth are valued and are encouraged to bring their assets to the table. Adults and youth work in partnership.
- Youth leadership development is part of positive youth development, but youth aren't required to lead. Youth can attend, actively participate, contribute, or lead through positive youth development activities.
- Positive youth development involves civic involvement and civic engagement—youth contribute through service to their communities.
- Positive youth development involves and engages every element of the community—schools, homes, community members, and others. Young people are valued through this process. Positive youth development is an investment that the community makes in young people. Youth and adults work together to frame the solutions.

### Additional Positive Youth Development Resources:

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- *Positive Youth Development Resource Manual*  
[http://ecommons.cornell.edu/bitstream/1813/21946/2/PYD\\_ResourceManual.pdf](http://ecommons.cornell.edu/bitstream/1813/21946/2/PYD_ResourceManual.pdf)
- *National Youth Development Information Center* [www.nydic.org](http://www.nydic.org)
- *Innovation Center for Community Youth Development* [www.theinnovationcenter.org](http://www.theinnovationcenter.org)



Appendix D  
Letter of Understanding

## **MICHIGAN ADOLESCENT PREGNANCY & PARENTING PROGRAM (MI-APPP) Letter of Understanding (LOU) Components**

Letters of understanding (LOU) provide the framework for effective program implementation and are essential tools for successful partnerships. LOUs are required for all MI-APPP subcontract agencies and/or individuals not employed by the fiduciary agency who are responsible for contributing to the proposed program implementation.

The LOU must include the following assurances:

- 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
- Family planning drugs, and/or devices shall not be prescribed, dispensed, or otherwise distributed if MI-APPP services are being implemented on school property

The LOU should include the following programmatic components:

- Overview of the project, including planned activities
- Program goals and outcome objectives
- Target population to be served by program and where the services will occur

The LOU should cover the following subcontractor responsibilities:

- Minimum number of youth to be reached
- Evaluation expectations that meet state requirements
- Financial and program reporting requirements
- Specific activities to be conducted as part of program
- Statement that your agency will comply with all appropriate local, state, or federal laws and regulations)

The LOU should cover the following fiduciary responsibilities:

- Provision of funds, including match
- Implementation of evaluation tools, including data collection and tracking
- Provision of reporting tools including required forms and timeline
- Monitoring progress of planning and implementation
- Submission of required program, evaluation and financial reports
- Statement that your agency will comply with all appropriate local, state, or federal laws and regulations



Appendix E  
Intent to Apply Form

**Michigan Adolescent Pregnancy and Parenting Program  
(MI-APPP)**

**INTENT TO APPLY FORM**

*An electronic version of this form is available online at [www.michigan.gov/teenpregnancy](http://www.michigan.gov/teenpregnancy)*

**Agency:**

**Address:**

**City:**                      **State:**                      **Zip Code:**

**Contact Person:**                      **Title:**

**Phone:**                      **Fax:**

**Email:**

**Type of Agency:** *(check only one)*

- |                                   |                          |                                   |                          |
|-----------------------------------|--------------------------|-----------------------------------|--------------------------|
| Community Based 501(c)(3)         | <input type="checkbox"/> | Federally Qualified Health Center | <input type="checkbox"/> |
| Tribal Council                    | <input type="checkbox"/> | Local Health Department           | <input type="checkbox"/> |
| School or School District         | <input type="checkbox"/> | Hospital or Healthcare System     | <input type="checkbox"/> |
| Public/Private College/University | <input type="checkbox"/> | Faith Based Organization          | <input type="checkbox"/> |

**Proposed Geographic Location:** *(check only one)*

- |                  |                          |                  |                          |
|------------------|--------------------------|------------------|--------------------------|
| Berrien County   | <input type="checkbox"/> | Kent County      | <input type="checkbox"/> |
| Calhoun County   | <input type="checkbox"/> | Muskegon County  | <input type="checkbox"/> |
| City of Detroit  | <input type="checkbox"/> | Oakland County   | <input type="checkbox"/> |
| Genesee County   | <input type="checkbox"/> | Saginaw County   | <input type="checkbox"/> |
| Ingham County    | <input type="checkbox"/> | St. Clair County | <input type="checkbox"/> |
| Kalamazoo County | <input type="checkbox"/> | Wayne County     | <input type="checkbox"/> |

**Proposed Program Setting:** *(please specify - e.g. 9<sup>th</sup>-12<sup>th</sup> grade pregnant and parenting students at Metropolis High School or 18-19 year old pregnant and parenting teens and fathers on the southwest side of the City of Goshen)*

**Proposed Target Population - Ages:**

Mothers                      Fathers

**Funding Request:** *(maximum \$185,000)* \$

**Total Match:** *(minimum 20% of request)* \$

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**Signature**

**Date**

**EMAIL COMPLETED FORM TO:**  
Kara Anderson  
Teen Pregnancy Prevention Coordinator  
[andersonk10@michigan.gov](mailto:andersonk10@michigan.gov)



## Appendix F

### Proposal Checklist

## MI-APPP Proposal Checklist

- ❑ **Proposal Cover Sheet**
- ❑ **Proposal Checklist**
- ❑ **Table of Contents**
- ❑ **Proposal Narrative (*not to exceed 20 pages*)**
  - ❑ Agency Description, Qualifications, and Capacity
  - ❑ Characteristics of Target Population and Area
  - ❑ Community Collaboration/Support
  - ❑ Program Plan
  - ❑ Evaluation
  - ❑ Staffing Plan
  - ❑ Local Steering Committee
- ❑ **Attachments**
  - Required**
    - ❑ A - Collaborative and Referral Listing
    - ❑ B - Five (5) Letters of Support
    - ❑ C – Planning Process Work Plan and Implementation Work Plan
    - ❑ D - Position Descriptions and Resumes of Key Staff
    - ❑ E - Organizational Chart
    - ❑ F - Steering Committee Membership List
    - ❑ G - Budget Forms and Narrative
  - Optional (if applicable)**
    - ❑ H - Letters of Approval/Support from School Administrators
    - ❑ I - Sex Education Advisory Board Approval
    - ❑ J - Letters of Understanding
    - ❑ K - Match Funding Confirmation Letters
    - ❑ L - Federal Indirect Rate Agreement

### **Have you followed the required format?**

- ❑ Sequentially numbered all pages, including attachments and appendices
- ❑ Included a table of contents, including attachments for the entire proposal
- ❑ Used 8 ½" by 11" paper with 1" margins on all four sides
- ❑ Used 12 point font (budgets, figures, charts, tables, and footnotes may be smaller in size but must be readily legible)
- ❑ Pages are double-spaced and printed on single side of page only
- ❑ Did not staple or bind any of the copies (rubber bands or binder clips are acceptable)
- ❑ Prepared the **original and four copies** for submission



Appendix G  
Proposal Cover Sheet

**Michigan Adolescent Pregnancy and Parenting Program  
PROPOSAL COVER SHEET**

*An electronic version of this form is available online at [www.michigan.gov/teenpregnancy](http://www.michigan.gov/teenpregnancy)*

Agency:

Address:

City:            State:            Zip:

Authorized Representative:            Phone:

E-Mail Address:

Contact Person:            Phone:

E-Mail Address:            Fax:

-----  
Program/Project Name:

Service Area: *(check only one)*

Berrien County        
Calhoun County       
City of Detroit       
Genesee County       
Ingham County        
Kalamazoo County  

Kent County              
Muskegon County       
Oakland County        
Saginaw County        
St. Clair County       
Wayne County       

Program Setting: *(please specify - e.g. 9th-12th grade pregnant and parenting students at Metropolis High School or 18-19 year old pregnant and parenting teens and fathers on the southwest side of the City of Goshen)*

Target Population - Ages:

Mothers-  
Fathers-

Numbers to be served in first year:

Mothers -  
Fathers -  
Families -

Total project cost for first year: \$

- a. MDCH funding request *(maximum of \$185,000)* - \$
- b. Local match *(minimum 20% of request)* - \$
- c. Description of match sources -

**Grantee Assurances:**

- A. MI-APPP programming will be delivered separate and apart from any religious education or promotion. MI-APPP 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).
- B. Family planning drugs and/or devices will not be prescribed, dispensed, or otherwise distributed on school property as part of the support services and programming funded by MI-APPP as mandated in the Michigan School Code.
- C. Abortion services, counseling and/or referrals for abortion services will not be provided as part of the support services and programming funded under MI-APPP.
- D. MI-APPP funding will not be used to supplant funding for an existing program supported with another source of funds.
- E. Information provided will be medically accurate, age-appropriate, culturally relevant and up-to-date.
- F. All program reports and financial forms will be submitted by the deadlines specified by MDCH.
- G. Full participation in all evaluation related activities required of MI-APPP grantees in cooperation with the program’s evaluator, Michigan Public Health Institute (MPHI), including, but not limited to:
  - a. Ensuring fidelity of the content and structure of the intervention, including any proposed adaptations
  - b. Working with MDCH and MPHI to develop an evaluation plan that includes measurement and collection of federal, state and local performance measures
  - c. Obtaining Institutional Review Board (IRB) approval from the appropriate regulating bodies with the assistance of MDCH and MPHI, if necessary
  - d. Participating in data collection as described in the evaluation section of the MI-APPP RFP
  - e. Submitting required data collected to MDCH and MPHI for federal and statewide evaluation reporting purposes in accordance with the defined timeframes
  - f. Further evaluation activities not listed above that are deemed necessary by MDCH and MPHI during the period of the grant
- H. All information contained in this proposal is truthful and accurate.

-----  
Signature: \_\_\_\_\_

Authorized Representative:

Title:

Date:



## Appendix H

### Required Work Plan Template

## Required MI-APPP Work Plan and Timeline Format

<p><b>Program Goal:</b> <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><b>Outcome Objectives:</b> <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><b>Evaluation Methods:</b> <i>How will achievement of this outcome be measured (e.g., pre/post test, chart reviews, etc.)?</i></p>			
<p><b>Process Objectives:</b> 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><b>Evaluation Methods:</b> <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 I

### 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.”

<b>Guidelines for Crafting S.M.A.R.T Objectives</b>		
<b>Specific</b>	<i>Who?</i> <i>What?</i>	Is the target audience specified? Is the intended change (knowledge, attitude, behavior) specified? Is the intervention described? Is the venue/location specified?
<b>Measurable</b>	<i>How much?</i> <i>How many?</i>	Can the intended change be measured in an objective manner? Is the method/tool for measurement specified? Are there baseline data to compare to?
<b>Appropriate</b>	<i>Why?</i> <i>Where?</i> <i>How?</i>	Is there a clear link between the defined need and the outcome objective? Are these objectives culturally appropriate? Will the program or service be accepted by the target audience?
<b>Realistic</b>		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?
<b>Time-Based</b>	<i>When?</i>	Does the objective specify when the change will be achieved? Can the objective be reasonably accomplished within the given time frame?

### **EXAMPLE WORK PLAN**

<b>Goal</b>	Decrease the dropout rate among pregnant and parenting 15 -19 year olds in X school district.
<b>Outcome Objectives</b>	By September 30, 2014, increase 10% from baseline, the proportion of pregnant and parenting adolescents enrolled in MI-APPP who completed the school year.
<b>Evaluation Methods</b>	Achievement of this objective will be measured through the collection of school attendance records for MI-APPP pregnant and parenting adolescents.
<b>Process Objectives</b>	By September 30, 2014, provide X hrs. of MI-APPP case management services to a total of 50 pregnant and parenting 15 -19 year olds in X school district.
<b>Evaluation Methods</b>	Achievement of the objective will be measured through intake forms, encounter forms, exit forms, and visitation notes.
<b>Activities</b>	By April 1, 2014, develop working relationship with X school district. By June 1, 2014, recruit pregnant and parenting adolescents from x school district for MI-APPP. By June 1, 2014, begin MI-APPP case management services through implementation of AFLP-PYD. By August 1, 2014, complete analysis of school attendance and case management service records for pregnant and parenting cohort. By August 30, 2014 serve a total of 50 pregnant and parenting 15-19 year olds from X school district with AFLP-PYD services. By September 1, 2014, present evaluation findings to local steering committee and solicit feedback and recommendations for program refinement.



## Appendix J

### 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**

<b>PROGRAM</b> (A) Budget and Contracts			<b>DATE PREPARED</b> (B) 7/01/xx		Page (C) 1	Of 2
<b>CONTRACTOR NAME</b> (D) Michigan Agency			<b>BUDGET PERIOD</b> (E) From: 10/01/xx To: 9/30/xx			
<b>MAILING ADDRESS (Number and Street)</b> (F) 123 ABC Drive			<b>(G) BUDGET AGREEMENT</b> ORIGINAL      AMENDMENT ►			<b>AMENDMENT #</b>
<b>CITY</b> Acme	<b>STATE</b> MI	<b>ZIP CODE</b>	<b>FEDERAL ID NUMBER</b> (H) 38-1234567			
<b>(I) EXPENDITURE CATEGORY</b>						<b>(K) TOTAL BUDGET</b> (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. <b>TOTAL DIRECT EXPENDITURES</b> (Sum of Lines 1-7)		110,090				110,090
9. <b>INDIRECT COSTS: Rate #1</b> %						
<b>INDIRECT COSTS: Rate #2</b> %						
<b>10. TOTAL EXPENDITURE</b>		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)						
<b>16. TOTAL FUNDING</b>		110,090				110,090

<b>AUTHORITY:</b> P.A. 368 of 1978	The Department of Community Health is an equal opportunity employer, services and programs provider.
<b>COMPLETION:</b> Is Voluntary, but is required as a condition of funding	

**PROGRAM BUDGET – COST DETAIL SCHEDULE**

<b>(B) PROGRAM</b> Budget and Contracts		<b>(C) BUDGET PERIOD</b>		<b>(D) DATE PREPARED</b>
		From: 10/01/xx	To: 9/30/xx	7/01/xx
<b>(E) CONTRACTOR NAME</b> Michigan Agency		<b>(F) BUDGET AGREEMENT</b> ORIGINAL AMENDMENT		<b>AMENDMENT #</b>
<b>(G) 1. SALARY &amp; WAGES</b>	<b>(H) COMMENTS</b>	<b>(I) POSITIONS REQUIRED</b>	<b>(J) TOTAL SALARY</b>	
1. POSITION DESCRIPTION				
Nurse	9 month position	1		25,000
Project Director		.5		18,000
<b>(K) 1. TOTAL SALARY &amp; WAGES:</b>			1.5	\$ 43,000
<b>(L) 2. FRINGE BENEFITS (Specify)</b>				
FICA	LIFE INS.	DENTAL INS	COMPOSITE RATE	
UNEMPLOY INS.	VISION INS.	WORK COMP	AMOUNT 26%	
RETIREMENT	HEARING INS.			
HOSPITAL INS.	OTHER (specify) _____			
<b>2. TOTAL FRINGE BENEFITS:</b>				\$ 11,180
<b>(M) 3. TRAVEL (Specify if category exceeds 10% of Total Expenditures)</b>				
Conference registration	\$350			
Airfare	\$600			
Hotel accommodations and per diem for 4 days	\$450			
<b>3. TOTAL TRAVEL:</b>				\$ 1,400
<b>(N) 4. SUPPLIES &amp; MATERIALS (Specify if category exceeds 10% of Total Expenditures)</b>				
Office Supplies	2,000			
Medical supplies	35,000			
<b>4. TOTAL SUPPLIES &amp; MATERIALS:</b>				\$ 37,000
<b>(O) 5. CONTRACTUAL (Specify Subcontracts/Subrecipients)</b>				
<b>Subcontractor Name</b>	<b>Address</b>	<b>Amount</b>		
ACME Evaluation Services	555 Walnut, Lansing, MI 48933	\$ 2,000		
<b>Subrecipient Name</b>				
Health Care Partners	333 Kalamazoo, Lansing, MI 48933	\$ 1,500		
<b>5. TOTAL CONTRACTUAL:</b>				\$ 3,500
<b>(P) 6. EQUIPMENT (Specify items)</b>				
Microscope	\$5,000			
<b>6. TOTAL EQUIPMENT:</b>				\$ 5,000
<b>(Q) 7. OTHER EXPENSES (Specify if category exceeds 10% of Total Expenditures)</b>				
Communication Costs	\$2,400			
Space Costs	\$3,600			
Consultant or Vendor: John Doe, Evaluator, 100 Main, E. Lansing	\$2,000			
<b>7. TOTAL OTHER:</b>				\$ 8,000
<b>(R) 8. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-7)</b>				\$ 110,090
<b>8. TOTAL DIRECT EXPENDITURES:</b>				
<b>(S) 9. INDIRECT COSTS CALCULATIONS</b>				
Rate #1: Base \$0 X Rate 0.0000 %	Total			\$ 0
Rate #2: Base \$0 X Rate 0.0000 %	Total			\$ 0
<b>9. TOTAL INDIRECT EXPENDITURES:</b>				\$ 0
<b>(T) 10. TOTAL EXPENDITURES (Sum of lines 8-9)</b>				<b>\$110,090</b>



## Appendix K

### Guidelines for Budget Narrative

### **Guidelines for Preparation of Budget Narrative**

In the budget narrative applicants are expected to provide a detailed line-item budget and justify the total cost of the program. The budget forms and narrative must include local matching funds of at least **20 percent** of the requested state grant funds. The budget forms and narrative must indicate whether these funds are cash or in-kind resources. Also in the budget narrative, applicants are asked to provide a listing of other sources of funding which support services which are similar or related to the proposed MI-APPP initiative.

#### **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 Learning Collaboratives, whose purpose is to build community buy-in and support for working with adolescents around sexual health issues. Also, includes travel and lodging for up to two staff to attend the Statewide Teen Pregnancy Prevention Conference in Michigan.*

*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.

Grantees should set aside 5% of their budget to support evaluation costs. Please delineate these costs in the “other” line item of your budget.

*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)

