



Centers for Disease Control

National Center for HIV-AIDS, Viral Hepatitis, STD, and TB Prevention

Promoting Adolescent Health through School-Based HIV Prevention

CDC-RFA-PS18-1807

Application Due Date: 04/13/2018

Promoting Adolescent Health through School-Based HIV Prevention
CDC-RFA-PS18-1807
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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-PS18-1807. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substances and Disease Registry (ATSDR)

B. Notice of Funding Opportunity (NOFO) Title:

Promoting Adolescent Health through School-Based HIV Prevention

C. Announcement Type: New - Type 1

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at <https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf>. Guidance on how CDC interprets the definition of research in the context of public health can be found at <https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html> (See section 45 CFR 46.102(d)).

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-PS18-1807

E. Catalog of Federal Domestic Assistance (CFDA) Number:

93.079

F. Dates:

- | | |
|---|--|
| 1. Due Date for Letter of Intent (LOI): | 02/26/2018 |
| 2. Due Date for Applications: | 04/13/2018, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov . |

3. Date for Informational Conference Call:

Tuesday, February 20, 2018

Component 3 applicants - 1:00 p.m., U.S. Eastern Standard Time

Component 2 applicants - 2:30 p.m., U.S. Eastern Standard Time

Component 1 applicants - 4:00 p.m., U.S. Eastern Standard Time

CDC will conduct conference calls for all interested applicants to provide technical assistance and respond to any questions regarding the NOFO process. Conference call lines are limited so we encourage those who can to call in from one location. The call-in information is:

1-404-553-8912; Passcode: 3553049.

G. Executive Summary:

1. Summary Paragraph:

The purpose of PS18-1807 is to improve the health and well-being of our nation's youth by working with education and health agencies, and other organizations to reduce HIV, STD, teen pregnancy, and related risk behaviors among middle and high school students. PS18-1807 offers

an approach that includes three overall components: 1) school-based surveillance; 2) school-based HIV/STD prevention; and 3) technical assistance and capacity building. Required activities are designed to achieve several short-term and intermediate outcomes for the five-year funding period, including:

- increased understanding of youth risk behaviors
- increased student knowledge and skills to avoid and reduce sexual risk
- increased student HIV/STD testing
- increased student access to sexual health services*
- increased student participation in positive youth development activities
- increased parent/student communication
- increased student connectedness to school

Activities must be carried out in accordance with all applicable state and federal laws.

*Sexual Health Services is defined in the glossary.

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| a. Eligible Applicants: | Limited |
| b. NOFO Type: | Cooperative Agreement |
| c. Approximate Number of Awards: | 135 |

The estimated number of initial awards is as follows:

Component 1: approximately 95 total - 50 state, 7 territorial, 3 tribal, and 35 local agencies

Component 2: approximately 35 local education agencies funded under Component 1

Component 3: approximately 5 organizations

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|--|--------------|
| d. Total Period of Performance Funding: | \$85,000,000 |
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A minimum of \$17,000,000 is anticipated in funding available for the first fiscal year of the period of performance. This amount could increase or decrease based on funding availability.

Approximately \$85,000,000 in initial award funding is available through this NOFO, although this amount could increase or decrease based on funding availability.

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| e. Average One Year Award Amount: | \$0 |
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The average initial one-year award amount for this NOFO is as follows:

Component 1:

- approximately \$100,000 for state health agencies/state education agencies
- approximately \$12,000 for territorial education agencies/tribal government education agencies

- approximately \$60,000 for local education agencies

Component 2:

- approximately \$300,000

Component 3:

- A-D approximately \$250,000
- E approximately \$300,000

The average award could increase or decrease, based on funding availability.

- f. Total Period of Performance Length:** 5
- g. Estimated Award Date:** 07/02/2018
- h. Cost Sharing and / or Matching Requirements:** N

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

Health behaviors during adolescence set the stage for behaviors and health into adulthood. In 2015, 41% of high school students in the US had ever had sexual intercourse and 30% were currently sexually active. Among currently sexually active students, 43% did not use a condom, and 14% did not use any method to prevent pregnancy the last time they had sexual intercourse. In 2015, young people aged 13-24 accounted for an estimated 22% of all new HIV diagnoses in the United States. Half of the nearly 20 million new STDs reported each year were among young people aged 15-24.

Approach: This funding supports a multi-component, multi-level effort to support youth reaching adulthood in the healthiest possible way. The three components are:

- 1: School-Based Surveillance
- 2: School-Based HIV/STD Prevention
- 3: Technical Assistance and Capacity Building

Component 2 consists of three strategies: 2A - Sexual Health Education (SHE); 2B - Sexual Health Services (SHS); and 2C - Safe and Supportive Environments (SSE). Additional information on strategies is on pages 13-15.

Short-term and intermediate outcomes will contribute to the following long-term health and education outcomes:

- Delayed onset of sexual activity
- Decreased sex without a condom
- Increased use of contraceptives
- Decreased risk behaviors that place youth at higher risk of adverse health outcomes including substance use, violence, and mental illness
- Reduced HIV infection and other STDs
- Decreased teen pregnancy rates
- Increased student academic success

Program Approach

Schools have direct contact with over 50 million students for at least 6 hours a day over 13 key years of their social, physical, and intellectual development. Schools can help understand and prevent adolescent risk for HIV, STD and teen pregnancy.

Surveillance is a core function of public health. State, territorial, tribal, and local education agencies or state health departments will conduct school-based surveillance of health risk behaviors and school health policies and practices.

Schools play an important role in HIV/STD prevention. Schools can influence students' risk for HIV infection and other STD through parental engagement, health education, connection to physical and mental health services, and connecting youth to each other and important adults.

This award supports implementation of activities at multiple levels of the education system to achieve health goals. School curricula, policies, and services are generally locally determined by local education agencies (LEA), or local school districts, with guidance from state education agencies (SEA). LEA and SEA both provide training, resources, and technical assistance to schools. SEA establish supportive state environments for local decision making about school policies and practices. LEA support implementation of school-based strategies through district level actions and decisions. Recognizing the importance of locally tailoring approaches, this program uses priority schools within a district, or LEA, as a natural laboratory for working through program implementation details before scaling up - or diffusing - activities to all schools in a district. This award supports close connections with decision-makers responsible for educational options and school environments at each of these levels.

Additional support from organizations with specialized expertise and capacity for national reach will be used to increase the impact of SEA and LEA strategies. They provide a range of highly trained experts for professional development and technical assistance to advance HIV/STD prevention work.

b. Statutory Authorities

Sections 301(a) and 317(k)(2) of the Public Health Service Act [42 U.S.C. Sections 241 and 247(k)(2)], as amended.

c. Healthy People 2020

Healthy People 2020 (<http://www.healthypeople.gov>) contains national objectives to improve the health of all Americans by encouraging collaborations across sectors, guiding people toward

making informed health decisions, and measuring the impact of prevention activities.

PS18-1807 supports these Healthy People 2020 topic areas: [Access to Health Services](#); [Adolescent Health](#); [Educational and Community-Based Programs](#); [HIV](#); [Lesbian, Gay, Bisexual, and Transgender Health](#); [Sexually-Transmitted Diseases](#); and [Social Determinants of Health](#).

d. Other National Public Health Priorities and Strategies

PS18-1807 supports the [CDC National Center for HIV, Viral Hepatitis, STD, and TB Prevention's Strategic Plan](#), the [National HIV/AIDS Strategy](#), and the [National Prevention Strategy](#).

e. Relevant Work

PS18-1807 builds upon and expands work previously accomplished through PS13-1308 (Promoting Adolescent Health Through School-Based HIV/STD Prevention and School-Based Surveillance).

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-PS18-1807 Logic Model: Promoting Adolescent Health through School-Based HIV Prevention and Surveillance

Bold indicates performance outcomes that will be monitored for this NOFO

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
<p><u>Component 1: School-Based Surveillance</u></p> <p>Establish and strengthen systematic procedures to collect, analyze, and report on adolescent health risk behaviors using the Youth Risk Behavior Survey (YRBS) and on school</p>	<p>Component 1: School-based Surveillance</p> <ul style="list-style-type: none"> · ↑ Understanding of youth risk behaviors and school health policies and practices by education and public health agencies 	<ul style="list-style-type: none"> · ↑ Student knowledge, skills and behaviors to avoid and reduce sexual risk · ↑ Student awareness of SHS needs and services · ↑ Student HIV testing · ↑ Student STD testing · ↑ Parental 	<ul style="list-style-type: none"> · Delayed onset of sexual activity · ↓ Sex without a condom · ↑ Contraceptive use · ↓ Risk behaviors that place youth at higher risk of adverse health outcomes including

health policies and practices using Profiles data		monitoring · ↑ Parent/student communication about sexual health	substance use, violence, and mental illness
<p><u>Component 2: School-Based HIV/STD Prevention</u></p> <p>Recipients collaborate with Component 3 organizations to assess capacity of districts and schools to implement the following three strategies:</p> <p><i>Strategy 2A: Sexual Health Education (SHE)</i></p> <p><i>Strategy 2B: Sexual Health Services (SHS)</i></p> <p><i>Strategy 2C: Safe and Supportive Environments (SSE)</i></p>	<p>Component 2: School-Based HIV/STD Prevention</p> <p>Strategy 2A: SHE</p> <ul style="list-style-type: none"> · ↑ Teacher ability to teach SHE effectively · ↑ Student receipt of effective SHE <p>Strategy 2B: SHS</p> <ul style="list-style-type: none"> · ↑ Access to SHS on-site · ↑ Access to SHS off-site · ↑ Delivery of on-site SHS · ↑ Referrals to community providers <p>Strategy 2C: SSE</p> <ul style="list-style-type: none"> · ↑ Teacher implementation of best classroom management practices · ↑ Student participation in positive youth development activities 	<ul style="list-style-type: none"> · ↑ Parent/student communication about sexual health · ↑ Student connectedness to school · ↑ Student reproductive healthcare visits · ↑ Access to confidential SHS in accordance with state laws 	<ul style="list-style-type: none"> · ↓ HIV infection and other STD · ↓ Pregnancy rates · ↑ Academic success
<u>Component 3:</u>	Component 3A-3C:	Component 3A-3C:	

<p><u>Technical Assistance and Capacity Building for School-Based HIV/STD Prevention and other Related Work</u></p> <p>Recipients increase success of Component 2 work through the provision of technical assistance and capacity building via the following:</p> <p><i>Component 3A: Strengthening the Effectiveness of Instructional Materials and Their Delivery (SHE)</i></p> <p><i>Component 3B: Strengthening the Effectiveness of Health Service Initiatives and Reduced HIV Infection and Sexually Transmitted Diseases (SHS)</i></p> <p><i>Component 3C: Strengthening the Effectiveness of Initiatives to Create and Maintain Safe</i></p>	<ul style="list-style-type: none"> · Organizations are to build the capacity of LEAs to implement Component 2, therefore these outcomes are the same as the LEA outcomes in Strategies 2A-2C <p>Component 3D:</p> <ul style="list-style-type: none"> · ↑ Establishment of school-based coalitions · ↑ Engagement in an existing substance use prevention coalition <p>Component 3E:</p> <ul style="list-style-type: none"> · ↑ State teams with on-going action plans for reducing HIV/STD, and pregnancy among adolescents · ↑ State teams' identification of gaps between programs and policies for reducing HIV/STD, and pregnancy among adolescents · ↑ States with supportive environments for 	<ul style="list-style-type: none"> · See outcomes for Strategies 1 and 2 <p>Component 3D:</p> <ul style="list-style-type: none"> · ↑ Number of CDC-funded LEA with established school-based coalitions to address substance use · ↑ Number of school-based substance use strategies and activities implemented <p>Component 3E:</p> <ul style="list-style-type: none"> · ↑ State-level implementation of evidence-based policies related to school-based HIV/STD prevention 	<p>Component 3D:</p> <ul style="list-style-type: none"> · ↓ Substance use among adolescents
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<p><i>and Supportive Environments in Schools (SSE)</i></p> <p><i>Component 3D: Training and Technical Assistance for School-Based Substance Use Approaches</i></p> <p><i>Component 3E: Addressing Policy and Practice in States</i></p>	<p>implementation of best practices in SHE, SHS & SSE.</p>		
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i. Purpose

Funding will build the capacity of districts and schools to contribute to reducing HIV infection, other STD, and related risk behaviors among adolescents, as well as reducing disparities in HIV infection and other STD among specific adolescent sub-populations. Recipients will improve the health of middle school and high school students by:

- collecting and using quality surveillance data;
- strengthening HIV/STD instruction and delivery;
- strengthening access to/use of key health services; and
- establishing / maintaining safe and supportive environments.

ii. Outcomes

Collectively, recipients are expected to achieve the following **short-term outcomes** by the end of the five-year project period:

Component 1: School-Based Surveillance

- Increased understanding of youth risk behaviors and school health policies and practices by education and public health agencies

Component 2: School-Based HIV/STD Prevention

- Increased teacher ability to teach sexual health education effectively
- Increased student receipt of effective sexual health education
- Increased access to on-site and off-site sexual health services
- Increased delivery of on-site sexual health services
- Increased referrals for sexual health services to community providers

- Increased teacher implementation of best classroom management practices for safe and supportive environments
- Increased student participation in positive youth development activities

Component 3: Technical Assistance and Capacity Building

- Build the capacity of LEA to implement Component 2; therefore these recipients' outcomes are the same as the LEA outcomes in Component 2. [Components 3A, 3B, and 3C]
- Establishment of school-based coalitions to support strategies and activities aimed at preventing and reducing adolescent substance use [Component 3D]
- Increased engagement in an existing substance use prevention coalition [Component 3D]
- Increased number of state teams with on-going action plans for reducing HIV, STD, and pregnancy among adolescents [Component 3E]
- Increased state teams' identification of strategies to address gaps between programs and policies for reducing HIV/STD, and pregnancy among adolescents [Component 3E]
- Increased number of states with supportive environments for implementation of best practices in sexual health education, sexual health services, and safe and supportive environments for adolescents [Component 3E]

Collectively, recipients are expected to achieve the following **intermediate outcomes** by the end of the five-year project period:

- Increased student knowledge, skills, and behaviors to avoid and reduce sexual risk behaviors
- Increased student awareness of sexual health services needs and services
- Increased student HIV testing
- Increased student STD testing
- Increased parental monitoring
- Increased parental/student communication about sexual health information and services
- Increased student connectedness to school
- Increased number of CDC-funded LEA with established school-based coalitions to address substance use
- Increased number of school-based substance use strategies and activities implemented
- Increased state-level implementation of evidence-based policies related to school-based HIV/STD prevention

iii. Strategies and Activities

Component 1: School-Based Surveillance

Component 1 establishes and strengthens systematic procedures to collect Youth Risk Behavior Survey (YRBS) and School Health Profiles (Profiles) data. Recipients will report results to help support development of policies and practices to reduce priority health-risk behaviors among youth. If an education agency declines to apply for funding, the health agency in its jurisdiction

or the health agency's Bona Fide Agent may apply on its behalf. To obtain and then maintain funding for Component 2, local education agencies are required to apply for and meet the additional requirements of Component 1. While agencies are encouraged to apply for funding for both YRBS and Profiles, education or health agencies in jurisdictions that are not applying for Component 2 funding are permitted to apply for a reduced amount of funding under Component 1 for a single survey (either YRBS or Profiles). Component 1 funding is intended only for the administration, dissemination, and use of the YRBS and Profiles. Support for any other school-based surveillance activities with these funds is prohibited.

Component 1 Required Activities

During the project period, recipients will systematically collect, analyze, and disseminate data using two surveys, unless they have received funding for only one of these surveys:

- YRBS to monitor adolescent health-risk behaviors, including sexual risk behaviors. YRBS will be administered in odd-numbered years.
- Profiles to monitor school health policies and practices. Profiles will be administered in even-numbered years.

YRBS Years 1-5 Required Activities for all Recipients

- Develop a state, territorial, tribal, or local YRBS questionnaire meeting specifications outlined in the *Handbook for Conducting Youth Risk Behavior Surveys*.
- Produce an up-to-date sampling frame and develop sampling parameters to support scientific selection of state, territorial, tribal, and local samples that will generate jurisdiction-wide (at a minimum) and sub-site estimates (as appropriate) of at least all public school students in grades 9-12. Sub-site samples will be required if the recipient is also receiving other relevant CDC funding or may be elected to meet jurisdiction-specific needs and interests. The sampling frame and sampling parameters should meet specifications outlined in the *Handbook for Conducting Youth Risk Behavior Surveys*.
- Conduct the YRBS (in odd-numbered calendar years) according to survey administration procedures outlined in the *Handbook for Conducting Youth Risk Behavior Surveys*. Submit the Survey Tracking Form at least every 2 weeks during data collection to the CDC Survey TA contractor.
- Collaborate with other CDC-funded agencies and organizations to coordinate data collection for national, state, territorial, tribal, and local YRBSs conducted among schools in the same jurisdiction.
- Submit all completed answer sheets or raw data sets and appropriate sample documentation forms as specified in the *Handbook for Conducting Youth Risk Behavior Surveys* to the CDC Survey TA contractor for processing.
- Disseminate YRBS results through fact sheets, reports, Web sites, and other products and then use the results to help target and improve interventions, establish funding priorities, and support development of policies and practices to reduce priority health-risk behaviors among youth. Report how YRBS data are used to CDC upon request.

Profiles Years 1-5 Required Activities

- Use the Profiles questionnaires for principals and lead health education teachers

provided in the *Handbook for Conducting School Health Profiles*.

- Produce an up-to-date sampling frame and develop sampling parameters to support scientific selection of state, territorial, tribal, and local samples that will generate jurisdiction-wide (at a minimum) and sub-site estimates (as appropriate) of at least all public secondary schools. The sampling frame and sampling parameters should meet specifications outlined in the *Handbook for Conducting School Health Profiles*. Sub-site samples will be required if the recipient is also receiving other relevant CDC funding or may be elected to meet jurisdiction-specific needs and interests.
- Conduct Profiles (in even-numbered calendar years) according to survey administration procedures outlined in the *Handbook for Conducting School Health Profiles*. Submit the Survey Tracking Form at least every 2 weeks during data collection to the CDC Survey TA contractor.
- Collaborate with other CDC-funded agencies and organizations to coordinate data collection for state, territorial, tribal, and local Profiles conducted among schools in the same jurisdiction.
- Submit all completed questionnaires or raw data sets and appropriate sample documentation forms as specified in the *Handbook for Conducting School Health Profiles* to the CDC Survey TA contractor for processing.
- Disseminate Profiles results through fact sheets, reports, Web sites, and other products and then use the results to help target and improve interventions, establish funding priorities, and support development of policies and practices to reduce priority health-risk behaviors among youth. Report how Profiles data are used to CDC upon request.

Required Activities Years 1-5 for Component 2 Recipients:

To obtain and maintain funding for Component 2, local agencies are required to apply for Component 1 and to indicate that they will include on their 2019, 2021, and 2023 YRBS questionnaires all of the following:

- At least four of the seven standard sexual behavior questions
- The two standard questions on sexual identity and sex of sexual contacts
- The three designated questions from the 2019 YRBS Optional Question List on sexual health education, sexual health services, and safe and supportive school environments

Component 2: School-Based HIV/STD Prevention

{See requirements above for applying for Component 1 in order to receive Component 2 funds. LEA entities applying under this component are to submit a separate application for this component in addition to their Component 1 application.}

Component 2 eligible applicants are limited to local education agencies (LEA) only. LEA may combine with other geographically contiguous districts to create a consortium application. In doing so, the consortium must designate a single LEA to submit the application and, if funded, administer the program. This designated LEA will become the fiscal agent and responsible agency for all activities under this cooperative agreement. Existing regional structures such as Boards of Cooperative Educational Services (BOCES) or their equivalent may also apply.

Component 2 is the implementation component of this NOFO. CDC acknowledges that a

variety of factors affect an LEA's ability to implement all activities required under this announcement. If there are unique local policies prohibiting specific required activities, applicants should describe those prohibitions in their application to justify not implementing all required activities. Applicants with a legal barrier to implement required activities are encouraged to describe and justify alternative activities that could be implemented while still designed to achieve the overall outcomes in the logic model.

Activities are separated into three categories to reflect (1) "district level activities", (2) "activities in priority schools", and (3) "activities in all secondary schools." These categories represent the interconnected roles of school districts and schools and the value of implementing new strategies in a subset of priority schools before expanding implementation to as many middle and high schools as possible in the district. This approach is also referred to as diffusion. The roles of each of these levels in accomplishing the goals of this funding are further described below. NOTE: all activities should be implemented in middle and high schools only. Districts may decide, with consultation from CDC, which activities may be more appropriate for high schools rather than middle schools.

District-level activities are activities that need to be implemented by the school district to establish the environment for successful implementation of required activities in middle and high schools throughout the district. They are termed "district-level" because of the role of district level decision-makers to establish the policies and practices that affect schools within the district. An example of a district-level activity is to *develop and approve a health education scope and sequence that delineates sexual education learning outcomes for all students in middle and high schools.*

Activities in priority schools are the required activities that are initially implemented within a subset of schools in a district before expanding to as many middle and high schools in the district as possible. CDC recognizes the value of using schools selected as priority schools as a natural "laboratory" for implementing new programs and strategies. For the purposes of this NOFO, each recipient must select a minimum of 10 priority schools (high schools, or a combination of middle and high schools) in which to implement all required activities before diffusing those activities to as many middle and high schools in the district as possible. Epidemiologic and social determinants data should be used to select priority schools in which youth are at high risk for HIV infection and other STD. Applicants may choose to include alternative schools, charter schools, magnet schools, and other non-traditional schools in their priority school selections. CDC will work with funded LEA to finalize priority school selection post-award. The total number of students reached through priority schools must be at least 10,000. If an LEA does not have a student population of 10,000 students, more than one LEA can collaborate to submit a joint application. Please refer to the information at the beginning of this section on collaborative applications. An example of an activity in priority schools is to *provide professional development to teachers on classroom management.*

Activities in all secondary schools are required activities that are ready for diffusion to all middle and high schools in the district after they have been refined and successfully implemented in priority schools. Diffusion may happen over time reaching as many middle and high schools in the district as possible over the 5 year award period. The decision to implement activities in additional schools will be done in consultation with CDC and will be based on readiness and potential for impact. Applicants with past experience and capacity are encouraged to propose opportunities for diffusion to additional schools as early in the project period as

possible.

Work plans should reflect and identify activities that will be implemented at the district level and those that will be implemented in individual middle and high schools, based on the unique structure, roles, and authorities of the local school district. Please refer to the table in Appendix A for a summary of which activities align to district-level implementation and which align to priority and all schools implementation.

Component 2 Required Activities

To obtain and then maintain funding for Component 2, local education agencies are required to apply for Component 1 and meet the additional requirements of that Component. CDC expects recipients to use these data for continuous program improvement in consultation with CDC. Data should also be shared with school and community coalitions where they exist.

Recipients of Component 2 funds are required to work with recipients of funding for Component 3 on activities that require their participation. Component 2 recipients are also required to share work plans and evaluation reports with the appropriate technical assistance providers awarded under Component 3.

Recipients of Component 2 funds are expected to develop an annual professional development work plan beginning in year 2 in consultation with the CDC professional development contractor and grantees awarded under Components 3A, 3B, and 3C.

All HIV-related written materials, audiovisual materials, pictorials, questionnaires, survey instruments, proposed group, educational sessions, educational curricula and like materials are required to be submitted to a Program Review Panel. Additional information on this HIV Program Review Panel can be found here: <https://www.cdc.gov/grants/additionalrequirements/ar-5.html>. Applicants may also find a copy of the HIV Program Review Panel form [here](#).

All Component 2 recipients are required to submit success stories as work plan accomplishments or milestones are achieved. Success stories are to be submitted as they occur as well as be included with annual reports.

The Component 2 required activities are listed by strategy: Strategy 2A - Sexual Health Education (SHE); Strategy 2B - Sexual Health Services (SHS); and Strategy 2C - Safe and Supportive Environments (SSE). Collectively, these required activities are intended to *strengthen staff capacity, increase student access to programs and services, and engage parent and community partners.*

These three strategies were selected based on evidence of effectiveness and evidence that they address known risk or protective factors. The **Sexual Health Education (SHE)** strategy is intended to help adolescents acquire the essential knowledge and critical skills needed to prevent HIV, STD, and teen pregnancy. The **Sexual Health Services (SHS)** strategy is intended to increase adolescents' access to key sexual health services including HIV and other STD testing. The **Safe and Supportive Environments (SSE)** strategy is intended to increase adolescents' connectedness to their school and increase parental monitoring and communication.

REQUIRED ACTIVITIES:

Strategy 2A - Sexual Health Education (SHE)

- Identify and approve a list of instructional competencies to be demonstrated by those

- teaching skills-based health and sexual health education in middle and high school.
- Provide necessary training at least once per year, to ensure school health and sexual health education teachers have content knowledge, comfort, and instructional competencies to effectively implement approved school health and sexual health education instructional programs.
 - Establish, adopt, and implement a skills-based health education course requirement which includes sexual health education content, for all students attending middle and high schools in the district.
 - Develop and approve a health education scope and sequence that delineates sexual health education learning outcomes for all students in middle and high schools in the district.
 - Develop, revise, or select a sexual health education instructional program consistent with the approved scope and sequence (see previous bullet), and inclusive of instructional lessons, student learning activities, resources, and student assessment.
 - Develop, update and foster use of teaching tools and resources (e.g., lesson pacing guide, specific lesson plans) for teachers to continuously improve delivery of the identified sexual health education instructional program.
 - Establish and maintain a school health advisory council (SHAC) that regularly provides district-level advice and guidance to improve health and sexual health education programs for students and health and sexual health education instruction for staff.
 - Integrate strategies to actively engage parents in sexual health education instructional programs.

Strategy 2B - Sexual Health Services (SHS)

- During year one, assess district and priority school capacity to implement activities to increase student access to SHS, in collaboration and coordination with the Component 3B recipient.
- Annually, provide training and professional development to school and/or health service staff to support SHS activities.
- Annually, incorporate skill-based instruction to students on accessing school-based and community SHS into sexual health education lessons.
- Annually, choose the area of focus below, appropriate to the recipient's health services infrastructure, to increase student access to and use of SHS through either on-site provision or referral to community-based sexual health providers:
 - Establish or improve use of a referral system to link sexually active students to community providers for SHS by using the referral system toolkit (see Glossary) to implement the 7 core components of a referral system.
 - Improve student use and quality of SHS provided by School-Based Health Centers (SBHCs).
- Implement school-wide, student-planned marketing campaigns that promote recommended health services for teens and selected school SHS programs.

Strategy 2C - Safe and Supportive Environments (SSE)

- Implement mentoring, service learning, and/or other positive youth development

- programs for students and/or connect students to such community-based programs.
- Establish or enhance student-led clubs that support LGBT youth (often known as Gay-Straight Alliances or Genders and Sexualities Alliances).
 - Disseminate resources to parents/caregivers on parental monitoring and parent-adolescent communication (generally and specifically about sex).
 - Annually, provide professional development to teachers on classroom management.
 - Annually, provide professional development to all school staff on supporting lesbian, gay, bisexual, and transgender (LGBT) youth.

Component 3: Technical Assistance and Capacity Building

Component 3 is the intensive technical assistance and capacity building support component of this NOFO. **Potential applicants are to submit a separate application for each component (3A, 3B, 3C, 3D, 3E) for which they are applying.** There are five categories within Component 3 that will provide various types and levels of assistance throughout the project period. The overall intent of Component 3 is to provide support to Component 2 recipients that will increase the effectiveness of their implementation activities.

- Components 3A, 3B, 3C, and 3D are intended to directly support LEA funded under Component 2.
- Component 3E is intended to support state education agencies with appropriate resources and data for model policy development, implementation, evaluation, and monitoring to effectively reduce HIV, STD, and pregnancy among adolescents.

Components 3A, 3B, 3C, and 3D recipients are expected to work with all Component 2 LEA recipients. However, this support will vary across LEA based on those recipients' current capacity and need. Component 3 applicants should include a tiered plan to build the capacity of up to 35 LEA funded for Component 2 that includes technical assistance, specialized capacity building, and intensive program implementation support. CDC will work with these Component 3 recipients post-award to determine the degree to which the Component 3 recipients will work with each of the Component 2 recipients, in conjunction with the tiered approach.

Applicants must have the capability to operate nationally and demonstrate experience of previous national work. Applicants must also be capable of providing technical support to education agencies in a wide variety of locations across the United States concurrently. Specific criteria regarding operating nationally can be found in the "Organizational Capacity of Recipients to Implement the Approach" section and the related scoring criteria in the Phase II Review section.

Applicants may apply for any or all subsections of Component 3. However, no applicant will be funded for more than two subsections. All applicants must identify the specific Component 3 subsection(s) for which they are applying. Applicants who choose to apply for more than one Component 3 subsection must provide a clearly identified, separate application for each subsection. Applicants who choose to apply for more than one Component 3 subsection must also indicate their two highest preferred application submissions. CDC will use these preferences as part of its consideration to fund out of rank order if the highest scores across the Component 3 subsections are from the same applicant.

Program initiatives, including materials development, must be developed to provide support to LEA funded through Component 2 – with the exception of Component 3E. CDC anticipates that approval for wider distribution during the period of the cooperative agreement will be rare. Materials proposed for wider distribution must have the prior approval of CDC before development. A concept clearance process will be required.

Finally, all Component 3 recipients are required to submit success stories as work plan accomplishments or milestones are achieved. Success stories are to be submitted as they occur as well as included with annual reports. CDC will work with each recipient to determine the appropriateness of submitting a success story with a given annual report.

Component 3A. Strengthening the Effectiveness of Instructional Materials and Their Delivery

CDC anticipates funding 1 applicant to provide training, follow-up support, and technical assistance to LEA partners funded under Component 2 to build their ability to (1) strengthen the effectiveness of instructional materials (guided by a scope and sequence that reflects essential knowledge and skills for reducing sexual risk behaviors within the context of a high-quality health education program), and (2) strengthen instructional delivery in classrooms.

Component 3A Required Activities

General

- Submit a revised work plan that reflects an overall approach to achieve the project outcomes, with specific and appropriate timelines tailored to the specific needs of recipients of Component 2 funding.
- Implement activities that are evidence-based, achievable, and appropriate to achieve the outcomes of the project.
- Work collaboratively with staff in the LEA funded for Component 2 to implement the approach and the required activities to achieve program performance outcomes.
- Assess training and technical assistance needs of LEA funded for Component 2 including staff within selected priority schools.
- Submit an annual professional development work plan beginning in year 2 in consultation with the CDC professional development and evaluation contractor.
- Work collaboratively with the CDC professional development and evaluation contractor to address the capacity building needs of recipients awarded under Component 2.

Program assessment

- Create and implement an annual inventory of general program activities of all LEA funded for Component 2 related to sexual health education, including specific LGBT-focused programmatic and capacity building activities.
- Create and implement an annual assessment of the capacity of all LEA funded for Component 2 to implement activities in sexual health education and take them to scale in all schools in the district.

Capacity building assistance

- Provide technical assistance to LEA funded for Component 2 to strengthen sexual health education instructional programs and delivery, consistent with needs assessment results, through a tiered plan to build the capacity of those LEA that includes general technical assistance, specialized capacity building, and intensive program implementation support.
- Identify, synthesize, and disseminate existing resources to support efforts of LEA funded for Component 2 to improve high school and middle school health education and sexual health education instructional programs and delivery, including resources to improve health and sexual health education for LGBT youth.
- Provide and/or connect staff of LEA funded for Component 2 with professional development, training, and technical assistance on implementing the Component 2 required activities.
- Assess training and technical assistance needs of LEA funded for Component 2 including staff within selected priority schools.
- Work with CDC to collect and disseminate success stories as accomplishments or milestones are achieved that highlight the progress made by Component 2 partners.

Component 3B. Strengthening the Effectiveness of Health Services Initiatives that Reduce HIV Infection and Other STD

CDC anticipates funding 1 applicant to provide training, follow-up support, and technical assistance to LEA partners funded under Component 2 to build their ability to strengthen the effectiveness of sexual health services required activities.

Component 3B Required Activities

General

- Submit a revised work plan that reflects an overall approach to achieve the project outcomes, with specific and appropriate time lines tailored to the specific needs of recipients of Component 2 funding. Implement activities that are evidence-based, achievable, and appropriate to achieve the outcomes of the project.
- Work collaboratively with staff in the LEA funded for Component 2 to implement the approach and the required activities to achieve program performance outcomes.
- Submit an annual professional development work plan beginning in year 2 in consultation with the CDC professional development and evaluation contractor.
- Work collaboratively with CDC professional development and evaluation contractor to address the capacity building needs of recipients awarded under Component 2.

Program assessment

- Create and implement an annual inventory of general program activities of all LEA funded for Component 2 related to sexual health services, including specific LGBT-focused programmatic and capacity building activities.
- Create and implement an annual assessment of the capacity of all LEA funded for Component 2 to implement activities in sexual health services and take to scale activities in all schools in the district.

Capacity building assistance

- Provide technical assistance to LEA funded for Component 2 to strengthen sexual health services and delivery, consistent with needs assessment results, through a tiered plan to build the capacity of those LEA that includes general technical assistance, specialized capacity building, and intensive program implementation support.
- Identify, synthesize, and disseminate existing resources to support efforts of LEA funded for Component 2 to improve high school and middle school sexual health services programs and delivery, including resources to improve health and sexual health services for LGBT youth.
- Assess training and technical assistance needs of LEA funded for Component 2 including staff within selected priority schools.
- Provide and/or connect staff of LEA funded for Component 2 to professional development, training, and technical assistance on implementing the required activities.
- Work with CDC to collect and disseminate success stories as accomplishments or milestones are achieved that highlight the progress made by Component 2 partners.

Component 3C. Strengthening the Effectiveness of Initiatives to Create and Maintain Safe and Supportive Environments in Schools

CDC anticipates funding 1 applicant to provide leadership and technical support to LEA partners funded under Component 2 to strengthen their work to establish and maintain safe and supportive school environments in schools, especially for youth at highest risk of HIV infection and other STD.

Component 3C Required Activities

General

- Submit a revised work plan that reflects an overall approach to achieve the project outcomes, with specific and appropriate time lines tailored to the specific needs of recipients of Component 2 funding. Implement activities that are evidence-based, achievable, and appropriate to achieve the outcomes of the project.
- Work collaboratively with staff in the LEA funded for Component 2 to implement the approach and the required activities to achieve program performance outcomes.
- Submit an annual professional development work plan beginning in year 2 in consultation with the CDC professional development and evaluation contractor.
- Work collaboratively with CDC professional development and evaluation contractor to address the capacity building needs of recipients awarded under Component 2.

Program assessment

- Create and implement an annual inventory of general program activities of all LEA funded for Component 2 related to safe and supportive environments, including specific LGBT-focused programmatic and capacity building activities.
- Create and implement an annual assessment of the capacity of all LEA funded for Component 2 to implement activities in safe and supportive environments.

- Create and implement an annual inventory of general safe and supportive environments or LGBT-focused program activities among recipients.

Capacity building assistance

- Provide technical assistance to LEA funded for Component 2 to strengthen safe and supportive environments, consistent with needs assessment results, through a tiered plan to build the capacity appropriate to the needs of each LEA that includes general technical assistance, specialized capacity building, and intensive program implementation support.
- Identify, synthesize, and disseminate existing resources to support efforts of LEA funded for Component 2 to improve safe and supportive environments in high schools and middle schools, including resources to improve safe and supportive environments for LGBT youth.
- Assess training and technical assistance needs of LEA funded for Component 2 including staff within schools where activities are being implemented.
- Provide and/or connect staff of LEA funded for Component 2 to professional development, training, and technical assistance on implementing the required activities.
- Work with CDC to collect and disseminate success stories as accomplishments or milestones are achieved that highlight the progress made by Component 2 partners.

Component 3D. Training and Technical Assistance for School-Based Substance Use Approaches

If funds become available, CDC will award funds to 1 applicant to increase the capacity of LEA to address primary prevention approaches to substance use. There are common risk and protective factors for both sexual risk behavior and substance use among adolescents. Through school-based coalitions, LEA will increase collaboration with appropriate community organizations and coalitions, where they exist, to prevent adolescent substance use. NOTE: a “school-based coalition” as described for Component 3D defines the general community setting (i.e., schools). The school-based coalitions will be at the school district and not the individual school level.

Component 3D Required Activities

Preparation

- Work directly with designated staff from each of the LEA to assess the following:
 - Existence of coalitions or other groups within the LEA jurisdiction that are already addressing adolescent substance use
 - Current relationships with external entities such as: law enforcement, faith-based organizations, community-based organizations, businesses, healthcare providers, legal/social services organizations, and adolescent-serving organizations
 - School staff and students’ perceptions of substance use within the school and local community (e.g., who uses, what substances are most used, etc.)
 - Current LEA decision-makers’ understanding of risk and protective factors, especially those most associated with substance use
- Develop an action plan for each of the LEA to develop school-based coalitions to

address adolescent substance use prevention, based on the needs assessed above.

Training

- Use assessment information to design and deliver training and technical assistance support to staff from each of the LEA on developing, or expanding and maintaining a school-based coalition to address adolescent substance use prevention, using best practices from the fields of community coalitions, youth substance use prevention, and school-based professional development.
- Provide trainings to designated staff from each of the LEA on strategies to address adolescent substance use prevention and that include appropriately-identified topics.
- Evaluate each training for quality assurance and for improvement in future trainings.
- Submit an annual professional development work plan beginning in year 2 in consultation with the CDC professional development and evaluation contractor.
- Work collaboratively with the CDC professional development and evaluation contractor to address the capacity building needs of recipients awarded under Component 2.

Technical assistance

- Provide ongoing technical assistance via telephone, email, and virtual meetings to ensure progress toward coalition development and implementation of strategies to address adolescent substance use as included in the trainings to the designated LEA staff.
- Maintain technical assistance logs with each of the LEA for quality assurance.

Collaboration and coordination

- Facilitate sharing among LEA coalitions, highlighting successes, challenges, and lessons learned with coalition engagement for adolescent substance use prevention.
- [If a substance use prevention coalition already exists within LEA jurisdiction] Provide support to designated LEA staff to engage the existing substance use prevention coalition, focusing on collaboration to increase implementation of school-based strategies and activities.

Component 3E. Addressing Policy and Practice in State Education Agencies

CDC will fund 1 applicant to increase the capacity of multi-sector, state-level leadership to assess and coordinate model policy development and implementation at the state and local levels. Policy development is defined as working with partners to promote and protect the health of the community through formal and informal policies, program guidelines, and environmental changes. Policy development is a key function of governmental public health. Component 3E applicants have a unique opportunity to convene key constituencies and partners in promoting the use of a scientific knowledge base in decision-making about priorities and policies.

The policy strategy involves monitoring and supporting the development of policies that might

affect the HIV, STD, and teen pregnancy prevention services that may be provided by the recipient. In some cases, this may involve collaborating with others who are monitoring and developing policies that are primarily oriented toward school health, adolescent health, or social issues related to the HIV, STD, and teen birth burdens among adolescents.

When planning policy work, applicants must refer to the Anti-Lobbying Restrictions for CDC Grantees to make sure their work is within the legal bounds of policy work: <https://www.cdc.gov/grants/documents/Anti-Lobbying-Restrictions.pdf>. Even when operating within what are thought to be legal limits, attention must be paid to appropriateness of policy positions, Congressional intent regarding the use of appropriations, and the appropriateness of grantee activities

The recipient will provide training to a minimum of 10 state-level leadership teams per year, with a goal to reach all 50 states over the project period.

Component 3E Required Activities

Preparation

- Identify state education agencies (SEA) that are interested in and able to participate in these efforts.
- Work with SEA to initiate efforts to assemble a multi-sector team that includes, at a minimum, representatives from the state health agency, the state education agency, and the state legislative body.
- Work directly with selected states and/or through partners to secure the participation of other members for the multi-sector, state-level team where present. These team members could represent parent organizations, youth organizations, LGBT-serving organizations, and/or those agencies with a focus on substance use and mental health.
- Ensure that state-level decision makers are part of the multi-sector, state team.

Training

- Convene multiple in-person trainings for 50 state-level teams, culminating in action plans that address the following topics:
 - Using data to describe the state risks and high burden populations related to HIV, STD, and pregnancy among adolescents
 - Communicating to state-level stakeholders and decision makers what works to address sexual health among adolescents
 - Assessing the current policy landscape, including existing statewide policies and practices, facilitators, and challenges to improvement and appropriately connect with existing resources from CDC and other partner organizations
 - Identifying gaps between model policy development and program implementation
 - Prioritizing policy issues to address as related to HIV/STD and pregnancy prevention among adolescents
- Evaluate each training for quality assurance and for improvement for future training.

Technical assistance

- Provide ongoing technical assistance to state-level teams via telephone, email, and virtual meetings to ensure progress towards defined policy activities and objectives as included in the action plans developed during the in-person trainings.

Collaboration, coordination, and communication

- Communicate relevant data and information to state-level teams to facilitate their progress in policy and practice development, implementation, evaluation, and monitoring efforts.
- Facilitate sharing among state-level teams, including dissemination of an annual report that highlights successes, challenges, and lessons learned from participating states.
- Collect and disseminate success stories that monitor the progress made by the state-level teams in fulfilling their action plans.

1. Collaborations

a. With other CDC programs and CDC-funded organizations:

Strategic partnerships and collaborations are crucial to implementing program strategies and achieving the expected PS18-1807 outcomes. They allow for more efficient use of existing resources and the exchange of information between experts working in various areas of education, public health, and other sectors.

Required collaborations

Recipients are expected to collaborate across components as necessary and appropriate. Specifically, Component 1 recipients are required to collaborate with other Component 1 recipients to coordinate data collection for national, state, territorial, tribal, and local YRBSs and Profiles conducted among schools in the same jurisdiction. Component 1 recipients are also expected to collaborate with CDC and its partners (e.g., recipients of other CDC funding, contractors) as requested to coordinate YRBS and Profiles activities. Component 2 recipients are required to collaborate closely with Component 3 recipients for training and technical assistance needs. In addition, Component 2 and Component 3 recipients are expected to collaborate with CDC and its partners (e.g., other recipients, contractors) as requested to design and implement process and outcome evaluation activities. These partners may include representation from: CDC's Division of HIV/AIDS Prevention (DHAP), CDC's Division of STD Prevention (DSTDP), and CDC's Division of Reproductive Health (DRH); the Department of Health and Human Services' Office of Adolescent Health (OAH) and Administration for Children and Families' Family and Youth Services Bureau (FYSB); the U.S. Department of Education (ED); state and local health departments; and other organizations whose work included HIV, STD, and/or substance use prevention among teens.

b. With organizations not funded by CDC:

PS18-1807 recipients are expected to leverage funding or other in-kind resources to maximize project outcomes. Recipients should consider collaborating with relevant state and local agencies, community-based organizations, and national, non-governmental organizations external to CDC that have similar interests in adolescent health and well-being.

Required memorandum of understanding/agreement

Component 2 applicants are required to submit a Memorandum of Understanding/Agreement (MOU/A) between the local education agency and corresponding public health agency *at the time of application*. At a minimum, the MOU/A should include the following:

1. Identify senior organizational leaders at both agencies committed to provide leadership and oversight.
2. Articulate a commitment to coordinate program activities in the public health agency with offices receiving other sources of federal funding.
3. Identify the designated liaison within the education and health agencies who will serve as the technical expert and coordinator for the management and coordination of cross-agency activities; these activities may include but are not limited to:
 - Improving communication and coordination between local programs.
 - Guiding applicants on ways to use and report data from the YRBS and Profiles.
 - Identifying opportunities to establish strategic partnerships and collaborations.
 - Establishing integrated preventive sexual health services (where it makes programmatic sense to do so and is contextually appropriate).
 - Inviting the education agency lead to serve on relevant health agency sponsored committees and health agency lead to serve on relevant education agency sponsored committees.
 - Communicating with the health department regarding Standards to Facilitate Data Sharing and Use of Surveillance Data for Public Health Action to ensure that data security and confidentiality policies and procedures for testing, reporting, and partner notification.
 - Providing statistical support to run additional analysis for the YRBS and Profiles data.

Defining the roles and responsibilities for health and education staff serving on the required [HIV Program Review Panel](#). (See [here](#) for a copy of the HIV Program Review Panel form.)

The MOU/A must be submitted on official letterhead with original signature(s) and uploaded onto www.grants.gov as part of the application submission process. Applications without a MOU/A will be considered non-responsive, and will not be reviewed.

Consortium applicants only: If multiple LEA are applying under a consortium application, the designated LEA should include MOU/A with the other LEA in the consortium in the application submission. This MOU/A must include commitment of involvement from each LEA, including delineation of roles and responsibilities. In addition, consortium applicants are required to submit the MOU/A as described in the previous paragraph. Consortium applications without letters of commitment from each LEA will be considered non-responsive, and will not be reviewed.

Required letter of commitment

Component 2 applicants are required to submit at least one letter of commitment that consists of the following:

- Assurances from departments/offices within the school district that name key internal staff (e.g., Office of Curriculum and Instructional Support, Health and Student Services,

or similar) with which the applicant expects to collaborate to successfully implement project activities.

The letter of commitment must be submitted on official letterhead with an original signature from an authority who can commit the efforts of the named staff, and uploaded onto www.grants.gov as part of the application submission process.

Consortium applicants only: If multiple LEA are applying under a consortium application, the designated LEA should include a required letter of commitment from each of the LEA participating in the consortium.

All applications without letters of commitment from appropriate departments/offices within the school district will be considered non-responsive, and will not be reviewed.

2. Target Populations

Middle and high school youth are the primary audiences for this NOFO. Applicants should use local data to describe the health of youth they will serve through this funding. Emphasis should be placed on the highest risk, highest burden populations in a jurisdiction. Specific emphasis should be placed on HIV, STD, teen pregnancy, and sexual risk behavior and associated high risk behaviors such as substance use, violence, bullying, and mental health.

a. Health Disparities

Disparities related to sexual health risk behaviors exist among youth. Selection of priority schools will be based on public health data to identify the highest need schools where the highest potential for positive impact among underserved populations is greatest. LGBT youth are disproportionately at risk. While many activities are implemented in a way that benefits all students, the safe and supportive environment activities establish and enhance protective factors in a school that specifically benefit LGBT youth.

iv. Funding Strategy

Funding will differ based on the component applied for, demonstration of need based on burden data, reach of proposed activities, and availability of funds. Award amounts could be higher for proposals demonstrating an ability to reach more students.

Applicants may apply for any or all subsections of Component 3. However, no applicant will be funded for more than two subsections. All applicants must identify the specific Component 3 subsection(s) for which they are applying. Applicants who choose to apply for more than one Component 3 subsection must provide a clearly identified, separate application for each subsection. Applicants who choose to apply for more than one Component 3 subsection must also indicate their two highest preferred application submissions. CDC will use these preferences as part of its consideration to fund out of rank order if the highest scores across the Component 3 subsections are from the same applicant.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Throughout the 5-year project period, CDC will work with each recipient to demonstrate

program impact through process and outcome evaluation of CDC-funded activities. Process evaluation findings will be used to guide CDC technical assistance and professional development to recipients and their priority sites. CDC will use outcome evaluation to assess the extent to which CDC-funded activities at each site are leading to intended outcomes including public health impact of systemic change in schools. Outcome evaluation will be used to guide future policy and programmatic directions for increasing adolescent protective factors and reducing adolescent risks.

CDC will use performance measures for process and outcome evaluation (see Evaluation Questions and Process, Short-term, and Intermediate Outcome Performance Measures table). Specific items for measurement will be developed by CDC at the beginning of the project period in consultation with recipients. CDC will manage and analyze performance measure data submitted by recipients through the Program Evaluation Reporting System (PERS), through YRBS and Profiles surveillance data, and as funding becomes available, CDC may fund evaluations of demonstration projects.

Several evaluation reports will be generated over the project period. CDC, in partnership with recipients, will develop semi-annual evaluation reports, called Rapid Feedback Reports (RFR) to be used for program monitoring and quality improvement. Within 2 months after the recipient has submitted data to CDC, CDC will provide all recipients with a RFR that summarizes each recipient's performance as well as the performance of all other recipients. The RFR will be reviewed and discussed with the recipient and the project officer, and among CDC staff. CDC will produce a cumulative 5-year final evaluation report at the end of the project period that will highlight key process and short-term outcome data. CDC will also disseminate findings to relevant stakeholders. CDC will use all evaluation findings during the 5-year project period to establish key recommendations for recipients on program impact, sustainability, and continued program improvement upon completion of the award.

Recipient Evaluation Requirements

Component 1 recipients will submit a plan to review survey implementation activities each cycle to identify what can be improved in the future to increase the quality of data and institutionalization of YRBS and Profiles in their jurisdiction. Profiles and YRBS data will also be used to evaluate school- and student-level outcomes in LEA funded for Component 2.

All recipients of Component 2 and Component 3 will collect and report process measures, collaborate with CDC in developing site-specific performance measure reports, develop performance targets where appropriate, and submit performance measure data to CDC at least semi-annually and no more than quarterly. Component 2 and Components 3D and 3E recipients will also collect and report outcome performance measures.

Component 2 and Components 3A, 3B, and 3C recipients are required to allocate 6% of their award to support evaluation activities. All recipients are encouraged to work with professional evaluators to support evaluation activities including collection and use of quality process and outcome evaluation data in PERS and other evaluation systems.

Component 2 and Components 3A, 3B, 3C, 3D, and 3E recipients are required to submit to CDC a detailed evaluation and performance management plan within 6 months of award. CDC staff will work in collaboration with recipients to ensure the evaluation plan is feasible and consistent with proposed CDC-funded activities, the intent of this NOFO, and CDC's evaluation approach. All evaluation plans must be reviewed and approved by CDC before they are final.

As part of this detailed evaluation plan, recipients must provide an overall jurisdiction/community specific evaluation and performance management plan that is based on the PS18-1807 logic model provided and is consistent with the CDC evaluation and performance management requirements. CDC and recipients will set targets for some evaluation process and outcome measures.

Evaluation Questions and Process, Short-term, and Intermediate Performance Measures

The following includes evaluation questions, processes, and outcomes. Specific outcome measures are draft only, and subject to revision by CDC in conjunction with PS18-1807 recipients.

Some measures specify both the percentage of priority schools in the district and the percentage of schools in the district that engage in particular activities (% priority schools/% schools in the district). This means that there will be an item in the PERS system that measures the activity in priority schools and a separate item in School Health Profiles that measures the activity in schools in the entire district.

Component 1: School-based Surveillance

Evaluation Question 1: To what extent are YRBS and Profiles institutionalized within the jurisdiction?

Process output measures:

- YRBS and Profiles questionnaires developed.
- Sampling frames and parameters developed.
- Profiles implemented.
- YRBS implemented.
- Weighted data achieved.
- YRBS and Profiles results disseminated.

Outcome measures:

Short term outcome 1: Increased understanding of youth risk behaviors and school health policies and practices by education and public health agencies.

- Measure: Number of funded state education and health agencies and local education agencies using Youth Risk Behavior Survey results to set program goals, develop programs and policies, support health-related legislation, or seek funding.
- Measure: Number of funded state education and health agencies and local education agencies using School Health Profiles data to identify professional development needs, plan and monitor programs, or support health-related policies and legislation.

Component 2: School-based HIV/STD Prevention

Strategy 2A: Sexual Health Education (SHE)

Evaluation Question 2: To what extent do districts and schools provide effective SHE to students?

Process output measures:

- Professional development delivered that is aligned with instructional competencies for middle and high school teachers to deliver sexual health education.
- Approved and effective SHE instructional programs and district requirements, materials, teaching tools, and SHE delivered in middle and high schools.
- District-level school health advisory council established and maintained.
- Strategies to include parents integrated in SHE instructional programs.

Outcome measures:

Short-term outcome 2: Increased teacher ability to teach SHE effectively.

- Measure: % of priority schools/% schools in the district in which one or more staff received professional development on the following topics related to teaching sexual health education: (1) aligning lessons and materials with the district scope and sequence for sexual health education; (2) creating a comfortable and safe environment for students receiving sexual health education; (3) connecting students to onsite or community based sexual health services; using a variety of effective instructional strategies to deliver sexual health education; (4) building student skills in HIV, other STD, pregnancy prevention; (5) assessing student knowledge and skills in sexual health education; (6) understanding current school district or school board policy or curriculum guidance regarding sexual health education.

Short-term outcome 3: Increased student receipt of effective SHE.

- Measure: Number of students who received SHE.
- Measure: % of priority schools that implemented sexual health curricula in 6-8 grades.
- Measure: % of priority schools that implemented sexual health curricula in 9-12 grades.

Strategy 2B: Sexual Health Services (SHS):

Evaluation Question 3: To what extent do districts and schools provide access to key SHS for students?

Process output measures:

- PD delivered to school staff to direct students to SHS.
- PD delivered to school staff to make SHS referrals.
- School-wide programs and classroom instruction delivered to increase student access to SHS on-site and off-site.

Outcome measures:

Short-term outcome 4: Increased access to SHS on-site.

- Measure: % of priority schools/% of schools in the district that provide the following services to students: (1) HIV testing; (2) HIV treatment; (3) STD testing; (4) STD treatment; (5) pregnancy testing; (6) provision of condoms; (7) provision of condom-compatible lubricants; (8) provision of contraceptives other than condoms; (9) Human papillomavirus vaccine administration.

Short-term outcome 5: Increased access to SHS off-site

- Measure: % of funded districts that have any of the following components for referral of students to sexual health services: (1) Policy and procedures about referral; (2) identifying and training designated school staff to make referrals; (3) procedures separate from policy to make referrals; (4) referral guide; (5) communications and marketing to increase awareness and use of referrals; (6) monitoring and evaluation of the referral system; (7) management and oversight strategy for referral system.
- Measure: % of priority schools/% of schools in the district that provide students with referrals to any organizations or health care professionals not on school property for SHS: (1) HIV testing; (2) HIV treatment; (3) STD testing; (4) STD treatment; (5) pregnancy testing; (6) provision of condoms; (7) provision of condom-compatible lubricants; (8) provision of contraceptives other than condoms; (9) Human papillomavirus vaccine administration.

Short-term outcome 6: Increased delivery of on-site SHS.

- Measure: Number of students receiving on-site SHS through a school-based health center.
- Measure: Number of students receiving on-site SHS through a full-time or part-time school nurse.

Short-term outcome 7: Increased referrals to community providers.

- Measure: Number of referrals made within priority schools to youth-friendly off-site providers or SBHCs for any of the key sexual health services.

Strategy 2C: Safe and Supportive Environments (SSE)

Evaluation Question 4: To what extent are districts and schools providing safe and supportive environments for students?

Process output measures:

- PD delivered on best practices for classroom management.
- PD delivered on supporting LGBT youth.
- Positive youth development (PYD) programs delivered to students or students connected to community-based programs.
- Resources for parents disseminated and programs implemented to increase parenting skills.

Outcome measures:

Short-term outcome 8: Increased teacher implementation of best classroom management practices.

- Measure: % of priority schools/% of schools in the district that provide school staff with materials on classroom management techniques (e.g. social skills training, environmental modification, conflict resolution and mediation, and behavior

management).

Short-term outcome 9: Increased student participation in positive youth development activities.

- Measure: % of priority schools/% schools in the district that provide: (1) service-learning opportunities for students; (2) a program in which family or community members serve as role models to students or mentor students, such as the Big Brothers Big Sisters program; (3) a student-led club that aims to create a safe, welcoming, and accepting school environment for all youth, regardless of sexual orientation or gender identity (These clubs are sometimes called gay/straight alliances).

Strategy 2A-2C

Intermediate outcome measures:

Intermediate-term outcome 1: Increased student knowledge, skills, and behaviors to avoid and reduce sexual risk.

- Measure: % of students in funded districts who ever received HIV education.

Intermediate-term outcome 2: Increased student awareness of SHS needs and services.

Measure: % of funded districts that include as a topic in sexual health education: (1) how to access valid and reliable health information, products, and services related to HIV, other STD, and pregnancy; and (2) preventive care such as screenings and immunizations that is necessary to maintain reproductive and sexual health.

Intermediate-term outcome 3: Increased student HIV testing.

- Measure: % of students in funded districts who have ever been tested for HIV.

Intermediate-term outcome 4: Increased student STD testing.

- Measure: % of students in funded districts who have been tested in the past year for a sexually transmitted disease (STD).

Intermediate-term outcome 5: Increased parental monitoring.

- Measure: % of students in funded districts whose parents or other adults ask where they are going or with whom they will be.

Intermediate-term outcome 6: Increased parent/student communication about sexual health.

- Measure: % of students in funded districts whose parents or other adults in the family ever talked with them about what they expect them to do or not to do when it comes to sex.

Intermediate-term outcome 7: Increased student connectedness to school.

- Measure: % of students in funded districts who agree that they feel like they belong at

their school.

Component 3: Technical Assistance and Capacity Building

Strategy 3A, 3B, and 3C: Strengthening SHE, SHS, and SSE:

Evaluation Question: To what extent do Component 3 recipients increase the capacity of LEAs to conduct PD, increase access to programs and services, and engage parents and community partners?

Process output measures:

- Complete assessment of LEA capacity.
- Provide PD, technical assistance, and materials to LEA funded under Component 2.

**Organizations are to build the capacity of LEAs to implement Component 2, therefore these outcomes are the same as the LEA outcomes in Strategies 2A-2C.

Strategy 3D: Training and Technical Assistance for School-based substance use approaches

Evaluation Question: To what extent do Component 3 recipients increase the capacity of LEAs to implement school-based substance use prevention approaches?

Process output measures:

- Completed action plan for each LEA to develop coalitions.
- Trainings provided to LEA on coalition development and strengthening.
- Trainings provided to LEA on adolescent substance use prevention.
- Technical assistance provided to LEA on coalition development and strengthening.
- Increased collaboration and coordination among LEA coalitions.

Outcome measures:

Short-term outcome 10: Increased establishment of school-based coalitions.

- Measure: % of funded districts participating in a school-based substance use coalition.

Short-term outcome 11: Increased engagement in an existing substance use prevention coalition.

- Measure: % of schools in funded districts that had staff participating in substance use prevention training.

Intermediate outcome 8: Increased number of CDC-funded LEA with established school-based coalitions to address substance use.

- Measure: % of funded districts engaged in a school-based substance use coalition.

Intermediate outcome 9: Increased number of school-based substance use strategies and activities implemented

- Measure: % of schools implementing school-based substance use prevention strategies

and activities, including: (1) test student knowledge on alcohol or other drug-use prevention in a required course; (2) include as a topic in a required course the relationship between using tobacco and alcohol or other drugs; (3) include as a topic in a required course the relationship between alcohol and other drug use and sexual risk behaviors; (4) provide parents and families with information on alcohol or other drug-use prevention.

Strategy 3E: Addressing Policy and Practice in States:

Evaluation Question: To what extent do Component 3 recipients facilitate policy development, implementation, evaluation, and monitoring among state teams?

Process output measures:

- Support states to establish and maintain multi-sector state teams.
- Conduct PD, facilitate action-planning among state teams, and provide ongoing technical assistance.

Outcome measures:

Short-term outcome 12: Increased state teams with ongoing action plans for reducing HIV/STD, and pregnancy among adolescents.

- Measure: % of states that have action plans for reducing HIV/STD, and pregnancy among adolescents.

Short-term outcome 13: Increased state teams' identification of gaps between programs and policies for reducing HIV/STD, and pregnancy among adolescents.

- Measure: % of states that documented gaps in statewide model policies and district programs to reduce HIV/STD, and pregnancy among adolescents.

Short-term outcome 14: Increased states with supportive environments for implementation of best practices in SHE, SHS, and SSE.

- Measure: % of states that documented gaps in statewide model policies and best practices in SHE, SHS, SSE.
- Measure: % of states that developed a plan to address the gaps between statewide model policies and best practices in SHE, SHS, SSE.

Intermediate-term outcome 10: Increased state-level implementation of evidence-based policies related to school-based HIV/STD prevention.

- Measure: % of states provided training to districts on evidence-based policies related to school-based HIV/STD prevention.
- Measure: % of states that provided TA to districts on evidence based policies related to school-based HIV/STD prevention.
- Measure: % of states that tracked district implementation of evidence-based policies

related to school HIV/STD prevention.

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP), if applicable, for accuracy throughout the lifecycle of the project. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see <https://www.cdc.gov/grants/additionalrequirements/ar-25.html>.

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan, including a DMP, within the first 6 months of award, as described in the Reporting Section of this NOFO.

Evaluation and Performance Measurement: Evaluation and performance measurement help demonstrate the extent to which recipients are implementing programmatic activities and program outcomes; build a stronger evidence base for specific program interventions; clarify applicability of the evidence base to different populations, settings, and contexts; and drive continuous program improvement. Evaluation and performance measurement also can determine if program strategies are scalable and effective at reaching target populations. Applicants must provide an overall jurisdiction/community specific evaluation and performance measurement plan that is consistent with the CDC evaluation and performance measurement strategy within the Project Narrative.

The plan must:

- Describe how key program partners will be engaged in the evaluation and performance measurement planning processes.
- Describe the type of evaluations to be conducted (i.e., process and outcome).
- Describe key evaluation questions to be answered.
- Describe potentially available data sources to measure outputs and outcomes for each applicable evaluation question, including Data Management Plan (DMP) elements, and feasibility of collecting appropriate process and outcome data.
- Describe how evaluation findings will be used for continuous program and quality improvement.

Specifically, Component 1 applicants must describe how they will review survey implementation activities each cycle to identify what can be improved in the future to increase the quality of data and institutionalization of YRBS and Profiles in their jurisdiction.

Specifically, applicants for Components 2 and 3 must describe how they will:

- Use at least 6% of program funding to support an evaluation plan that aligns with CDC's evaluation approach. [Component 2 and Components 3A, 3B, and 3C only]
- Collect data to report required process and short- and intermediate-term outcome performance measures.
- Disseminate evaluation results to key stakeholders at least annually and at the end of the project period.

If funded, recipients must provide a more detailed evaluation plan and Data Management Plan (DMP) within the first six months of programmatic funding. This more detailed evaluation and performance management plan and DMP should be developed by recipients with support from CDC as part of first six month project activities. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see <https://www.cdc.gov/grants/additionalrequirements/ar-25.html>.

This evaluation plan will build on the elements stated in the initial plan. At a minimum, and in addition to the elements of the initial plan, it must:

- Describe the frequency with which evaluation and performance data are to be collected to fulfill stated requirements.
- Describe how data will be reported to CDC and to partners.
- Describe how evaluation findings will be used for continuous program and quality improvement.
- Describe how evaluation results and performance measurement will yield findings to demonstrate the value of the funding (e.g., impact on improving public health outcomes, effectiveness of NOFO).
- Describe dissemination channels and audiences (including public dissemination).

c. Organizational Capacity of Recipients to Implement the Approach

Organizational capacity ensures applicants demonstrate the ability to execute CDC program strategies and activities and achieve the period of performance outcomes.

Organizational capacity needed for Component 1 applicants to implement PS18-1807 activities

Component 1 applicants must:

- Describe how the applicant's agency is structured and who will have management authority over the project.
- Provide an organizational chart that identifies lines of authority.
- Describe the applicant's experience conducting YRBS and Profiles (or similar surveys).
- Describe the applicant's experience disseminating and using YRBS and Profiles (or similar survey) results to inform policy and practice decisions.
- Describe potential barriers to successful implementation of required activities and how the applicant will overcome the barriers to conduct a successful YRBS and Profiles.
- Provide a job description for the person who will lead the YRBS and Profiles.

Organizational capacity needed for Component 2 applicants to implement PS18-1807 activities

Component 2 applicants must describe their capacity using examples of past experience or new capabilities that speak to the organization's ability to carry out the requirements of this funding. Applicants should specifically be able to:

- Reach at least 10,000 students through priority middle and high schools.
- Demonstrate capability to conduct work in an area at increased risk for adverse health outcomes.
- Demonstrate leadership and district support including leveraging current adolescent sexual health policies, programs, and practices.
- Describe the district's resources to implement adolescent sexual health policies, programs, and practices for SHE, SHS, and SSE activities including providing a detailed staffing plan, describing how building space and designated class time will be used, explaining experience with innovative technological methods, and applying in-kind or leveraged financial support.
- Describe how the district will align this work with other adolescent health plans.
- Demonstrate capability to analyze key adolescent health issues/disparities and develop a plan using sexual health risk and protective factors that will address student-, school-, and district-levels.
- Demonstrate capability to provide oversight and supervision ensuring quality, consistency, and program improvement including a description of key staff with expertise in adolescent sexual health including defined roles and responsibilities, organization charts delineating lines of authority/leadership support, internal decision making processes for project management, and a process for onboarding (orientation, training, mentoring) new staff.
- Demonstrate capability to engage internal staff to partner on work in the proposed application including but not limited to the following staff: health services, curriculum,

- school climate, parent coordinator, data/evaluation, district and building administrators.
- Demonstrate capability to establish and/or expand key external partnerships to provide additional expertise in adolescent sexual health through local training and technical assistance support, SBHCs or community youth-friendly clinics collaborations, and identifying program champions to market the proposed work as a priority within the district.
 - Demonstrate capability to develop a plan to build staff capacity, increase student access to programs and services, and engage parents and community partners to address required activities.
 - Demonstrate capability to implement evaluation and performance measurement activities, including allocating at least 6% of the program budget to evaluation, providing an evaluation and performance measurement plan, collaborating with other partners and stakeholders to collect specified data, collect data to report on outcome and performance measures, and disseminate evaluation results to key stakeholders at least annually and at the end of the project period.
 - Demonstrate capability to manage the required procurement efforts, including the ability to write and award contracts in accordance with applicable grants regulations.

Organizational capacity needed for Component 3A, 3B, and 3C applicants to implement PS18-1807 activities

Component 3A, 3B, and 3C applicants must:

- Demonstrate capability to leverage current work in adolescent sexual health policies, programs, and practices to provide technical support to LEA funded for Component 2 and advance the work proposed in the application. (Evidence should be provided in an appendix.)
- Demonstrate capability to provide technical support to LEA funded for Component 2 on adolescent sexual health policies, programs, and practices for one strategy (3A - SHE, 3B - SHS, or 3C - SSE) for activities including: staffing, in-kind support, capacity building experience, material distribution, communication processes, innovative technology, and leveraging financial support.
- Demonstrate experience working at the national level and capability to provide technical support to LEA in a wide variety of locations across the United States.
- Demonstrate capability to use data to analyze key adolescent health issues/disparities for one strategy (3A - SHE; 3B - SHS; or 3C - SSE), and develop a plan using sexual health risk and protective factors that will address the capacity needs of LEA funded for Component 2.
- Demonstrate capability to provide oversight and supervision ensuring quality, consistency, and program improvement including a description of key staff with expertise in adolescent sexual health including defined roles and responsibilities, organization charts delineating lines of authority/leadership support, internal decision making processes for project management, and a process for onboarding (orientation, training, mentoring) of new staff.
- Demonstrate capability to establish or expand partnerships with other recipients funded for Component 3 and contractors funded for support of PS18-1807 to provide coordinated support, minimize duplication of efforts, leverage staff expertise, and

maximize available resources.

- Demonstrate capability to develop an overall strategy, activities, collaboration approaches, and tiered plans to achieve the project outcomes.
- Demonstrate capability to implement evaluation and performance measurement activities, including allocating at least 6% of the program budget to evaluation, providing an evaluation and performance measurement plan, collaborating with other partners and stakeholders to collect specified data, collect data to report on outcome and performance measures, and disseminate evaluation results to key stakeholders at least annually and at the end of the project period.
- Demonstrate capability to manage the required procurement efforts, including the ability to write and award contracts in accordance with applicable grants regulations.

Organizational capacity needed for Component 3D applicants to implement PS18-1807 activities

Component 3D applicants must:

- Demonstrate capability to leverage current work in adolescent substance use prevention policies, programs, and practices to provide technical support to LEA funded for Component 2.
- Demonstrate capability to provide technical support to LEA funded for Component 2 adolescent substance use prevention coalition activities including: staffing, in-kind support, capacity building experience, material distribution, communication processes, innovative technology, and leveraging financial support.
- Demonstrate experience working at the national level and capability to provide technical support to LEA in a wide variety of locations across the United States.
- Demonstrate expertise in community based coalition approaches to prevent and reduce youth substance use with a focus on incorporating the education sector into existing coalitions.
- Demonstrate capability to provide oversight and supervision ensuring quality, consistency, and program improvement including a description of key staff with expertise in adolescent substance use prevention including defined roles and responsibilities, organization charts delineating lines of authority/leadership support, internal decision making processes for project management, and a process for onboarding (orientation, training, mentoring) of new staff.
- Demonstrate capability to establish or expand partnerships with other recipients funded for Component 3 and contractors funded for support of PS18-1807 to provide coordinated support, minimize duplication of efforts, leverage staff expertise, and maximize available resources.
- Demonstrate capability to develop an overall strategy, activities, collaboration approaches, and tiered plans to achieve the project outcomes.
- Demonstrate capability to implement evaluation and performance measurement activities, including: providing an evaluation and performance measurement plan; collaborating with other partners and stakeholders to collect specified data; collect data to report on outcome and performance measures; and disseminate evaluation results to key stakeholders at least annually and at the end of the project period.
- Demonstrate capability to manage the required procurement efforts, including the ability

to write and award contracts in accordance with applicable grants regulations.

Organizational capacity needed for Component 3E applicants to implement PS18-1807 activities

Component 3E applicants must:

- Show evidence of an organizational connection to and strong working relationships with state decision makers and policy makers across the United States.
- Have a constituency that includes members from within the state legislative or executive branches of government.
- Demonstrate organizational capacity to establish strong working relationships with state education agency or state health agency decision makers.
- Describe past experience in education and health policy and health communications expertise.
- Describe current or past experience with the following:
 - Implementing projects that include activities similar to those listed in the “Required Activities” section
 - Conducting technical assistance and trainings in-person and online to multi-sector leadership teams, using multi-sector approaches and with appropriate learner techniques
 - Providing capacity-building and technical assistance to state education agencies related to teens, sexual health, or other relevant content
 - Delivering and maintaining training and technical assistance to multiple organizations simultaneously

d. Work Plan

Applicants must submit a year 1 work plan using the following format:

<u>Period of Performance Outcome:</u> <i>[from Outcomes section and/or logic model]</i>		<u>Outcome Measure:</u> <i>[from Evaluation and Performance Measurement section]</i>	
<u>Strategies and Activities</u>	<u>Process Measure</u> <i>[from Evaluation and Performance Measurement section]</i>	<u>Responsible Position / Party</u>	<u>Completion Date</u>
1.			
2.			
3.			
4.			

5.			
6			
<i>[Insert text]</i>			

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient reporting (including work plans, performance, and financial reporting). Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

- Tracking recipient progress in achieving the desired outcomes.
- Ensuring the adequacy of recipient systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities deemed necessary to monitor the award:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

Monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk recipients.

Throughout the 5-year project period, CDC will work with each recipient to demonstrate program impact through process and outcome evaluation of CDC-funded activities. Process evaluation findings will be used to guide CDC technical assistance and professional development to recipients and their priority sites. CDC will use outcome evaluation to assess the extent to which CDC-funded activities at each site are leading to intended outcomes including public health impact of systemic change in schools. Outcome evaluation will be used to guide future policy and programmatic directions for increasing adolescent protective factors and reducing adolescent risks.

CDC will use performance measures for process and outcome evaluation (see Evaluation Questions and Process, Short-term, and Intermediate Outcome Performance Measures table). Specific items for measurement will be developed by CDC at the beginning of the project period in consultation with recipients. CDC will manage and analyze performance measure data submitted by recipients through the Program Evaluation Reporting System (PERS) and through YRBS and Profiles surveillance data.(if funded).

Several evaluation reports will be generated over the 5 years. CDC, in partnership with

recipients, will develop semi-annual evaluation reports to be used for program monitoring and quality improvement that will be disseminated to recipients and other key stakeholders. CDC will produce a cumulative 5-year final evaluation report at the end of the project period that will highlight key process and short-term outcome data. CDC will also disseminate findings to relevant stakeholders. CDC will use all evaluation findings during the 5-year project period to establish key recommendations for recipients on program impact, sustainability, and continued program improvement upon completion of the award.

Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient reporting (including work plans, performance, and financial reporting). Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

- Tracking recipient progress in achieving the desired outcomes.
- Ensuring the adequacy of recipient systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities deemed necessary to monitor the award:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

f. CDC Program Support to Recipients (THIS SECTION APPLIES ONLY TO COOPERATIVE AGREEMENTS)

CDC will provide substantial involvement beyond site visits and regular performance and financial monitoring during the project period. Substantial involvement means that the recipient can expect federal programmatic partnership in carrying out the effort under the award. The CDC program will work in partnership with the recipient to ensure the success of the cooperative agreement by:

- Providing technical assistance to ensure that questionnaire modifications, sample selection, survey administration, and data analysis and reporting are consistent with the expectations outlined in the *Handbook for Conducting Youth Risk Behavior Surveys* and the *Handbook for Conducting School Health Profiles*
- Supporting recipients in implementing cooperative agreement requirements and meeting program outcomes
- Providing hands-on technical assistance to revise annual work plans
- Providing scientific subject matter expertise and resources
- Collaborating with recipients to develop and implement evaluation and measurement plans that align with the CDC evaluation activities and providing technical assistance on

evaluation and performance measurement plans

- Overseeing a Federal contract to provide evaluation and evaluation technical assistance support and continuing education on content, professional development, technical assistance, and follow-up support
- Using webinars and social media to communicate and share resources
- Participating in meetings, conference calls, and working groups to achieve outcomes
- Providing programmatic consultation, expertise, and resources
- Facilitating communication and program linkages with other CDC programs and Federal agencies, mainly CDC's Division of HIV/AIDS Prevention (DHAP), CDC's Division of STD Prevention (DSTDP), and CDC's Division of Reproductive Health; the Department of Health and Human Services' Office of Adolescent Health and Administration for Children and Families' Family and Youth Services Bureau; and the U.S. Department of Education
- Expanding opportunities to partner with DHAP and DSTDP to achieve adolescent outcomes
- Providing technical expertise to other CDC programs and Federal agencies on how schools work and how to work with schools to implement adolescent sexual health activities
- Translating and disseminating lessons learned on best practices identified
- Collecting state and local organization capacity data to assist in training and technical assistance plans.

B. Award Information

1. Funding Instrument Type:	Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.
2. Award Mechanism:	U87
3. Fiscal Year:	2018
4. Approximate Total Fiscal Year Funding:	\$17,000,000
5. Approximate Period of Performance Funding:	\$85,000,000

This amount is subject to the availability of funds.

A minimum of \$17,000,000 is anticipated in funding available for the first fiscal year of the period of performance. This amount could increase or decrease based on funding availability.

Approximately \$85,000,000 in initial award funding is available through this NOFO, although this amount could increase or decrease based on funding availability.

Estimated Total Funding: \$85,000,000

6. Approximate Period of Performance Length: 5 year(s)

7. Expected Number of Awards: 135

The estimated number of initial awards is as follows:

Component 1: approximately 95 total - 50 state, 7 territorial, 3 tribal, and 35 local agencies

Component 2: approximately 35 local education agencies funded under Component 1

Component 3: approximately 5 organizations

8. Approximate Average Award: \$0 Per Budget Period

The average initial one-year award amount for this NOFO is as follows:

Component 1:

- approximately \$100,000 for state health agencies/state education agencies
- approximately \$12,000 for territorial education agencies/tribal government education agencies
- approximately \$60,000 for local education agencies

Component 2:

- approximately \$300,000

Component 3:

- A-D approximately \$250,000
- E approximately \$300,000

The average award could increase or decrease, based on funding availability.

9. Award Ceiling: \$350,000 Per Budget Period

This amount is subject to the availability of funds.

Component 1: approximately \$100,000 per budget period

Component 2: approximately \$350,000 per budget period

Component 3: approximately \$300,000 per budget period

10. Award Floor: \$12,000 Per Budget Period

Component 1: approximately \$12,000 per budget period

Component 2: approximately \$200,000 per budget period

Component 3: approximately \$200,000 per budget period

11. Estimated Award Date: 07/02/2018

12. Budget Period Length: 12 month(s)

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

13. Direct Assistance

Direct Assistance (DA) is not available through this FOA.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:

State governments
County governments
City or township governments
Special district governments
Independent school districts
Public and State controlled institutions of higher education
Native American tribal governments (Federally recognized)
Native American tribal organizations (other than Federally recognized tribal governments)
Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education
Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education
Private institutions of higher education

Additional Eligibility Category:

Government Organizations:

State governments or their bona fide agents (includes the District of Columbia)
Local governments or their bona fide agents
Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

Non-government Organizations:

American Indian or Alaska native tribally designated organizations

2. Additional Information on Eligibility

Eligibility varies by funding strategy.

Component 1 eligible applicants are limited to:

- State Governments or their Bona Fide Agents (includes the District of Columbia)
- Local Governments or their Bona Fide Agents
- Territorial Governments or their Bona Fide Agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau Governments
- American Indian or Alaska Native tribal governments (federally recognized or state-recognized)
- American Indian or Alaska native tribally designated organizations

If an education agency declines to apply for funding, the health agency in its jurisdiction or the health agency's Bona Fide Agent may apply on its behalf. To obtain and then maintain funding for Component 2, local education agencies are required to apply for and meet the additional requirements of Component 1. While agencies are encouraged to apply for funding for both YRBS and Profiles, education or health agencies in jurisdictions that are not applying for Component 2 funding are permitted to apply for a reduced amount of funding under Component 1 for a single survey (either YRBS or Profiles).

Component 2 eligible applicants are limited to local education agencies (LEA) only. An LEA must demonstrate an ability to reach a minimum of 10,000 students in priority schools (high schools, or a combination of middle and high schools) with the proposed work plan in order for the application to be eligible for review.

LEA with an enrollment of less than 10,000 students may combine with other geographically contiguous districts to create a consortium application. In doing so, the consortium must designate a single LEA to submit the application and, if funded, administer the program. This designated LEA will become the fiscal agent and responsible agency for all activities under this cooperative agreement. Existing regional structures such as Boards of Cooperative Educational Services (BOCES) or their equivalent may also apply.

Component 2 applicants are also required to apply for and meet the requirements of Component 1.

Required memorandum of understanding/agreement

Component 2 applicants are required to submit a Memorandum of Understanding/Agreement (MOU/A) between the local education agency and corresponding public health agency *at the time of application*. At a minimum, the MOU/A should include the following:

1. Identify senior organizational leaders at both agencies committed to provide leadership and oversight.
2. Articulate a commitment to coordinate program activities in the public health agency with offices receiving other sources of federal funding.
3. Identify the designated liaison within the education and health agencies who will serve as the technical expert and coordinator for the management and coordination of cross-agency activities; these activities may include but are not limited to:
 - Improving communication and coordination between local programs.
 - Guiding applicants on ways to use and report data from the YRBS and Profiles.
 - Identifying opportunities to establish strategic partnerships and collaborations.
 - Establishing integrated preventive sexual health services (where it makes programmatic sense to do so and is contextually appropriate).
 - Inviting the education agency lead to serve on relevant health agency sponsored committees and health agency lead to serve on relevant education agency sponsored committees.
 - Communicating with the health department regarding Standards to Facilitate Data Sharing and Use of Surveillance Data for Public Health Action to ensure that data security and confidentiality policies and procedures for testing, reporting, and partner notification.
 - Providing statistical support to run additional analysis for the YRBS and Profiles data.
 - Defining the roles and responsibilities for health and education staff serving on the required [HIV Program Review Panel](#). (See [here](#) for a copy of the HIV Program Review Panel form.)

The MOU/A must be submitted on official letterhead with original signature(s) and uploaded onto www.grants.gov as part of the application submission process. Applications without a MOU/A will be considered non-responsive, and will not be reviewed.

Consortium applicants only: If multiple LEA are applying under a consortium application, the designated LEA should include MOU/A with the other LEA in the consortium in the application submission. This MOU/A must include commitment of involvement from each LEA, including delineation of roles and responsibilities. In addition, consortium applicants are required to submit the MOU/A as described in the previous paragraph. Consortium applications without letters of commitment from each LEA will be considered non-responsive, and will not be reviewed.

Required letter of commitment

Component 2 applicants are required to submit at least one letter of commitment that consists of the following:

- Assurances from departments/offices within the school district that names key internal

staff (e.g., Office of Curriculum and Instructional Support, Health and Student Services, or similar) with which the applicant expects to collaborate to successfully implement project activities.

The letter of commitment must be submitted on official letterhead with an original signature from an authority who can commit the efforts of the named staff, and uploaded onto www.grants.gov as part of the application submission process.

Consortium applicants only: If multiple LEA are applying under a consortium application, the designated LEA should include a required letter of commitment from each of the LEA participating in the consortium.

All applications without letters of commitment from appropriate departments/offices within the school district will be considered non-responsive, and will not be reviewed.

Component 3 eligibility is open to all applicants.

3. Justification for Less than Maximum Competition

Since 1987, CDC has been a unique source of support for HIV prevention efforts in the Nation's schools. This NOFO will provide support for education agencies, health departments, and other organizations to help school districts and schools develop and implement sustainable program activities to:

- 1) Reduce HIV infection and other STD among adolescents; and
- 2) Reduce disparities in risk for HIV infection and other STD infections.

The CDC is charged by Congress to address HIV and other sexually transmitted diseases through school health programs. The authorizing funding language from Congress is called "School Health HIV."

Congress has repeatedly reinforced the importance and viability of schools in addressing HIV prevention among youth. Congressional report language often specifically recognizes the effectiveness of school health programs and encourages their expansion. The proposed approach in this NOFO continues CDC's work to address recent Congressional requests to "Improve outreach and education to (youth under the age of 24) via school-based programs," "ensure prevention program funds reach the most at risk individuals to best ensure early detection with targeted interventions," and "evaluate and improve school HIV prevention activities and increase outreach strategies."

To effectively address youth, CDC will fund the governing bodies for schools which are state, local, territorial, and tribal government education agencies. Establishing healthy behaviors during adolescence is easier and more effective than trying to change unhealthy behaviors during adulthood. To help reduce health risk behaviors among youth that can lead to HIV during adolescence and into adulthood, schools can help young people adopt lifelong behaviors that support their health and well-being - including behaviors that reduce their risk for HIV, other STDs, and unintended pregnancy.

Schools are a critical setting for HIV/STD prevention because the vast majority of youth attend school. In the US, schools have direct contact with more than 50 million students for at least 6 hours a day during 13 key years of their social, physical, and intellectual development. Schools

can influence students' risk for HIV Infection and other STD through a variety of ways, including health education, provision of or referral to physical and mental health services, and establishment of school environments that connect youth to each other and important adults as well as engage parents.

School curricula, policies, and services are generally locally determined under the organization of local education agencies (LEA) and with guidance from state education agencies (SEA). LEA and SEA also provide training, resources, and technical assistance on educational matters to schools. For this reason, CDC implements the bulk of its primary prevention programming for school-age youth through education agencies. This award will therefore primarily focus on local education agencies by working as closely as possible with key decision-makers responsible for education options and school environments.

While education agencies are the primary focus of CDC's youth HIV prevention efforts, health agencies often have unique skills and abilities to conduct school-based surveillance of both health risk behaviors and school health policies and practices and so thus are considered potential recipients for surveillance activities.

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.

a. Data Universal Numbering System:

All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at [http:// fedgov.dnb. com/ webform/ displayHomePage.do](http://fedgov.dnb.com/webform/displayHomePage.do). The DUNS number will be provided at no charge.

If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS numbers before accepting any funds.

b. System for Award Management (SAM):

The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All

applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.

c. Grants.gov:

The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the “Get Registered” option at www.grants.gov.

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization	Same day but can take 8 weeks to be fully registered	Register early! Log into grants.gov and check AOR status until it

	representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	shows you have been approved
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2. Request Application Package

Applicants may access the application package at www.grants.gov.

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this notice of funding opportunity at www.grants.gov. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC OGS staff at 770-488-2700 or e-mail OGS ogstims@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.

4. Submission Dates and Times

If the application is not submitted by the deadline published in the NOFO, it will not be processed. Office of Grants Services (OGS) personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by OGS.

a. Letter of Intent Deadline (must be emailed or postmarked by)

Due Date for Letter of Intent: **02/26/2018**

b. Application Deadline

Due Date for Applications: **04/13/2018**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Information Conference Call

Tuesday, February 20, 2018

Component 3 applicants - 1:00 p.m., U.S. Eastern Standard Time

Component 2 applicants - 2:30 p.m., U.S. Eastern Standard Time
Component 1 applicants - 4:00 p.m., U.S. Eastern Standard Time

CDC will conduct conference calls for all interested applicants to provide technical assistance and respond to any questions regarding the NOFO process. Conference call lines are limited so we encourage those who can to call in from one location. The call-in information is:

1-404-553-8912; Passcode: 3553049.

5. CDC Assurances and Certifications

All applicants are required to sign and submit “Assurances and Certifications” documents indicated at [http://wwwn.cdc.gov/grantassurances/\(S\(mj444mxct51lnrv1hljjjmaa\)\)/Homepage.aspx](http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjjmaa))/Homepage.aspx).

Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications with each application submission, name the file “Assurances and Certifications” and upload it as a PDF file with at www.grants.gov
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at [http://wwwn.cdc.gov/grantassurances/\(S\(mj444mxct51lnrv1hljjjmaa\)\)/Homepage.aspx](http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjjmaa))/Homepage.aspx)

Assurances and certifications submitted directly to CDC will be kept on file for one year and will apply to all applications submitted to CDC by the applicant within one year of the submission date.

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual’s time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual’s effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award. Report Submission: The applicant must upload the report in Grants.gov under “Other Attachment Forms.” The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap.”

6. Content and Form of Application Submission

Applicants are required to include all of the following documents with their application package

at www.grants.gov.

7. Letter of Intent

Letter of Intent (LOI) is requested for Components 2 and 3 by Monday, February 26, 2018.

The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. LOI must be sent via U.S. express mail, delivery service, fax, or email to:

John Canfield, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for HIV, Viral Hepatitis, STD, and TB Prevention
Division of Adolescent and School Health
1600 Clifton Road NE, MS E-75
Atlanta, GA 30329-4027 USA
Telephone number: 404-718-8333
Fax: 404-718-8045
Email address: qzc6@cdc.gov

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package.

Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

(Maximum 1 page)

A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)

Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of

Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

Applicants must provide a description of relevant background information that includes the context of the problem (See CDC Background).

b. Approach

i. Purpose

Applicants must describe in 2-3 sentences specifically how their application will address the public health problem as described in the CDC Background section.

ii. Outcomes

Applicants must clearly identify the outcomes they expect to achieve by the end of the project period, as identified in the logic model in the Approach section of the CDC Project Description. Outcomes are the results that the program intends to achieve and usually indicate the intended direction of change (e.g., increase, decrease).

iii. Strategies and Activities

Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the period of performance outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe in the Applicant Evaluation and Performance Measurement Plan how these strategies will be evaluated over the course of the project period. See the Strategies and Activities section of the CDC Project Description.

1. Collaborations

Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC. Applicants must address the Collaboration requirements as described in the CDC Project Description.

See pages 22-24 for more information.

2. Target Populations and Health Disparities

Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. The applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description.

See page 24 for more information.

c. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA see <http://www.hhs.gov/ocio/policy/collection/>.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan (including the DMP elements) within the first 6 months of award, as described in the Reporting Section of this NOFO.

See pages 32-33 for more information.

d. Organizational Capacity of Applicants to Implement the Approach

Applicants must address the organizational capacity requirements as described in the CDC Project Description.

See pages 34-37 for more information.

11. Work Plan

(Included in the Project Narrative's page limit)

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the recipient plans to

carry out achieving the period of performance outcomes, strategies and activities, evaluation and performance measurement.

Applicants should use the work plan template provided in this NOFO. See pages 37-38 for more information.

12. Budget Narrative

Applicants must submit an itemized budget narrative. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Contractual costs
- Total Direct costs
- Total Indirect costs

Indirect costs could include the cost of collecting, managing, sharing and preserving data. Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of \$25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: <http://www.phaboard.org>). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must

indicate which standards will be addressed.

Applicants must name this file “Budget Narrative” and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file “Indirect Cost Rate” and upload it at www.grants.gov.

CDC requires applicants for Components 2 and 3 to allocate at least one full-time employee (FTE) to be included in the applicant’s itemized budget and corresponding budget narrative. This 1.0 FTE position could be split among up to three staff, by effort, or among the three strategy areas for Component 2.

Components 2 and 3 applicants should also budget for CDC-required and other approved professional development events that require in-person attendance.

In addition, all recipients are required to attend a grantee orientation September 24-26, 2018, at the CDC main campus in Atlanta. This travel should be reflected in the itemized budget and corresponding budget narrative.

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 2 CFR 200 which include, but are not limited to, the following:

- Records that identify adequately the source and application of funds for federally-funded activities.
- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

14. Intergovernmental Review

The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order 12372, which established a system for state and local intergovernmental

review of proposed federal assistance applications. Applicants should inform their state single point of contact (SPOC) as early as possible that they are applying prospectively for federal assistance and request instructions on the state's process. The current SPOC list is available at: http://www.whitehouse.gov/omb/grants_spoc/.

15. Pilot Program for Enhancement of Employee Whistleblower Protections

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 Code of Federal Regulations (CFR) section 3.908 to the award and requires that recipients inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

16. Copyright Interests Provisions

This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

17. Funding Restrictions

Restrictions that must be considered while planning the programs and writing the budget are:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.

- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](#).
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (<https://www.cdc.gov/grants/additionalrequirements/ar-35.html>).

Component 1 funding is intended only for the administration, dissemination, and use of the YRBS and Profiles. Support for any other school-based surveillance activities with these funds is prohibited.

18. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan. The DMP is the applicant's assurance of the quality of the public health data through the data's lifecycle and plans to deposit data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information:

<https://www.cdc.gov/grants/additionalrequirements/ar-25.html>

19. Other Submission Requirements

a. Electronic Submission: Applications must be submitted electronically at www.grants.gov. The application package can be downloaded at www.grants.gov. Applicants can complete the application package off-line and submit the application by uploading it at www.grants.gov. All application attachments must be submitted using a PDF file format. Directions for creating PDF files can be found at www.grants.gov. File formats other than PDF may not be readable by OGS Technical Information Management Section (TIMS) staff.

Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity at www.grants.gov.

If Internet access is not available or if the forms cannot be accessed online, applicants may contact the OGS TIMS staff at 770- 488-2700 or by e-mail at ogstims@cdc.gov, Monday through Friday, 7:30 a.m.–4:30 p.m., except federal holidays. Electronic applications will be considered successful if they are available to OGS TIMS staff for processing from www.grants.gov on the deadline date.

b. Tracking Number: Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant’s Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt when www.grants.gov receives the application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

c. Validation Process: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a “submission receipt” e-mail generated by www.grants.gov. A second e-mail message to applicants will then be generated by www.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the NOFO. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a “validation” e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.

[https:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t= Get_Started%2FGet_Started. htm](https://www.grants.gov/help/html/help/index.htm?callingApp=custom#t=Get_Started%2FGet_Started.htm)

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@grants.gov. Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note

that www.grants.gov is managed by HHS.

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them at support@grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail CDC GMO/GMS, before the deadline, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.

An applicant's request for permission to submit a paper application must:

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered.

If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

1. Review and Selection Process: Applications will be reviewed in three phases

a. Phase I Review

All applications will be initially reviewed for eligibility and completeness by CDC Office of Grants Services. Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.

- i. Approach
- ii. Evaluation and Performance Measurement
- iii. Applicant's Organizational Capacity to Implement the Approach

Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

i. Approach

Maximum Points:0

Component 1 (up to 45 points total)

Evaluate the extent to which the applicant:

- Describes how the applicant will collaborate with other state, territorial, tribal, and local agencies and other critical partners to successfully clear and implement YRBS and Profiles. (up to 5 points)
- Describes how the applicant will leverage other Federal, state, territorial, tribal, and local funds to improve implementation of YRBS and Profiles and the use of results to support development of policies and practices to reduce priority health-risk behaviors among youth. (up to 5 points)
- Provides 5-year project period outcome(s) with a timeline or Gantt chart for the implementation of YRBS and Profiles. (up to 5 points)
- Provides a detailed work plan that describes all required activities for YRBS and Profiles for Years 1-5 including 5-year goals, SMART objectives, and measures for accomplishing objectives. (up to 30 points)

Component 2 (up to 25 points total)

Evaluate the extent to which the applicant addresses the following Strategies:

Sexual Health Education (up to 8 points total)

- The extent to which the applicant demonstrates a comprehensive, evidence-based approach for SHE professional development that includes at minimum the following required activities (up to 3 points):
 - Identifies and approves a list of instructional competencies to be demonstrated by those teaching skills-based health and sexual health education in middle and high school.
 - Provides necessary training at least once per year, to ensure school health and sexual health education teachers have content knowledge, comfort, and instructional competencies to effectively implement approved school health and sexual health education instructional programs.
- The extent to which the applicant demonstrates a comprehensive, quality plan for effective SHE instructional delivery that includes at minimum the following required activities (up to 4 points):
 - Establishes, adopts, and implements a skills-based health education course requirement which includes sexual health education content, for all students attending middle and high schools in the district.
 - Develops and approves a K-12 health education scope and sequence that delineates sexual health education learning outcomes for all students in middle and high schools in the district.
 - Develops, revises, or selects a sexual health education instructional program consistent with approved scope and sequence, and inclusive of instructional lessons, student learning activities, resources, and student assessment.
 - Develops, updates and fosters use of teaching tools and resources (e.g., lesson pacing guide, specific lesson plans) for teachers to continuously improve delivery of the identified sexual health education instructional program.
- The extent to which the applicant describes SHE-related parent and community engagement strategies that includes at minimum the following required activities (up to

1 point):

- Establishes and maintains a school health advisory council (SHAC) that regularly provides district-level advice and guidance to improve health and sexual health education programs for students and health and sexual health education instruction for staff.
- Integrates strategies to actively engage parents in sexual health education instructional programs.

Sexual Health Services (up to 9 points total)

- The extent to which the applicant describes a quality, comprehensive plan for increasing student access and use of SHS through either on-site provision or referral to community providers and includes at minimum **one** of the two focus areas below: (up to 5 points):
 - Establishes or improves use of a referral system to link sexually active students to community providers for SHS by using the referral system toolkit to implement the 7 core components of a referral system. – OR –
 - Improves student use and quality of SHS provided by School Based Health Centers (SBHCs).
- The extent to which the applicant describes support for SHS implementation that includes at minimum the following required activities (up to 4 points):
 - Assesses district and priority school capacity to implement activities to increase student access to SHS, in collaboration and coordination with the Component 3B recipient during year one.
 - Provides training and professional development to school and/or health service staff to support SHS activities annually.
 - Incorporates skill-based instruction to students on accessing school-based and community SHS into sexual health education lessons annually.
 - Implements school-wide, student-planned marketing campaigns that promote recommended health services for teens and selected school SHS programs.

Safe and Supportive Environments (up to 8 points total)

- The extent to which the applicant describes support for SSE implementation specific to LGBT youth that includes at minimum the following required activities (up to 4 points):
 - Establishes or enhances student-led clubs that support LGBT youth (often known as Gay-Straight Alliances or Genders and Sexualities Alliances).
 - Provides professional development to all school staff on supporting LGBT youth annually.
- The extent to which the applicant describes SSE-related activities for students, parents, and the community that includes at minimum the following required activities (up to 4 points):
 - Implements mentoring, service learning, and/or other positive youth development programs for students and/or connect students to such community-based programs.
 - Disseminates resources to parents/caregivers on parental monitoring and parent-adolescent communication (generally and specifically about sex).
 - Provides professional development to teachers on classroom management

annually.

Components 3A, 3B, and 3C (up to 35 points total)

Evaluate the extent to which the applicant:

Strengthens the capacity of LEA funded for Component 2 (up to 30 points total)

- Describes in detail an overall strategy to achieve the project outcomes, as described in the NOFO, with specific and appropriate time lines. (up to 5 points)
- Describes activities that are evidence-based, achievable, and appropriate to achieve the outcomes of the project. (up to 5 points)
- Describes how the applicant will work with staff in the LEA funded for Component 2 to implement the identified approach (3A - SHE; 3B - SHS; or 3C - SSE) and the required activities to achieve program performance outcomes. (up to 5 points)
- Includes a detailed, quality tiered plan to build the capacity of up to 35 LEA funded for Component 2 that includes technical assistance, specialized capacity building, and intensive program implementation support. (up to 15 points)
 - Describes a plan to create and implement an annual inventory of general program activities of all LEA funded for Component 2 related to the identified approach, including specific LGBT-focused programmatic and capacity building activities (3A - SHE; 3B - SHS; or 3C - SSE); SHS should also include an annual summary of LEA and priority school health services infrastructure including staffing model, systems, processes, resources, and activities; SSE should also include an inventory of general SSE or LGBT-focused program activities with a subset of priority schools).
 - Describes a plan to create and implement an annual assessment of the capacity of all LEA funded for Component 2 to implement activities in the identified approach (3A - SHE; 3B - SHS; or 3C - SSE)
 - Describes a clear plan for capacity building for all grantees, delineating three tiers: general, specialized, and intensive technical assistance. Provide descriptions of the tiers and examples of the types of technical assistance proposed.
 - Describes previous experience and strategies at the national level used in working with LEA and school leaders and communities to strengthen adolescent sexual health priorities, including professional development, technical assistance, and dissemination of existing materials.
 - Describes how the applicant will identify Component 2 recipients for specialized capacity building and intensive program implementation support.

Other "Approach" criteria (up to 5 points total)

- Describes how the applicant will ensure that subject matter experts are accessible to project participants as needed. (up 2 points)
- Describes how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities. (up to 3 points)

Component 3D (up to 30 points total)

- Describes an overall strategy to achieve the project outcomes, as described in the NOFO, with specific and appropriate time lines. (up to 5 points)
- Describes activities that are evidence-informed and appropriate to achieve the outcomes of the project. (up to 5 points)
- Describes how it will:
 - Assess the LEA and its jurisdiction in preparation for training and technical assistance to designated LEA staff. (up to 5 points)
 - Develop, implement, and evaluate trainings for designated LEA staff. (up to 5 points)
 - Develop, implement, and monitor technical assistance to designated LEA staff. (up to 3 points)
 - Facilitate collaboration and coordination processes between designated LEA staff and new and existing coalition members. (up to 2 points)
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities. (up to 5 points)

Component 3E (up to 30 points total)

Evaluate the extent to which the applicant:

- Describes an overall strategy to achieve the project outcomes, as described in the NOFO, with specific and appropriate time lines. (up to 5 points)
- Describes activities that are evidence-based, achievable, and appropriate to achieve the outcomes of the project. (up to 5 points)
- Includes how it will implement the following activities (up to 5 points):
 - Identify target states and assemble multi-sector teams
 - Create or assemble needs assessments for target states
 - Plan and execute effective learning opportunities for state teams
 - Facilitate teams' work to develop actionable plans
 - Provide technical assistance and ongoing learning opportunities to support implementation of state-level teams' action plans.
- Describes how it will collaborate with partners to expand opportunities to involve and educate state decision makers, and to ensure that subject matter experts are accessible to project participants as needed. (up to 5 points)
- Provides examples of past work involving the above activities, including collaboration with partners. (up to 5 points)
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities. (up to 5 points)

ii. Evaluation and Performance Measurement

Maximum Points:0

Component 1 (up to 25 points total)

Evaluation and Performance Measurement

Evaluate the extent to which the applicant:

- Describes how the applicant will conduct a review of each cycle's YRBS and Profiles activities to identify what can be changed to increase the quality of data and help institutionalize YRBS and Profiles in their jurisdiction. (up to 15 points)
- Describes barriers that exist and how the applicant will overcome these barriers to conduct a successful YRBS and Profiles each cycle. (up to 10 points)

Component 2 and Components 3A, 3B, and 3C (up to 25 points total)

Evaluate the extent to which the applicant:

- Describes the components and tasks of how the applicant will allocate the 6% of program funding to support and implement the evaluation plan. Provides a quality evaluation and performance measurement plan aligned with the application and submission information. (up to 6 points)
- Describes how the applicant will collaborate with other partners and stakeholders to collect specified data. (up to 6 points)
- Describes how the applicant will collect data to report required process and short- and intermediate-term outcome and performance measures. (up to 7 points)
- Describes how the applicant will disseminate their evaluation results to key stakeholders at least annually and at the end of the project period. (up to 6 points)

Component 3D (up to 25 points total)

Evaluate the extent to which the applicant:

- Describes an evaluation plan that clearly identifies key evaluation questions, type(s) of evaluations to be conducted, how and by whom evaluation will be conducted, data collection and analysis plans, how data will be reported, and how evaluation and performance measurement findings will be used to demonstrate the outcomes of the NOFO and for continuous program quality improvement. (up to 10 points)
- Provides an evaluation plan that is feasible, ethical, methodologically sound, and engages key stakeholders. (up to 10 points)
- Describes measures of effectiveness that are consistent with components of the work plan and are likely to measure the intended performance outcomes. (up to 5 points)

Component 3E (up to 25 points total)

Evaluate the extent to which the applicant:

- Describes an evaluation plan that clearly identifies key evaluation questions, type(s) of evaluations to be conducted, how and by whom evaluation will be conducted, data collection and analysis plans, how data will be reported, and how evaluation and performance measurement findings will be used to demonstrate the outcomes of the NOFO and for continuous program quality improvement. (up to 10 points)
- Provides an evaluation plan that is feasible, ethical, methodologically sound, and engages key stakeholders. (up to 10 points)
- Describes measures of effectiveness that are consistent with components of the work

plan and are likely to measure the intended performance outcomes. (up to 5 points)

iii. Applicant's Organizational Capacity to Implement the Approach

Maximum Points:0

Component 1 (up to 30 points total)

Evaluate the extent to which the applicant:

- Describes how the applicant's agency is structured and who will have management authority over the YRBS and Profiles and provide an organizational chart that identifies lines of authority. (up to 5 points)
- Describes the applicant's experience conducting YRBS and Profiles (or similar surveys). (up to 10 points)
- Provides a job description for, and qualifications of, the person who will lead YRBS and Profiles. (up to 5 points)
- Describes the applicant's experience disseminating and using results from YRBS and Profiles (or similar surveys) to support development of policies and practices to reduce priority health-risk behaviors among youth. (up to 10 points)

Component 2 (50 points total)

Evaluate the extent to which the applicant:

Demonstrates program reach and addresses key public health issues (up to 16 points total)

- Proposes to reach the following numbers of secondary school students through work with **priority schools**:
 - 20,000-29,999 secondary school students = 3 points
 - 30,000 or more secondary school students = 6 points
- Demonstrates the extent to which the applicant will conduct its work in an area at increased risk for adverse health outcomes by presenting county-level chlamydia rates per 100,000 reported for females ages 10 through 19 years (applicants whose program will reach students in more than one county may use the rate of the highest-rate county to be reached): (up to 5 points as follows)
 - 1,033 to 1,415 per 100,000 = 1 points
 - 1,416 to 2,019 per 100,000 = 3 points
 - ≥ 2020 per 100,000 = 5 points
- Demonstrates the extent to which the applicant will conduct its work in an area at increased risk for adverse health outcomes by presenting county-level teen birth rates per 1,000 reported for females ages 15-19 years (applicants whose program will reach students in more than one county may use the rate of the highest-rate county to be reached): (up to five points as follows)
 - 29.0 to 37.4 per 1,000 = 1 point
 - 37.5 to 48.1 per 1,000 = 3 points
 - >48.2 per 1,000 = 5 points

Demonstrates leadership and district support (up to 12 points total)

- Describes how the applicant will leverage current adolescent sexual health policies, programs, and practices to advance the work proposed in the application. (up to 3 points)
 - Clearly describes the district's existing adolescent sexual health policy, program and/or practices.
 - Provides evidence in an appendix.
 - Explains how current work will be leveraged to advance current adolescent sexual health policy, program and/or practices.
- Describes in detail the applicant's resources to implement adolescent sexual health policies, programs, and practices for SHE, SHS, SSE activities including: staffing, in-kind support, building space, designated class time, innovative technology, and leveraging financial support. (up to 6 points)
 - Provides a detailed staffing plan including in-kind staff support, for each approach.
 - Describes how building space and designated class time is used to implement adolescent sexual health policies, programs and practices.
 - Explains experience in using innovative technological methods to promote the work.
 - Describes in-kind and/or leveraged financial support.
- Describes how the applicant proposes to align the work in the application with the district's adolescent health plan (i.e. Wellness Plan, School Improvement Plan, Whole School/Community/Child efforts). Addresses SHE, SHS, and SSE, demonstrating the district's commitment to support and promote the work. (up to 3 points)
 - Clearly describes the district's plan to address adolescent sexual health.
 - Identifies how the district's adolescent health plan will advance the required activities in the proposed application.

Demonstrates evaluation capacity (up to 7 points total)

- Describes how the applicant will use data to analyze key adolescent health issues/disparities, and develop a plan using sexual health risk and protective factors that will address student level, building, and district-level. (up to 7 points)
 - Data sources are identified and analyzed.
 - Lists of critical adolescent health issues/disparities identified are through data review.
 - Risk and protective factors are identified based on available data.
 - References or citations are provided for data source(s).
 - Plan clearly addresses identified risk and protective factors.

Demonstrates project management oversight and staff capacity (up to 9 points total)

- Describes how the applicant will provide oversight and supervision ensuring quality, consistency, and program improvement including a description of key staff with expertise in adolescent sexual health including defined roles and responsibilities,

organization charts delineating lines of authority/leadership support, internal decision making processes for project management, and a process for onboarding (orientation, training, mentoring) of new staff. (up to 9 points)

- Describes the expertise of key staff.
- Describes the roles and responsibilities of key staff including the level, type, and percentage of staff time that will be supporting the work.
- Provides resumes of key staff in an appendix that demonstrate experience in adolescent sexual health.
 - If the position is not filled, a position description should be provided in lieu of a resume.
 - If the position is not filled, a hiring plan and timeline should be provided.
- Provides a proposed staffing map for funded and in-kind FTEs that outlines lines of supervision, authority, and leadership support.
- Describes plans and modes of communication for internal decision making processes.
- Describes the onboarding process (orientation, training, mentoring) for new or transitioning project staff.

Involves stakeholders (up to 6 points total)

- Describes how the applicant will engage internal staff to partner on work in the proposed application including but not limited to the following staff: health services, curriculum, school climate, parent coordinator, data/evaluation, and district and building administrators. (up to 3 points)
 - Provides one letter of commitment as requested in Section iii.1.b that names key internal staff partnering on the proposed work.
 - Describes the roles and contributions of internal staff partnering on the proposed work.
 - Indicates roles and responsibilities of internal staff in the proposed work plan activities.
- Describes how the applicant will establish and/or expand key external partnerships to provide additional expertise in adolescent sexual health through local training and technical assistance support, SBHCs or community youth-friendly clinics collaborations, and identifying program champions to market the proposed work as a priority within the district. (up to 3 points)
 - Describes new or existing key external partners collaborating on the proposed work.
 - Describes the roles and contributions of external partners collaborating on the proposed work.
 - Indicates roles and responsibilities of external partners collaborating on the proposed work plan activities.

Components 3A, 3B, and 3C (up to 40 points total)

Evaluate the extent to which the applicant:

Demonstrates leadership support (up to 20 points total)

- Describes how the applicant will leverage current work in adolescent sexual health policies, programs, and practices to provide technical support to LEA funded for Component 2 and advance the work proposed in the application (in an appendix). (up to 3 points)
 - Clearly describes the applicant's existing work in adolescent sexual health policy, program, and/or practices throughout the United States.
 - Explains how current work will be leveraged throughout the United States to provide technical support to LEA funded for Component 2 and advance current adolescent sexual health policy, program, and/or practices.
 - Provides evidence in appendix.

- Describes the applicant's resources to provide technical support to LEA on adolescent sexual health policies, programs, and practices for one approach (SHE, SHS, or SSE) activities including: staffing, in-kind support, capacity building experience, material distribution, communication processes, innovative technology, and leveraging financial support. (up to 7 points)
 - Provides a detailed staffing plan including in-kind staff support for each approach.
 - Describes how material distribution and communication processes are used to provide support to LEA in their efforts to implement adolescent sexual health policies, programs and practices.
 - Explains experience in using innovative technological methods to promote the work throughout the United States.
 - Describes in-kind and/or leveraged financial support.

- Describes the applicant's experience working at the national level and its ability to provide technical support to LEA in a wide variety of locations across the United States. (up to 10 points)
 - Clearly describes the applicant's experience working at the national level to provide technical support on adolescent sexual health policies, programs, and practices to LEA.
 - Provides evidence of its ability to provide technical support to LEA in a wide variety of locations across the United States.

Demonstrates evaluation capacity (up to 7 points total)

- Describes how the applicant will use data to analyze key adolescent health issues/disparities for one approach (3A - SHE; 3B - SHS; or 3C - SSE), and develop a plan using sexual health risk and protective factors that will address the capacity needs of LEA funded for Component 2. (up to 7 points)
 - Data sources are identified and analyzed.
 - Lists of critical adolescent health issues/disparities are identified through data review for one approach (3A - SHE; 3B - SHS; or 3C - SSE).
 - Risk and protective factors are identified for one approach (3A - SHE; 3B - SHS; or 3C - SSE) based on available data.

- References or citations are provided for data source(s).
- Plan clearly addresses identified risk and protective factors for one approach (3A - SHE; 3B - SHS; or 3C - SSE).

Demonstrates project management oversight and staff capacity (up to 8 points total)

- Describes how the applicant will provide oversight and supervision ensuring quality, consistency, and program improvement including a description of key staff with expertise in adolescent sexual health including defined roles and responsibilities, organization charts delineating lines of authority/leadership support, internal decision making processes for project management, and a process for onboarding (orientation, training, mentoring) of new staff. (up to 8 points)
 - Describes the expertise of key staff.
 - Describes the roles and responsibilities of key staff including the level, type and percentage of staff time that will be supporting the work.
 - Provides resumes of key staff in an appendix that demonstrate experience in adolescent sexual health.
 - If the position is not filled, a position description should be provided in lieu of a resume.
 - If the position is not filled, a hiring plan and timeline is provided.
 - Provides a proposed staffing map for funded and in-kind FTE's that outlines lines of supervision, authority, and leadership support.
 - Describes plans and modes of communication for internal decision making processes.
 - Describes the onboarding process (orientation, training, mentoring) for new or transitioning project staff.

Involves stakeholders (up to 5 points total)

- Describes how the applicant will establish or expand partnerships with other grant recipients funded for Component 3 and contractors funded for support of PS18-1807 to provide coordinated support, minimize duplication of efforts, leverage staff expertise, and maximize available resources. (up to 5 points)
 - Describes how the applicant will collaborate and coordinate efforts with other grant recipients funded for Component 3 and contractors funded for support of PS18-1807.
 - Describes a clear plan to minimize duplication of efforts.
 - Provides specific examples of ways to leverage staff expertise and maximize available resources

Component 3D (up to 45 points total)

Evaluate the extent to which the applicant:

- Demonstrates relevant experience, infrastructure and capacity to achieve the goals of the project, as set forth above in the Organizational Capacity of Awardees section; describes past experiences with similar projects, including the outcomes and impacts of such projects:

- Organizational connection to and strong working relationships with school- and community-based partners throughout the United States. (up to 6 points)
 - Expertise in adolescent substance use prevention. (up to 6 points)
 - Current or past experience coalition-based activities similar to those listed in the “Required Activities” section. (up to 6 points)
 - Current or past experience demonstrating the ability to conduct trainings in-person and online throughout the United States to school-based or other audiences with a vested interest in adolescents. (up to 6 points)
 - Current or past experience providing capacity-building and technical assistance throughout the United States related to adolescents, substance use, or other relevant content. (up to 6 points)
- Provides a staffing plan and project management structure that will be sufficient to meet the goals of the proposed project and which clearly defines staff roles. Provides an organizational chart and provides resumes of key staff; describes how it would replace staff in a timely way should key staff leave during the project period. (up to 5 points)
- Demonstrates experience and capacity to implement the evaluation plan. (up to 10 points)

Component 3E (45 points total)

Evaluate the extent to which the applicant:

- Demonstrates relevant experience, infrastructure and capacity to achieve the goals of the project, as set forth above in the Organizational Capacity of Recipients section; describes past experiences with similar projects, including the outcomes and impacts of such projects. For example:
 - Describes the ability, directly and/or through existing organizational relationships and partnerships, to bring together and effectively facilitate teams of diverse individuals from the executive and legislative branches from throughout the United States; provides evidence of past success in doing such activities (up to 5 points).
 - Demonstrate expertise or the ability to access through existing partnerships subject matter expertise in CDC-based approaches to prevent HIV, STD, and pregnancy among teens (up to 5 points).
 - Describes the ability to and prior experience in planning effective virtual and in-person meetings, learning opportunities and technical assistance; provides examples (up to 5 points).
 - Describes infrastructure and experience in widely disseminating educational information to constituency (up to 5 points).
 - Provides a staffing plan and project management structure that will be sufficient to meet the goals of the proposed project and which clearly defines staff roles. Provides an organizational chart and provides resumes of key staff; describes how it would replace staff in a timely way should key staff leave during the project period. (up to 5 points)

- Demonstrates existing partnerships as described above in the external organization collaboration section. (up to 10 points)
- Demonstrates experience and capacity to implement the evaluation plan. (up to 10 points)

Budget

While this review category is not scored, CDC expects the itemized budget and corresponding budget narrative to be reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative.

Because of the amount of work involved in Component 2 and Component 3, CDC requires applicants for these two components to allocate at least one full-time employee (FTE) to be included in the applicant's itemized budget and corresponding budget narrative. This 1.0 FTE position could be split among up to three staff, by effort, or among the three approach areas for Component 2.

Components 2 and 3 applicants should also budget for CDC-required and other approved professional development events that require in-person attendance.

In addition, all recipients are required to attend a grantee orientation September 24-26, 2018, at the CDC main campus in Atlanta. This travel should be reflected in the itemized budget and corresponding budget narrative. See "Budget Narrative" on pages 53-54 for further information on budgets.

c. Phase III Review

Phase III review will be conducted as follows:

- Technical review: non-competitive review for Component 1 State Education Agency and Territorial Education Agency applicants only
- Objective review: competitive review for Component 1 Local Education Agency and Tribal Government Education Agency applicants; and for all Component 2 and 3 applicants

The following factors also may affect the funding decision:

- Geographic diversity;
- Reach of application to specific racial, ethnic and sexual gender minority youth populations at highest risk; and
- Applicants demonstrating an ability to reach populations with higher HIV/STD and teen birth rates and/or number of cases.

Applicants who choose to apply for more than one Component 3 subsection must also indicate their two highest preferred application submissions. CDC will use these preferences as part of

its consideration to fund out of rank order if the highest scores across the Component 3 subsections are from the same applicant.

CDC will provide justification for any decision to fund out-of-rank order.

Review of risk posed by applicants.

Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.

CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.

In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:

- (1) Financial stability;
- (2) Quality of management systems and ability to meet the management standards prescribed in this part;
- (3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
- (4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
- (5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

CDC anticipates notice of funding by July 2, 2018, with a start date of August 1, 2018.

F. Award Administration Information

1. Award Notices

Recipients will receive an electronic copy of the Notice of Award (NOA) from CDC OGS. The NOA shall be the only binding, authorizing document between the recipient and CDC. The NOA will be signed by an authorized GMO and emailed to the Recipient Business Officer listed in application and the Program Director.

Any applicant awarded funds in response to this Notice of Funding Opportunity will be subject to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt or by U.S. mail.

2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.

Brief descriptions of relevant provisions are available

at <http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17>.

The HHS Grants Policy Statement is available

at <http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>.

AR-4: HIV/AIDS Confidentiality Provisions

AR-5: HIV Program Review Panel Requirements

AR-6: Patient Care

AR-7: Executive Order 12372 Review

AR-8: Public Health System Reporting Requirements

AR-9: Paperwork Reduction Act Requirements

AR-10: Smoke-Free Workplace Requirements

AR-11: Healthy People 2020

AR-12: Lobbying Restrictions (June 2012)

AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities

AR-14: Accounting System Requirements

AR-15: Proof of Non-profit Status

AR-16: Security Clearance Requirement

AR-24: Health Insurance Portability and Accountability Act Requirements

AR-25: Release and Sharing of Data

AR-26: National Historic Preservation Act of 1966

AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009

AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
 AR-34: Language Access for Persons with Limited English Proficiency

For more information on the CFR visit <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

3. Reporting

Reporting provides continuous program monitoring and identifies successes and challenges that recipients encounter throughout the project period. Also, reporting is a requirement for recipients who want to apply for yearly continuation of funding. Reporting helps CDC and recipients because it:

- Helps target support to recipients;
- Provides CDC with periodic data to monitor recipient progress toward meeting the Notice of Funding Opportunity outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the NOFO.

The table below summarizes required and optional reports. All required reports must be sent electronically to GMS listed in the “Agency Contacts” section of the NOFO copying the CDC Project Officer.

The reporting table for PS18-1807 is below.

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Revised Year 1 Work Plan	4 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	CDC program will work with recipients to determine due dates.	Yes
Federal Financial Reporting Forms	90 days after end of calendar quarter in which budget period ends.	Yes

Final Performance and Financial Report	90 days after end of project period.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30, 2017; April 30, 2017; July 30, 2017; October 30, 2017; January 30, 2018.	Yes

a. Recipient Evaluation and Performance Measurement Plan (required)

With support from CDC, recipients must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; recipients must submit the plan 6 months into the award. HHS/CDC will review and approve the recipient’s monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC, or other guidance otherwise applicable to this Agreement.

Recipient Evaluation and Performance Measurement Plan (required): This plan should provide additional detail on the following:

Performance Measurement

- Performance measures and targets
- The frequency that performance data are to be collected.
- How performance data will be reported.
- How quality of performance data will be assured.
- How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).
- Dissemination channels and audiences.
- Other information requested as determined by the CDC program.

Evaluation

- The types of evaluations to be conducted (e.g. process or outcome evaluations).
- The frequency that evaluations will be conducted.
- How evaluation reports will be published on a publically available website.
- How evaluation findings will be used to ensure continuous quality and program improvement.
- How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
- Dissemination channels and audiences.

HHS/CDC or its designee will also undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the activities and use of HHS/CDC funding

under this Agreement.

b. Annual Performance Report (APR) (required)

The recipient must submit the APR via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
 - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
 - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
 - Recipients must describe success stories.
- **Challenges**
 - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
 - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
 - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.
- **Administrative Reporting** (No page limit)
 - SF-424A Budget Information-Non-Construction Programs.
 - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
 - Indirect Cost Rate Agreement.

Recipients may choose to submit a request for carryover of unobligated balances as part of their Annual Report. The carryover request must:

- Express a bona fide need for permission to use an unobligated balance;
- Include a signed, dated, and accurate Federal Financial Report (FFR) for the budget period from which funds will be transferred (as much as 75% of unobligated balances); and

- Include a list of proposed activities, an itemized budget, and a narrative justification for those activities.

The recipients must submit the Annual Performance Report via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period.

c. Performance Measure Reporting (optional)

CDC programs may require more frequent reporting of performance measures than annually in the APR. If this is the case, CDC programs must specify reporting frequency, data fields, and format for recipients at the beginning of the award period.

After award CDC will describe performance monitoring data fields, the schedule, and procedure for submitting performance monitoring data.

d. Federal Financial Reporting (FFR) (required)

The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period. The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. Failure to submit the required information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, recipients are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

e. Final Performance and Financial Report (required)

This report is due 90 days after the end of the period of performance. CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the project period, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

4. Federal Funding Accountability and Transparency Act of 2006 (FFATA)

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, <http://www.USASpending.gov>.

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over \$25,000.

For the full text of the requirements under the FFATA and HHS guidelines, go to:

- <https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf>,
- https://www.frs.gov/documents/ffata_legislation_110_252.pdf
- <https://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA>.

5. Reporting of Foreign Taxes (International/Foreign projects only)

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) (“United States foreign assistance funds”). Outlined below are the specifics of this requirement:

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the recipient did not pay any taxes during the reporting period.]

2) Quarterly Report: The recipient must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.

3) Terms: For purposes of this clause:

“Commodity” means any material, article, supplies, goods, or equipment;
“Foreign government” includes any foreign government entity;
“Foreign taxes” means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.

5) Contents of Reports: The reports must contain:

- a. recipient name;
- b. contact name with phone, fax, and e-mail;
- c. agreement number(s) if reporting by agreement(s);
- d. reporting period;
- e. amount of foreign taxes assessed by each foreign government;
- f. amount of any foreign taxes reimbursed by each foreign government;
- g. amount of foreign taxes unreimbursed by each foreign government.

6) Subagreements. The recipient must include this reporting requirement in all applicable subgrants and other subagreements.

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

John Canfield, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for HIV, Viral Hepatitis, STD, and TB Prevention
Division of Adolescent and School Health
1600 Clifton Road NE, Mailstop E-75
Atlanta, GA 30329-4027 USA

Telephone: (404) 718-8333

Email: qzc6@cdc.gov

Grants Staff Contact

For financial, awards management, or budget assistance, contact:

Arthur Lusby, Grants Management Specialist
Department of Health and Human Services

Office of Grants Services
2920 Brandywine Road, MS-E15
Atlanta, GA 30341

Telephone: (770) 488-2865
Email: cmx3@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.
Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

For all other **submission** questions, contact:
Technical Information Management Section
Department of Health and Human Services
CDC Office of Financial Resources
Office of Grants Services
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
E-mail: ogstims@cdc.gov

CDC Telecommunications for persons with hearing loss is available at: TTY 1-888-232-6348

H. Other Information

Following is a list of acceptable attachments **applicants** can upload as PDF files as part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Position descriptions
- Letters of Support
- Organization Charts
- Non-profit organization IRS status forms, if applicable
- Indirect Cost Rate, if applicable
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)
- Bona Fide Agent status documentation, if applicable

If applying for more than one component area, a separate program narrative, work plan, and budget narrative must be submitted with the application forms. For example, applicants should name the files for Component 1 "ProgramNarrative.Component1.NameofAgency," "WorkPlan.Component1.NameofAgency," and "BudgetNarrative.Component1.NameofAgency," as appropriate, and upload it on www.grants.gov.

LEA entities applying under Component 2 are to submit separate application for Components 1 and 2. Potential applicants applying under Component 3 are to submit separate applications for each sub-component (3A, 3B, 3C, 3D, 3E) for which they are applying.

In addition, applicants should indicate in each application form SF-424 under item 15 ("Descriptive Title of Applicant's Project") the Component the applicant is applying under. The applicant also should indicate in the Project Abstract Summary the component or components they are applying under.

A regularly updated list of frequently asked questions (FAQ) regarding this NOFO will be posted at <https://www.cdc.gov/healthyouth/fundedpartners/1807/faq.htm>

I. Glossary

Activities: The actual events or actions that take place as a part of the program.

Administrative and National Policy Requirements, Additional Requirements

(ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see http://www.cdc.gov/grants/additional_requirements/index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.

Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.

Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

Catalog of Federal Domestic Assistance (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.

CFDA Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency.

CDC Assurances and Certifications: Standard government-wide grant application forms.

Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the “life” of the award).

Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.

Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.

Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. [http:// www.cdc.gov /grants /additionalrequirements /index.html](http://www.cdc.gov/grants/additionalrequirements/index.html).

DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at [http://fedgov.dnb.com/ webform/displayHomePage.do](http://fedgov.dnb.com/webform/displayHomePage.do).

Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.

Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.

Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.

Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

Healthy People 2020: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.

Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: http://www.whitehouse.gov/omb/grants_spoc/.

Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

Memorandum of Understanding (MOU) or Memorandum of Agreement

(MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher education, hospitals, and tribal organizations (that is, Indian entities other than federally

recognized Indian tribal governments).

Notice of Award (NoA): The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.

Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.

Outcome: The results of program operations or activities; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.

Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A “program” may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

Period of performance –formerly known as the project period - : The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.

Period of Performance Outcome: An outcome that will occur by the end of the NOFO’s funding period

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.

Program Strategies: Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

Program Official: Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation <http://www.phaboard.org>.

Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.

Statutory Authority: Authority provided by legal statute that establishes a federal financial

assistance program or award.

System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.

Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.

Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

NOFO-specific Glossary and Acronyms

Adolescents: Individuals in the 10-19 years age group.

Adopted: Formal acceptance of an opinion, policy, procedure, protocol, curriculum, or practice by a vote or consensus decision by an authoritative decision making body (e.g., a school board vote).

Alternative School: An educational or instructional facility established for students at disproportional risk for failing or dropping out of regular high school, or who have been removed from their regular high school because of drug use, violence, or other illegal activity or behavioral problems.

Bullying: Attack of intimidation with the intention to cause fear, distress, or harm; a real or perceived imbalance of power between the bully and the victim; and repeated attack or intimidation between the same children over time. Bullying can include aggression that is physical verbal (e.g., name calling, teasing, or psychological/social (e.g., spreading rumors, leaving out of group) or electronic (e.g., social media, technology).

Capacity Building: The process of improving an organization's ability to achieve its mission. It includes increasing skills and knowledge; increasing the ability to plan and implement programs, practices, and policies; increasing the quality, quantity, or cost-effectiveness of programs, practices, and policies; and increasing the sustainability of infrastructure or systems that support programs, practices, and policies.

Capacity Building Assistance (CBA): The transmission of knowledge and building of skills to improve an organization's ability to achieve its mission. CBA involves using diverse program activities including training, professional development, staff development, technical assistance (see technical assistance), or technology transfer.

Classroom Management: The process by which teachers and schools create and maintain appropriate behavior of students in classroom settings.

Coalition: A formal arrangement for cooperation and collaboration among groups or sectors of a community in which each group retains its identity, but all agree to work together toward a common goal.

Competencies: An integrated set of knowledge, skills, and attitudes that supports successful performance.

Culturally Appropriate: Considering the cultural knowledge, prior experiences, frames of reference, and performance styles of diverse students to make learning encounters more relevant and effective for them. Culturally appropriate educational programs encourage children and teachers to view events and situations from a multiple perspectives.

Curriculum: An educational plan incorporating a structured, developmentally appropriate series of intended learning outcomes and associated learning experiences for students; generally organized as a related combination or series of school-based materials, content, and events.

Diffusion: Spreading the implementation of required activities beyond priority schools.

Evidence-Based Approaches: Ways of addressing disease prevention and health promotion by using best practices in the field as determined through the use of peer-reviewed research and scientific studies.

Evidence-Based Intervention (EBI): A program that has been (i) proven effective on the basis of rigorous scientific research and evaluation, and (ii) identified through a systematic independent peer-review. This NOFO is specifically interested in those EBIs that show effectiveness in changing behavior associated with the risk factors for HIV/ STD infection and/or unintended pregnancy among youth; these behaviors may include delaying sexual activity, reducing the frequency of sex, reducing the number of sexual partners, and/or increasing condom or contraceptive use. More information on federal lists of evidence-based programs can be found at <http://www.cdc.gov/healthyouth/adolescenthealth/registries.htm>

Evidence-Informed Program: A program that is informed by scientific research and effective practice. Such a program replicates evidence-based programs or substantially incorporates elements of effective programs. The program shows some evidence of effectiveness, although it has not undergone enough rigorous evaluation to be proven effective.

Expand Onsite Sexual Health Services (SHS): The increase in SHS provided onsite at schools, including in SBHCs, through expansion of the types of key SHS available, expansion of the populations of youth to whom onsite SHS are targeted, or an increase in the total number of students accessing services.

Gay-Straight Alliances: A Gay-Straight Alliance (GSA) is a student-run club, typically in a high school or middle school, which provides a safe place for students to meet, support each other, talk about issues related to sexual orientation and gender identity and expression, and work to end homophobia and transphobia.

Gender-Sexuality Alliance (GSA): A student-led club that aims to create a safe, welcoming, and accepting school environment for all youth, regardless of sexual orientation or gender identity.

Health Education: Includes planned, sequential materials, instructions, and educational experiences delivered in the classroom setting that provide students with opportunities to acquire the knowledge and skills necessary for making health promoting decisions and achieving health literacy. Quality health education is based on sound theories of development and behavior change or empirically supportive practices that result in increased knowledge and positive behavior change.

Health Education Curriculum: A set of instructional strategies and learning experiences that provide students with opportunities to acquire the attitudes, knowledge, and skills necessary for making health-promoting decisions, achieving health literacy, adopting health-enhancing behaviors, and promoting the health of others. A health education curriculum should have:

- A set of intended learning objectives or learning outcomes that are directly related to students' acquisition of health-related knowledge, attitude, and skills.
- A planned progression of developmentally appropriate lessons or learning experiences that lead to achieving these objectives.
- Continuity between lessons or learning experiences that clearly reinforce the adoption and maintenance of specific health-enhancing behaviors.
- Accompanying content or materials that correspond with the sequence of learning events and help teachers and students meet the learning objectives.
- Assessment strategies to determine if students achieved the desired learning.

Health Instruction: The process, including delivery of lessons, facilitation of learning, directing of activities and learning events and other components of the classroom experience, designed to provide an opportunity for students to acquire developmentally-appropriate health knowledge and attitudes and improve health-enhancing skills and behaviors.

HIV Program Review Panel: A panel of constituents convened by an HIV-funded federal grantee to review all written materials, audiovisual materials, pictorials, questionnaires, survey instruments, proposed group educational sessions, educational curricula and like materials for medical accuracy and appropriateness for the targeted audience (<http://www.cdc.gov/od/pgo/forms/hivpanel.htm> and <http://www.cdc.gov/od/pgo/forms/hiv.htm>).

Inclusion: Refers to both the meaningful involvement of community members in all stages of the program process and maximum involvement of the target population in the benefits of the intervention. An inclusive process assures that the views, perspectives, and needs of affected communities, care providers, and key partners are actively included.

Instructional Competency: The functions a teacher should be able to perform that result in improved student learning. In health education, instructional competencies are the functions a teacher performs to improve a student's acquisition of essential knowledge and skills that contribute to health enhancing behaviors. Competencies include instructional approaches that are structured, sequenced, relevant and engaging, and consists of elements that are medically accurate, age and culturally appropriate, and consistent with the scientific research on effective health and sexual health education.

Learning Outcomes: Statements that describe significant and essential learning that students have achieved, and can reliably demonstrate at the end of a health education course or program. Learning outcomes identify what the learner should know and be able to do by the end of a course.

The intended goals of a course, program, or learning experience including the knowledge, skills, and habits of work that students are expected to acquire by the end of an instructional period (course, program or school year).

Mentoring: Refers to a youth-supportive practice that matches youth or "mentees" with

responsible, caring “mentors,” usually adults. Components of a mentoring relationship include creating caring, empathetic, consistent, and long-lasting relationships, often with some combination of role modeling, teaching, and advising.

Pacing Guide: A written schedule or chart displaying the concepts, topics, and skills related to a health education unit or curriculum to be addressed over a defined period of time. A pacing guide is an itinerary for teaching. The guide maps out the topics that will be covered throughout the health education unit or curriculum and includes all essential information (e.g., learning objectives, instructional activities, etc.)

Parent-Adolescent Communication: Conversations that occur between parents/caregivers and adolescents, which can generally be characterized by five components: the source of communication, the communication message/content, the medium or channel of communication, the recipient/audience of the communication, and the context in which the communication occurs.

Parental Monitoring: Parents’ knowledge of their adolescent’s whereabouts, companions, and activities, obtained by parental supervision, parental solicitation, parental control (i.e. enforcement of rules), and/or youth disclosure.

Model Policy: For the purpose of this NOFO, a model policy is a framework to assist school officials in developing their own state or local policies. Model policies are written as statements of best practice, which can be adapted to fit local circumstances. Model policies also reflect state-of-the-art, scientifically reliable information on what constitutes effective school health programs and expert opinions. Included in model policies are excerpts or references to actual national, state, and local policies; a statement of purpose or goals, and rationale; and definitions.

Policies: Official mandates adopted by an authoritative governing body (e.g., school district boards of education, the state school board, state legislature, or other district or state agencies) that affect the environment in schools or throughout the state. These include policies developed by an agency or based on model policies developed elsewhere. Policies include legal codes, rules, standards, administrative orders, guidelines, mandates, or resolutions. Policies can be adopted at the school, state, or federal level but are implemented at the school level.

Policy Monitoring: A continuous and systematic process of collecting and analyzing data to compare how well a policy is being implemented against its expected results.

Positive Youth Development: An intentional, prosocial approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances young people’s strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths.

Priority Schools: Secondary schools (high schools, or a combination of middle and high schools) within the funded LEA in which youth are at high risk for HIV infection and other STD. These schools will be the primary focus of LEA technical assistance efforts throughout the duration of the NOFO. LEA

Professional Development (PD): A systematic process used to strengthen the knowledge, skills, and attitudes of a particular professional workforce. PD for those who serve adolescents is intended to help improve the health, education, and well-being of youth. This type of PD is

consciously designed to actively engage learners and includes the planning, design, marketing, delivery, evaluation, and follow-up of training offerings (events, information sessions, and technical assistance).

Referral System: A set of resources and processes that are aligned to increase student awareness of school-based and community-based SHS providers, increase referral of students to school-based and community-based SHS providers for sexually active adolescents and increase the number of sexually active adolescents receiving key SHS. For the purposes of this NOFO, there are seven core components of a referral system: (1) policy, (2) referral staff, (3) procedures, (4) referral guide, (5) communications and marketing, (6) monitoring and evaluation, and (7) management and oversight.

Referral System Toolkit: Refers to the DASH resource titled, “*Developing a Referral System for Sexual Health Services: An Implementation Kit for Education Agencies* and its companion guide *Establishing Organizational Partnerships to Increase Student Access to Sexual Health Services*”. The *Referral System Toolkit* provides a framework and guidance for developing and implementing a referral system to connect youth to school or community-based sexual health services. The framework can also be used to establish referrals for substance abuse treatment, mental health, after school activities, job training and housing support. (<https://www.cdc.gov/healthyouth/healthservices/index.htm>)

Risk Behavior: A lifestyle activity that places a person at increased risk of suffering a particular condition, illness or injury.

School-Based : Any activity or project that is conducted or completed in schools or on school grounds, or a school sponsored events

School-Based Health Center (SBHC): A health center on school property where enrolled students can receive primary care, including diagnostic and treatment services, usually provided by a nurse practitioner or physicians’ assistant.

School Connectedness: The belief held by students that adults and peers in the school care about their learning as well as about them as individuals.

School District: Refers to an education agency at the local level which exists primarily to operate public schools or to contract for public school services. Synonyms include: local basic administrative unit, local education agency (LEA), parish, and independent school district (ISD).

School Environment: The overall school climate (including educational, cultural, social, professional, and physical circumstances or conditions; staffing attributes; and school-community programs) that can affect student and staff safety and health.

School Health Advisory Council (SHAC): Is made up of a broad cross-section of parents, business and community leaders, and school personnel. A SHAC facilitates communication and problem solving about health-related issues of children and youth. A District-level School Health Advisory Council can assist schools in carrying out responsibilities for promoting and protecting the health of students and employees, and can be an excellent mechanism for parent and community involvement at the school district level. The School Health Advisory Team, consisting of a group of individuals representing different segments of the community, operates at the school building level to provide advice to a school building on aspects of the school health

program

School Staff: Includes a variety of individuals who are paid to provide specialized instruction, support, or services to students or staff in a school, whether employed by the school district or contracted through other agencies and organizations. School staff includes but are not limited to administrators, teachers, counselors, education support professionals (clerical staff, maintenance workers, paraprofessionals, school nurses, etc.), and substitute educators.

Scope and Sequence: Essential element of a curriculum framework intended to serve as a guide for curriculum directors, administrators, teachers, parents, and school board members. A health education scope and sequence outlines the breadth and arrangement of key health topics and concepts across grade levels (scope), and the logical progression of essential health knowledge, skills, and behaviors to be addressed at each grade level (sequence) from pre-kindergarten through the 12th grade. A sexual health education scope and sequence should identify what the student should know or do and when it should be taught for each grade or grade group to lower their risk of HIV, STD, and unplanned teen pregnancy. The scope and sequence should be aligned with the national, state, or local health education standards, benchmarks, and performance indicators.

Secondary Schools: Middle, junior high and/or high school or schools of corresponding grade levels.

Service Learning: A strategy that integrates meaningful community service with instruction and self-reflection to support academic learning, teach civic responsibility, and strengthen communities.

Sexual Health Education (SHE): A systematic, evidence-informed approach to sexual health education that includes the use of grade-specific, evidence-based interventions, but also emphasizes sequential learning across elementary, middle, and high school grade levels. SHE provides adolescents the essential knowledge and critical skills needed to avoid HIV, other STD, and unintended pregnancy. SHE is delivered by well-qualified and trained teachers, uses strategies that are relevant and engaging, and consists of elements that are medically accurate, developmentally and culturally appropriate, and consistent with the scientific research on effective sexual health education.

Sexual Health Services (SHS): Also referred to as key sexual health services, includes risk assessment and sexual risk counseling, anticipatory guidance for HIV/STD and unplanned pregnancy prevention including delaying the onset of sexual activity; HIV testing, STD testing, STD treatment, pregnancy testing, provision of condoms and condom-compatible lubricants (e.g., water- or silicone-based), provision of contraceptives other than condoms (e.g., birth control pill, birth control shot, IUD), and human papillomavirus (HPV) vaccine administration.

Sexually Transmitted Disease (STD): A disease transmitted by sexual contact, such as syphilis, gonorrhea, chlamydia, viral hepatitis, genital herpes, and trichomoniasis. Individuals who are infected with STD are at least two to five times more likely than uninfected individuals to acquire HIV infection if they are exposed to the virus through sexual contact.

Skill-Based Instruction: A form of instruction (i.e., teaching) that fosters classroom environments where critical thinking, collaboration and active learning are developed at the same time as knowledge is acquired. A large portion of time is dedicated to practicing, assessing, and reflecting on skill development and moves students toward independence and

learning how to think critically and solve problems.

Stakeholders: Individuals or organizations that have an interest in, or are affected by, your program or activity, or its results. Engaging a range of stakeholders with different perspectives can help build both internal and external buy-in and support for a program or activity.

Student Assessment: The process of gathering, describing, or quantifying information about student performance and level of achievement based on established standards.

Success Stories: Brief, written reports that demonstrate the progress of a program or activity and how the results can affect the health of a community over time. Success stories highlight activities, such as a new intervention, or feature evaluation data from a completed project.

Technical Assistance: Targeted support provided to an individual or group of individuals with the intent to increase knowledge and skills to strengthen an organization’s capacity to achieve PS18-1807 NOFO goals. Support may be provided through professional development events, technical assistance, the provision of guidance and resource materials, or referrals to other agencies or organizations.

Unintended Pregnancy: A pregnancy that is reported to have been either unwanted (that is, the pregnancy occurred when no children, or no more children, were desired) or mistimed (that is, the pregnancy occurred earlier than desired).

Youth-Friendly Services: Services with policies and attributes that attract young people to them, create a comfortable and appropriate setting, and meet young people’s needs. Youth-friendly services ensure confidentiality, respectful treatment, and delivery of culturally-appropriate care in an integrated fashion at no charge or low cost and are easy for youth to access.

Amendments to CDC-RFA-PS18-1807

Appendix A – Component 2 Required Activities by Level

Appendix B – Scoring Criteria by Component

PS18-1807 Appendix A: Component 2 Required Activities by Level

Component 2 Required Activities	District Level	School Level*
Sexual Health Education (SHE)		
Identify and approve a list of instructional competencies expected to be demonstrated by those teaching skills-based health and sexual health education in middle and high school.	X	
Provide necessary training at least once per year to ensure school health and sexual health education teachers have content knowledge, comfort, and instructional competencies to effectively implement approved sexual health education	X	

instructional programs.		
Establish, adopt, and implement a skills-based health education course requirement which includes sexual health education content, for all students attending middle and high schools in the district.	X	
Develop and approve a K-12 health education scope and sequence that delineates sexual health education learning outcomes for all students in middle and high schools in the district.	X	
Develop, revise, or select a sexual health education instructional program consistent with approved scope and sequence, and inclusive of instructional lessons, student learning activities, resources, and student assessment.	X	
Develop, update and foster use of teaching tools and resources (e.g., lesson pacing guide, specific lesson plans) for teachers to continuously improve delivery of the identified sexual health education instructional program.	X	
Establish and maintain a school health advisory council (SHAC) that regularly provides district-level advice and guidance to improve health and sexual health education programs for students and health and sexual health education instruction for staff.	X	
Integrate strategies to actively engage parents in sexual health education instructional programs.	X	
Sexual Health Services (SHS)		
During year one, assess district and priority school capacity to implement activities to increase student access to SHS, in collaboration and coordination with the Component 3B recipient.	X	X
Annually, provide training and professional development to school and/or health service staff to support SHS activities.		X
Annually, incorporate skill-based instruction to students on accessing school-based and community SHS into sexual health education lessons.		X
Annually, choose the area of focus below, appropriate to the recipient's health services infrastructure, to increase student access to and use of SHS through either on-site provision or referral to community providers:		X

<ul style="list-style-type: none"> • Establish or improve use of a referral system to link sexually active students to community providers for SHS by using the referral system toolkit to implement the 7 core components of a referral system. • Improve student use and quality of SHS provided by School Based Health Centers (SBHCs). 		
Implement school-wide, student-planned marketing campaigns that promote recommended health services for teens and selected school SHS programs.		X
Safe and Supportive Environments (SSE)		
Implement mentoring, service learning, and/or other positive youth development programs for students and/or connect students to such community-based programs.		X
Establish or enhance student-led clubs that support LGBT youth (often known as Gay-Straight Alliances or Genders and Sexualities Alliances).		X
Disseminate resources to parents/caregivers on parental monitoring and parent-adolescent communication (generally and specifically about sex).		X
Annually, provide professional development to teachers on classroom management.		X
Annually, provide professional development to all school staff on supporting lesbian, gay, bisexual, and transgender (LGBT) youth.		X

*School-level activities should at a minimum be implemented in all priority schools, with a goal to implement these activities in all schools, district-wide, by the end of the 5 year award period. See the Component 2 narrative in the “Strategies and Activities” section of the PS18-1807 NOFO for more information on this diffusion process.

Appendix B: PS18-1807 Scoring Criteria by Component

Component 1: School-Based Surveillance

<u>Approach (up to 45 points total)</u> <i>Evaluate the extent to which the applicant:</i> <ul style="list-style-type: none"> • Describes how the applicant will collaborate with other state, territorial, tribal, and local agencies and other critical partners to successfully clear and implement YRBS and Profiles. (up to 5 points) 	45 points
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<ul style="list-style-type: none"> • Describes how the applicant will leverage other Federal, state, territorial, tribal, and local funds to improve implementation of YRBS and Profiles and the use of results to support development of policies and practices to reduce priority health-risk behaviors among youth. (up to 5 points) • Provides 5-year project period outcome(s) with a timeline or Gantt chart for the implementation of YRBS and Profiles. (up to 5 points) • Provides a detailed work plan that describes all required activities for YRBS and Profiles for Years 1-5 including 5-year goals, SMART objectives, and measures for accomplishing objectives. (up to 30 points) 	
<p><u>Evaluation and Performance Measurement (up to 25 points total)</u> <i>Evaluate the extent to which the applicant:</i></p> <ul style="list-style-type: none"> • Describes how the applicant will conduct a review of each cycle’s YRBS and Profiles activities to identify what can be changed to increase the quality of data and help institutionalize YRBS and Profiles in their jurisdiction. (up to 15 points) • Describes barriers that exist and how the applicant will overcome these barriers to conduct a successful YRBS and Profiles each cycle. (up to 10 points) 	25 points
<p><u>Applicant’s Organizational Capacity to Implement the Approach (up to 30 points total)</u> <i>Evaluate the extent to which the applicant:</i></p> <ul style="list-style-type: none"> • Describes how the applicant’s agency is structured and who will have management authority over the YRBS and Profiles and provide an organizational chart that identifies lines of authority. (up to 5 points) • Describes the applicant’s experience conducting YRBS and Profiles (or similar surveys). (up to 10 points) • Provides a job description for, and qualifications of, the person who will lead YRBS and Profiles. (up to 5 points) • Describes the applicant’s experience disseminating and using results from YRBS and Profiles (or similar surveys) to support development of policies and practices to reduce priority health-risk behaviors among youth. (up to 10 points) 	30 points
Total	100 points

Component 2: School-Based HIV/STD Prevention

Approach (up to 25 points total)	25 points
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Evaluate the extent to which the applicant addresses the following Strategies:

Sexual Health Education (up to 8 points total)

- The extent to which the applicant demonstrates a comprehensive, evidence-based approach for SHE professional development that includes at minimum the following required activities (up to 3 points):
 - Identifies and approves a list of instructional competencies to be demonstrated by those teaching skills-based health and sexual health education in middle and high school.
 - Provides necessary training at least once per year, to ensure school health and sexual health education teachers have content knowledge, comfort, and instructional competencies to effectively implement approved school health and sexual health education instructional programs.

- The extent to which the applicant demonstrates a comprehensive, quality plan for effective SHE instructional delivery that includes at minimum the following required activities (up to 4 points):
 - Establishes, adopts, and implements a skills-based health education course requirement which includes sexual health education content, for all students attending middle and high schools in the district.
 - Develops and approves a K-12 health education scope and sequence that delineates sexual health education learning outcomes for all students in middle and high schools in the district.
 - Develops, revises, or selects a sexual health education instructional program consistent with approved scope and sequence, and inclusive of instructional lessons, student learning activities, resources, and student assessment.
 - Develops, updates and fosters use of teaching tools and resources (e.g., lesson pacing guide, specific lesson plans) for teachers to continuously improve delivery of the identified sexual health education instructional program.

- The extent to which the applicant describes SHE-related parent and community engagement strategies that includes at minimum the following required activities (up to 1 point):
 - Establishes and maintains a school health advisory council (SHAC) that regularly provides district-level advice and guidance to improve health and sexual health education programs for students and health and sexual health education instruction for staff.

- Integrates strategies to actively engage parents in sexual health education instructional programs.

Sexual Health Services (up to 9 points total)

- The extent to which the applicant describes a quality, comprehensive plan for increasing student access and use of SHS through either on-site provision or referral to community providers and includes at minimum **one** of the two focus areas below: (up to 5 points):
 - Establishes or improves use of a referral system to link sexually active students to community providers for SHS by using the referral system toolkit to implement the 7 core components of a referral system. – OR –
 - Improves student use and quality of SHS provided by School Based Health Centers (SBHCs).

- The extent to which the applicant describes support for SHS implementation that includes at minimum the following required activities (up to 4 points):
 - Assesses district and priority school capacity to implement activities to increase student access to SHS, in collaboration and coordination with the Component 3B recipient during year one.
 - Provides training and professional development to school and/or health service staff to support SHS activities annually.
 - Incorporates skill-based instruction to students on accessing school-based and community SHS into sexual health education lessons annually.
 - Implements school-wide, student-planned marketing campaigns that promote recommended health services for teens and selected school SHS programs.

Safe and Supportive Environments (up to 8 points total)

- The extent to which the applicant describes support for SSE implementation specific to LGBT youth that includes at minimum the following required activities (up to 4 points):
 - Establishes or enhances student-led clubs that support LGBT youth (often known as Gay-Straight Alliances or Genders and Sexualities Alliances).
 - Provides professional development to all school staff on supporting LGBT youth annually.

<ul style="list-style-type: none"> • The extent to which the applicant describes SSE-related activities for students, parents, and the community that includes at minimum the following required activities (up to 4 points): <ul style="list-style-type: none"> ○ Implements mentoring, service learning, and/or other positive youth development programs for students and/or connect students to such community-based programs. ○ Disseminates resources to parents/caregivers on parental monitoring and parent-adolescent communication (generally and specifically about sex). ○ Provides professional development to teachers on classroom management annually. 	
<p>Evaluation and Performance Measurement (up to 25 points total) <i>Evaluate the extent to which the applicant:</i></p> <ul style="list-style-type: none"> • Describes the components and tasks of how the applicant will allocate the 6% of program funding to support and implement the evaluation plan. Provides a quality evaluation and performance measurement plan aligned with the application and submission information. (up to 6 points) • Describes how the applicant will collaborate with other partners and stakeholders to collect specified data. (up to 6 points) • Describes how the applicant will collect data to report required process and short- and intermediate-term outcome and performance measures. (up to 7 points) • Describes how the applicant will disseminate their evaluation results to key stakeholders at least annually and at the end of the project period. (up to 6 points) 	25 points
<p>Applicant’s Organizational Capacity to Implement the Approach (up to 50 points total) <i>Evaluate the extent to which the applicant:</i> <u>Demonstrates program reach and addresses key public health issues (up to 16 points total)</u></p> <ul style="list-style-type: none"> • Proposes to reach the following numbers of secondary school students through work with priority schools: <ul style="list-style-type: none"> ○ 20,000-29,999 secondary school students = 3 points ○ 30,000 or more secondary school students = 6 points • Demonstrates the extent to which the applicant will conduct its work in an area at increased risk for adverse health outcomes by presenting county-level chlamydia rates per 100,000 reported for females ages 10 through 19 years (applicants whose program will reach students in more than one county may use the rate of the highest-rate county to be reached): (up to 5 points as follows) 	50 points

- 1,033 to 1,415 per 100,000 = 1 point
- 1,416 to 2,019 per 100,000 = 3 points
- ≥ 2020 per 100,000 = 5 points

- Demonstrates the extent to which the applicant will conduct its work in an area at increased risk for adverse health outcomes by presenting county-level teen birth rates per 1,000 reported for females ages 15-19 years (applicants whose program will reach students in more than one county may use the rate of the highest-rate county to be reached): (up to five points as follows)
 - 29.0 to 37.4 per 1,000 = 1 point
 - 37.5 to 48.1 per 1,000 = 3 points
 - >48.2 per 1,000 = 5 points

Demonstrates leadership and district support (up to 12 points total)

- Describes how the applicant will leverage current adolescent sexual health policies, programs, and practices to advance the work proposed in the application. (up to 3 points)
 - Clearly describes the district's existing adolescent sexual health policy, program and/or practices.
 - Provides evidence in an appendix.
 - Explains how current work will be leveraged to advance current adolescent sexual health policy, program and/or practices.
- Describes in detail the applicant's resources to implement adolescent sexual health policies, programs, and practices for SHE, SHS, SSE activities including: staffing, in-kind support, building space, designated class time, innovative technology, and leveraging financial support. (up to 6 points)
 - Provides a detailed staffing plan including in-kind staff support, for each approach.
 - Describes how building space and designated class time is used to implement adolescent sexual health policies, programs and practices.
 - Explains experience in using innovative technological methods to promote the work.
 - Describes in-kind and/or leveraged financial support.
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- Describes how the applicant proposes to align the work in the application with the district's adolescent health plan (i.e. Wellness Plan, School Improvement Plan, Whole School/Community/Child efforts). Addresses SHE, SHS, and SSE, demonstrating the district's commitment to support and promote the work. (up to 3 points)
 - Clearly describes the district's plan to address adolescent

sexual health.

- Identifies how the district's adolescent health plan will advance the required activities in the proposed application.

Demonstrates evaluation capacity (up to 7 points total)

- Describes how the applicant will use data to analyze key adolescent health issues/disparities, and develop a plan using sexual health risk and protective factors that will address student level, building, and district-level. (up to 7 points)
 - Data sources are identified and analyzed.
 - Lists of critical adolescent health issues/disparities identified are through data review.
 - Risk and protective factors are identified based on available data.
 - References or citations are provided for data source(s).
 - Plan clearly addresses identified risk and protective factors.

Demonstrates project management oversight and staff capacity (up to 9 points total)

- Describes how the applicant will provide oversight and supervision ensuring quality, consistency, and program improvement including a description of key staff with expertise in adolescent sexual health including defined roles and responsibilities, organization charts delineating lines of authority/leadership support, internal decision making processes for project management, and a process for onboarding (orientation, training, mentoring) of new staff. (up to 9 points)
 - If the position is not filled, a position description should be provided in lieu of a resume.
 - If the position is not filled, a hiring plan and timeline should be provided.
 - Describes the expertise of key staff.
 - Describes the roles and responsibilities of key staff including the level, type, and percentage of staff time that will be supporting the work.
 - Provides resumes of key staff in an appendix that demonstrate experience in adolescent sexual health.
 - Provides a proposed staffing map for funded and in-kind FTEs that outlines lines of supervision, authority, and leadership support.
 - Describes plans and modes of communication for internal decision making processes.
 - Describes the onboarding process (orientation, training, mentoring) for new or transitioning project staff.

<p><u>Involves stakeholders (up to 6 points total)</u></p> <ul style="list-style-type: none"> • Describes how the applicant will engage internal staff to partner on work in the proposed application including but not limited to the following staff: health services, curriculum, school climate, parent coordinator, data/evaluation, and district and building administrators. (up to 3 points) <ul style="list-style-type: none"> ○ Provides one letter of commitment as requested in Section iii.1.b that names key internal staff partnering on the proposed work. ○ Describes the roles and contributions of internal staff partnering on the proposed work. ○ Indicates roles and responsibilities of internal staff in the proposed work plan activities. • Describes how the applicant will establish and/or expand key external partnerships to provide additional expertise in adolescent sexual health through local training and technical assistance support, SBHCs or community youth-friendly clinics collaborations, and identifying program champions to market the proposed work as a priority within the district. (up to 3 points) <ul style="list-style-type: none"> ○ Describes new or existing key external partners collaborating on the proposed work. ○ Describes the roles and contributions of external partners collaborating on the proposed work. ○ Indicates roles and responsibilities of external partners collaborating on the proposed work plan activities. 	
Total	100 points

Components 3A, 3B, and 3C: (Technical Assistance and Capacity Building for SHE, SHS, and SSE)

<p>Approach (up to 35 points total) <i>Evaluate the extent to which the applicant:</i> <u>Strengthens the capacity of LEA funded for Component 2 (up to 30 points total)</u></p> <ul style="list-style-type: none"> • Describes in detail an overall strategy to achieve the project outcomes, as described in the NOFO, with specific and appropriate time lines. (up to 5 points) • Describes activities that are evidence-based, achievable, and appropriate to achieve the outcomes of the project. (up to 5 points) • Describes how the applicant will work with staff in the LEA funded for Component 2 to implement the identified approach (3A - SHE; 	35 points
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<p>3B - SHS; or 3C - SSE) and the required activities to achieve program performance outcomes. (up to 5 points)</p> <ul style="list-style-type: none"> • Includes a detailed, quality tiered plan to build the capacity of up to 35 LEA funded for Component 2 that includes technical assistance, specialized capacity building, and intensive program implementation support. (up to 15 points) <ul style="list-style-type: none"> ○ Describes a plan to create and implement an annual inventory of general program activities of all LEA funded for Component 2 related to the identified approach, including specific LGBT-focused programmatic and capacity building activities (3A - SHE; 3B - SHS; or 3C - SSE); SHS should also include an annual summary of LEA and priority school health services infrastructure including staffing model, systems, processes, resources, and activities; SSE should also include an inventory of general SSE or LGBT-focused program activities with a subset of priority schools). ○ Describes a plan to create and implement an annual assessment of the capacity of all LEA funded for Component 2 to implement activities in the identified approach (3A - SHE; 3B - SHS; or 3C - SSE) ○ Describes a clear plan for capacity building for all grantees, delineating three tiers: general, specialized, and intensive technical assistance. Provide descriptions of the tiers and examples of the types of technical assistance proposed. ○ Describes previous experience and strategies at the national level used in working with LEA and school leaders and communities to strengthen adolescent sexual health priorities, including professional development, technical assistance, and dissemination of existing materials. ○ Describes how the applicant will identify Component 2 recipients for specialized capacity building and intensive program implementation support. • Describes how the applicant will ensure that subject matter experts are accessible to project participants as needed. (up 2 points) • Describes how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities. (up to 3 points) 	
<p>Evaluation and Performance Measurement (up to 25 points total) <i>Evaluate the extent to which the applicant:</i></p> <ul style="list-style-type: none"> • Describes the components and tasks of how the applicant will allocate the 6% of program funding to support and implement the evaluation plan. Provides a quality evaluation and performance measurement plan aligned with the application and submission 	<p>25 points</p>

<p>information. (up to 6 points)</p> <ul style="list-style-type: none"> • Describes how the applicant will collaborate with other partners and stakeholders to collect specified data. (up to 6 points) • Describes how the applicant will collect data to report required process and short- and intermediate-term outcome and performance measures. (up to 7 points) • Describes how the applicant will disseminate their evaluation results to key stakeholders at least annually and at the end of the project period. (up to 6 points) 	
<p>Applicant’s Organizational Capacity to Implement the Approach (up to 40 points total) 40 points</p> <p><i>Evaluate the extent to which the applicant:</i></p> <p><u>Demonstrates leadership support (up to 20 points total)</u></p> <ul style="list-style-type: none"> • Describes how the applicant will leverage current work in adolescent sexual health policies, programs, and practices to provide technical support to LEA funded for Component 2 and advance the work proposed in the application (in an appendix). (up to 3 points) <ul style="list-style-type: none"> ○ Clearly describes the applicant’s existing work in adolescent sexual health policy, program, and/or practices throughout the United States. ○ Explains how current work will be leveraged throughout the United States to provide technical support to LEA funded for Component 2 and advance current adolescent sexual health policy, program, and/or practices. ○ Provides evidence in appendix. • Describes the applicant’s resources to provide technical support to LEA on adolescent sexual health policies, programs, and practices for one approach (SHE, SHS, or SSE) activities including: staffing, in-kind support, capacity building experience, material distribution, communication processes, innovative technology, and leveraging financial support. (up to 7 points) <ul style="list-style-type: none"> ○ Provides a detailed staffing plan including in-kind staff support for each approach. ○ Describes how material distribution and communication processes are used to provide support to LEA in their efforts to implement adolescent sexual health policies, programs and practices. ○ Explains experience in using innovative technological methods to promote the work throughout the United States. ○ Describes in-kind and/or leveraged financial support. • Describes the applicant’s experience working at the national level and its ability to provide technical support to LEA in a wide variety 	

of locations across the United States. (up to 10 points)

- Clearly describes the applicant's experience working at the national level to provide technical support on adolescent sexual health policies, programs, and practices to LEA.
- Provides evidence of its ability to provide technical support to LEA in a wide variety of locations across the United States.

Demonstrates evaluation capacity (up to 7 points total)

- Describes how the applicant will use data to analyze key adolescent health issues/disparities for one approach (3A - SHE; 3B - SHS; or 3C - SSE), and develop a plan using sexual health risk and protective factors that will address the capacity needs of LEA funded for Component 2. (up to 7 points)
 - Data sources are identified and analyzed.
 - Lists of critical adolescent health issues/disparities are identified through data review for one approach (3A - SHE; 3B - SHS; or 3C - SSE).
 - Risk and protective factors are identified for one approach (3A - SHE; 3B - SHS; or 3C - SSE) based on available data.
 - References or citations are provided for data source(s).
 - Plan clearly addresses identified risk and protective factors for one approach (3A - SHE; 3B - SHS; or 3C - SSE).

Demonstrates project management oversight and staff capacity (up to 8 points total)

- Describes how the applicant will provide oversight and supervision ensuring quality, consistency, and program improvement including a description of key staff with expertise in adolescent sexual health including defined roles and responsibilities, organization charts delineating lines of authority/leadership support, internal decision making processes for project management, and a process for onboarding (orientation, training, mentoring) of new staff. (up to 8 points)
 - If the position is not filled, a position description should be provided in lieu of a resume.
 - If the position is not filled, a hiring plan and timeline is provided.
 - Describes the expertise of key staff.
 - Describes the roles and responsibilities of key staff including the level, type and percentage of staff time that will be supporting the work.
 - Provides resumes of key staff in an appendix that demonstrate experience in adolescent sexual health.

<ul style="list-style-type: none"> ○ Provides a proposed staffing map for funded and in-kind FTE's that outlines lines of supervision, authority, and leadership support. ○ Describes plans and modes of communication for internal decision making processes. ○ Describes the onboarding process (orientation, training, mentoring) for new or transitioning project staff. <p><u>Involves stakeholders (up to 5 points total)</u></p> <ul style="list-style-type: none"> ● Describes how the applicant will establish or expand partnerships with other grant recipients funded for Component 3 and contractors funded for support of PS18-1807 to provide coordinated support, minimize duplication of efforts, leverage staff expertise, and maximize available resources. (up to 5 points) <ul style="list-style-type: none"> ○ Describes how the applicant will collaborate and coordinate efforts with other grant recipients funded for Component 3 and contractors funded for support of PS18-1807. ○ Describes a clear plan to minimize duplication of efforts. ○ Provides specific examples of ways to leverage staff expertise and maximize available resources. 	
<p>Total</p>	<p>100 points</p>

Component 3D: Training and Technical Assistance for School-Based Substance Use Approaches

<p>Approach (up to 30 points total)</p> <ul style="list-style-type: none"> ● Describes an overall strategy to achieve the project outcomes, as described in the NOFO, with specific and appropriate time lines. (up to 5 points) ● Describes activities that are evidence-informed and appropriate to achieve the outcomes of the project. (up to 5 points) ● Describes how it will: <ul style="list-style-type: none"> ○ Assess the LEA and its jurisdiction in preparation for training and technical assistance to designated LEA staff. (up to 5 points) ○ Develop, implement, and evaluate trainings for designated LEA staff. (up to 5 points) ○ Develop, implement, and monitor technical assistance to designated LEA staff. (up to 3 points) ○ Facilitate collaboration and coordination processes between designated LEA staff and new and existing coalition members. (up to 2 points) ● Describes clear monitoring and evaluation procedures and how 	<p>30 points</p>
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<p>evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities. (up to 5 points)</p>	
<p>Evaluation and Performance Measurement (up to 25 points total) <i>Evaluate the extent to which the applicant:</i></p> <ul style="list-style-type: none"> • Describes an evaluation plan that clearly identifies key evaluation questions, type(s) of evaluations to be conducted, how and by whom evaluation will be conducted, data collection and analysis plans, how data will be reported, and how evaluation and performance measurement findings will be used to demonstrate the outcomes of the NOFO and for continuous program quality improvement. (up to 10 points) • Provides an evaluation plan that is feasible, ethical, methodologically sound, and engages key stakeholders. (up to 10 points) • Describes measures of effectiveness that are consistent with components of the work plan and are likely to measure the intended performance outcomes. (up to 5 points) 	<p>25 points</p>
<p>Applicant’s Organizational Capacity to Implement the Approach (up to 45 points total) <i>Evaluate the extent to which the applicant:</i></p> <ul style="list-style-type: none"> • Demonstrates relevant experience, infrastructure and capacity to achieve the goals of the project, as set forth above in the Organizational Capacity of Awardees section; describes past experiences with similar projects, including the outcomes and impacts of such projects: <ul style="list-style-type: none"> ○ Organizational connection to and strong working relationships with school- and community-based partners through the United States. (up to 6 points) ○ Expertise in adolescent substance use prevention. (up to 6 points) ○ Current or past experience coalition-based activities similar to those listed in the “Required Activities” section. (up to 6 points) ○ Current or past experience demonstrating the ability to conduct trainings in-person and online throughout the United States to school-based or other audiences with a vested interest in adolescents. (up to 6 points) ○ Current or past experience providing capacity-building and technical assistance throughout the United States related to adolescents, substance use, or other relevant content. (up to 6 points) 	<p>45 points</p>

<ul style="list-style-type: none"> • Provides a staffing plan and project management structure that will be sufficient to meet the goals of the proposed project and which clearly defines staff roles. Provides an organizational chart and provides resumes of key staff; describes how it would replace staff in a timely way should key staff leave during the project period. (up to 5 points) • Demonstrates experience and capacity to implement the evaluation plan. (up to 10 points) 	
Total	100 points

Component 3E: Addressing Policy and Practice in State Education Agencies

<p>Approach (up to 30 points) <i>Evaluate the extent to which the applicant:</i></p> <ul style="list-style-type: none"> • Describes an overall strategy to achieve the project outcomes, as described in the NOFO, with specific and appropriate time lines. (up to 5 points) • Describes activities that are evidence-based, achievable, and appropriate to achieve the outcomes of the project. (up to 5 points) • Includes how it will implement the following activities (up to 5 points): <ul style="list-style-type: none"> ○ Identify target states and assemble multi-sector teams ○ Create or assemble needs assessments for target states ○ Plan and execute effective learning opportunities for state teams ○ Facilitate teams' work to develop actionable plans ○ Provide technical assistance and ongoing learning opportunities to support implementation of state-level teams' action plans. • Describes how it will collaborate with partners to expand opportunities to involve and educate state decision makers, and to ensure that subject matter experts are accessible to project participants as needed. (up to 5 points) • Provides examples of past work involving the above activities, including collaboration with partners. (up to 5 points) • Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities. (up to 5 points) 	30 points
Evaluation and Performance Measurement (up to 25 points)	25 points

<p><i>Evaluate the extent to which the applicant:</i></p> <ul style="list-style-type: none"> • Describes an evaluation plan that clearly identifies key evaluation questions, type(s) of evaluations to be conducted, how and by whom evaluation will be conducted, data collection and analysis plans, how data will be reported, and how evaluation and performance measurement findings will be used to demonstrate the outcomes of the NOFO and for continuous program quality improvement. (up to 10 points) • Provides an evaluation plan that is feasible, ethical, methodologically sound, and engages key stakeholders. (up to 10 points) • Describes measures of effectiveness that are consistent with components of the work plan and are likely to measure the intended performance outcomes. (up to 5 points) 	
<p>Applicant’s Organizational Capacity to Implement the Approach (up to 45 points)</p> <p><i>Evaluate the extent to which the applicant:</i></p> <ul style="list-style-type: none"> • Demonstrates relevant experience, infrastructure and capacity to achieve the goals of the project, as set forth above in the Organizational Capacity of Recipients section; describes past experiences with similar projects, including the outcomes and impacts of such projects. For example: <ul style="list-style-type: none"> ○ Describes the ability, directly and/or through existing organizational relationships and partnerships, to bring together and effectively facilitate teams of diverse individuals from the executive and legislative branches from throughout the United States; provides evidence of past success in doing such activities (up to 5 points). ○ Demonstrate expertise or the ability to access through existing partnerships subject matter expertise in CDC-based approaches to prevent HIV, STD, and pregnancy among teens (up to 5 points). ○ Describes the ability to and prior experience in planning effective virtual and in-person meetings, learning opportunities and technical assistance; provides examples (up to 5 points). ○ Describes infrastructure and experience in widely disseminating educational information to constituency (up to 5 points). ○ Provides a staffing plan and project management structure that will be sufficient to meet the goals of the proposed project and which clearly defines staff roles. Provides an organizational chart and provides resumes of key staff; 	45 points

<p>describes how it would replace staff in a timely way should key staff leave during the project period. (up to 5 points)</p> <ul style="list-style-type: none"> • Demonstrates existing partnerships as described above in the external organization collaboration section. (up to 10 points) • Demonstrates experience and capacity to implement the evaluation plan. (up to 10 points) 	
<p>Total</p>	<p>100 points</p>