

NOTICE
Competitive Request for Applications

NEW JERSEY
PERSONAL RESPONSIBILITY EDUCATION PROGRAM

October 1, 2011 – September 30, 2012

Application Due Date: July 17, 2011



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REQUEST FOR APPLICATION (RFA) NOTICE

**New Jersey Department of Health and Senior Services
Division of Family Health Services
Maternal and Child Health Services
Child and Adolescent Health Program**

NEW JERSEY PERSONAL RESPONSIBILITY EDUCATION PROGRAM (NJ PREP)

I. GENERAL INFORMATION

A. Statement of Purpose

The Patient Protection and Affordable Care Act amended Title V of the Social Security Act to include a new formula grant program entitled the Personal Responsibility Education Program (PREP). The purpose of PREP funding is to replicate evidence-based effective program models that have been proven on the basis of scientific research to change behaviors: delay sexual activity, increase condom or contraceptive use for sexually active youth, or reduce pregnancy among youth. Adolescents are to be educated on both abstinence and contraception to prevent pregnancy and sexually transmitted infections (STIs), including HIV/AIDS, and at least three (3) of the following adult preparation topics:

- a. Healthy relationships, such as positive self-esteem and relationship dynamics, friendships, dating, romantic involvement, marriage, and family interactions.
- b. Adolescent development, such as the development of healthy attitudes and values about adolescent growth and development, body image, racial and ethnic diversity, and other related subjects.
- c. Financial literacy.
- d. Parent-child communication.
- e. Educational and career success, such as developing skills for employment preparation, job seeking, independent living, financial self-sufficiency, and work-place productivity.
- f. Healthy life skills, such as goal-setting, decision making, negotiation, communication and interpersonal skills, and stress management.

The New Jersey Department of Health and Senior Services (DHSS), Division of Family Health Services (FHS), Maternal and Child Health Services (MCHS) is seeking application proposals from New Jersey-based local and county health departments; not-for-profit community-, school-, or faith-based agencies; youth-serving organizations including after-school programs; other non-profit or public entity with the capacity to replicate one of the 28 evidence-based program models listed in Appendix A. The goal of the New Jersey PREP is to provide 10 – 19 year old adolescents (up through but excluding youth 19 years of age and older), of which at least 50% of these youth are required to live in one of the thirty (30) State-identified, high-risk NJ municipalities for teen pregnancy and sexually transmitted infections (STIs), including HIV/AIDS.

The allocation of federal abstinence education funding to states from the US Department of Health and Human Services (DHHS), Family and Youth Services Bureau (FYSB), Administration on Children, Youth and Families (ACYF) is determined by a formula based upon the Bureau of Census data on the number of 10-19 year olds in the State. The amount of funding allocated to the New Jersey DHSS for federal fiscal year (FFY) 2010 is \$1,412,929.

B. Background

Teen pregnancy prevention is a state priority for NJ and is highlighted in the NJ Title V MCH Block Grant. The issues surrounding teen pregnancy are complex. Teens living in circumstances that expose them to poor socio-economic conditions, inadequate/overcrowded housing, low educational attainment, literacy and language barriers, family violence, child abuse and neglect, gang involvement, and crime are at highest risk for becoming pregnant or causing a pregnancy. They have less access to resources and opportunities that offer positive options for their lives.

National studies have shown that adolescents who have low expectations for their educational achievement and who are failing academically are more likely to initiate sexual activity at an earlier age and become pregnant. Lack of support and poor communication skills are also associated with the initiation of sex at an early age. Teenage childbearing can have long-term negative effects on all involved: the teen mother, the teen father and the infant. Infants born to teen mothers are at higher risk of being low birth weight and born prematurely. They are also far more likely to be born into families with limited educational and economic resources.

C. Description of Problem and Need

Despite impressive gains made in reducing teen pregnancy and childbearing since the 1990s the gradual decline in births to adolescents appears to be leveling off in NJ. According to Guttmacher, 23,080 teenage pregnancies (19 years old and younger) occur each year in NJ (Ref 1). The majority of teen births (77%) are unintended (Ref 2). As the second wealthiest state in the nation, NJ should be ranked at the bottom of the state list for prevalence of teen

pregnancy and teen births. NJ ranks significantly higher (20th) than other states for teen pregnancy rate. NJ has the 10th largest number of teen pregnancies in the US.

Socio-demographic factors vary greatly across NJ municipalities. Youth living in low socio-economic circumstances are at high risk for teen pregnancy and STDs/STIs. Kids Count data illustrates that teens living in the top 20 largest NJ cities account for 45% of all state births to teens ages 10-14, and 55 % of births to youth ages 15-19 (Ref 3). Kids Count data also show that compared to statewide data, the top 20 largest NJ cities have: a greater proportion of black and Hispanic residents (72% vs. 26% statewide); higher poverty rates (median income of \$31,688 vs. \$65,282 statewide and 27% of children under age 19 living in poverty); higher unemployment rates (14.8% vs. 10.2% statewide); more households headed by a single parent (47% vs. 22% statewide); lower academic achievement (less than 50% of youth passed 8th grade language arts, math and science vs. statewide rates of 72%, 62% and 77% respectively); and lower graduation rates (2004/2005 school year rates of 66% vs. statewide graduation rates of 84%).

Teenage sexual activity data from the 2009 NJ Student Health Survey of high school students also illustrates disparities across the state and the need for expanded teen pregnancy prevention activities (Ref 4). Nearly half (46.3%) of all NJ high school students had sexual intercourse (Hispanic 57.6%, black Non-Hispanic 53.0%, and white Non-Hispanic 43.2%). Of these sexually active students, 4.1% initiated sexually activity before age 13 (black Non-Hispanic 7.9%, Hispanic 7.7%, and white Non-Hispanic 2.1%). One in 20 (5.3%) students report they had been pregnant or had caused someone to become pregnant (black Non-Hispanic 12.2%, Hispanic 7.1%, and white Non-Hispanic 2.6%).

Municipality level data from birth certificates demonstrate the unmet need for teen pregnancy prevention services in New Jersey communities. Appendix B lists the top 30 municipalities demonstrating the greatest need for interventions based on the percentage of births to teens and the Perinatal Risk Index (PRI) developed by the MCH Epidemiology Program (Ref 5). The PRI is a standardized score predicting the relative incidence of five adverse MCH outcomes (perinatal death, infant death, low birth weight, teen mother and late prenatal care) expected on the basis of the socio-demographic profile of women giving birth in a geographic unit. While NJ's birth rate for 15 to 19 years olds (23 per 1,000) is much lower than the national rate (40 per 1,000), there are great differences between the percentage of births to US-born Hispanic and black non-Hispanic mothers and white non-Hispanic mothers.

The top 30 municipalities at high risk for teen pregnancy account for 59% of all NJ teen births 10 to 19 years of age, while the 30 municipalities account for only 28% of all births for 2007 - 2009. The 30 municipalities share a common characteristic of having a higher than expected concentration of mothers at risk of teen pregnancy based on the prevalence of teen

births and other demographic risk characteristics in their community (see Perinatal Risk Index in Appendix B, Column 1).

Of the 30 high-risk communities identified, 9 participate in the DCF funded Adolescent Pregnancy Prevention Initiative (APPI), and 24 have School Based Youth Services Programs (SBYSP), also funded by grants from DCF. Targeting adequate levels of services to communities with the highest risk of teen pregnancy would provide the greatest impact on NJ's overall rate of teen births.

NJ service agencies and communities can successfully work together to prevent teen pregnancy and STDs/STIs. The annual estimated cost associated with teen childbearing (teens 19 and younger) in NJ to taxpayers is at least \$167 million in 2004 (24% federal costs and 76% state and local costs) (Ref 6). Studies demonstrate that a much larger amount of money is spent on the consequences of teen pregnancy than on prevention. NJ has an opportunity to invest in prevention and reduce not only the monetary but also the societal costs to our youth burdened by the often overwhelming responsibilities of teen pregnancy and parenting. The replication of evidence-based program models, identified by the Administration for Children and Families in funding opportunity HHS-2010-ACF-ACYF-PREP-0125, proven effective in one of the following behavioral outcomes – delaying sexual activity, increasing condom or contraceptive use for sexually active youth, or reducing pregnancy among youth - is one additional strategy in the continuum of programs and services to prevent pregnancy among those most likely to get pregnant at a particularly young age. (Ref 7)

II. POLICIES AND REQUIREMENTS

A. Eligibility

New Jersey-based local and county health departments; not-for-profit community-, school-, or faith-based agencies; youth-serving organizations including after-school programs; other non-profit or public entity that serves or has the capacity to serve, the majority of their 10 – 19 year old (up through but excluding youth 19 years of age and older) male and female adolescents living in one of the thirty (30) State-identified, high-risk municipalities.

B. Target Municipality(ies)

At least fifty per cent (50%) of the target population to be served by an applicant shall live in one of the thirty (30) State-identified, high-risk municipalities. The remainder of the target youth population can be recruited from other municipalities.

The DHSS will fund at least one applicant agency in each of three New Jersey regions:

- 1) North - Bergen, Essex, Hudson, Morris, Passaic, Sussex and Warren counties;
- 2) Central - Hunterdon, Mercer, Middlesex, Monmouth, Ocean, Somerset and Union counties;
- 3) South - Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester and Salem counties.

C. Funding Information

A total of up to \$1,210,280 will be available to fund 5 - 6 health service grants (HSGs), in amounts ranging from approximately \$180,000 to serve three municipalities to \$220,000 to serve six or more municipalities per grant. The award of HSG funds is contingent upon the continued receipt of these funds from ACYF.

Initial awards will be for one year starting October 1, 2011. It is the intent of this grant to provide funds for a five (5) year project period. However, budgets will be annually submitted and approved for the periods of:

- Year 1 – October 1, 2011 through September 30, 2012
- Year 2 – October 1, 2012 through September 30, 2013
- Year 3 – October 1, 2013 through September 30, 2014
- Year 4 – October 1, 2014 through September 30, 2015
- Year 5 – October 1, 2015 through September 30, 2016

Grant funds can be used for the following costs:

- Personnel: salary and fringe benefits for grant-funded position(s) and supervision (not to exceed .10 FTE) and administrative support (not to exceed .50 FTE);
- Consultant: including pro-rated audit services;
- Office Expenses: office supplies, printing, postage, telephone, computer and related data processing supplies;
- Program Expenses: including evidence-based program model curriculum and other implementation materials required by the model, youth incentives, meeting supplies, educational materials;
- Training on the evidence-based program model and follow-up by the program model facilitators or other approved professional development;
- Travel: work-related mileage reimbursement;
- Equipment: computer lap top and printer for the grant-funded educator position;
- Facility costs;

- Sub-grants: signed memorandum of agreement (MOA) by start date of grant;
- Indirect costs, **only** with the submission of a third party government letter of approval justifying these costs.

Grant funds **may not** be used for: over-night accommodations in New Jersey, New York City or the City of Philadelphia; association or organization memberships; or supplanting existing sources of funds. Ineligible costs will be removed.

D. Grant Requirements

A general description of the anticipated responsibilities of grant-funded staff is provided in Appendix C. The applicant shall have the capacity to: 1) hire grant funded staff within 60 days of receipt of the notice of grant award (NOGA) and 2) implement the NJ PREP within 90 days of NOGA. Specific grant requirements will support the administrative and programmatic activities necessary to manage the project and accomplish the proposed activities. This will be assured through the use of the HSG formal agreement, Attachment C, which identifies all program specifications and requirements to which the sub-grantee is legally bound and held accountable to accomplish. Eligible applicants must comply with the following requirements: 1) Terms and Conditions for the Administration of Grants; 2) General and specific Grant compliance requirements issued by the Granting Agency; and, 3) Applicable Federal Cost Principles relating to the Applicant.

E. Evaluation

Quarterly program progress and fiscal reports are required for submission in SAGE (System to Administer Grants Electronically). Program progress reports summarize the status or accomplishment of grant required activities and shall also address barriers encountered and/or lessons learned. The grantee shall also participate in an annual site visit.

Successful applicants shall collect and submit data that is required by the evidence-based program model being implemented. Applicants shall describe their capacity to track and report on five broad categories of performance: (1) output measures (e.g., number of youth served, hours of service delivery); (2) evidence-based program fidelity; (3) implementation and capacity building (e.g., community partnerships, competence in working with the identified population); (4) outcome measures (e.g., behavioral, knowledge, and skills); and (5) community data (e.g. STIs, birth rates, etc.). Grantees may be required to participate in a national evaluation and state their assurance to participate, if selected.

Additionally, youth participants are to be queried regarding their satisfaction and other comments they may have about PREP.

F. Termination of Grant

The DHSS reserves the right to terminate an approved grant based on any one (1) of the following conditions: unsatisfactory program performance in meeting grant requirements; chronic (2 or more) late submissions of quarterly program progress or fiscal reports per grant year; or the unavailability of funds.

III. APPLICATION PROCESS

A. Required Components

1. Abstract

On a separate attachment titled “Abstract – Personal Responsibility Education Program in (name(s) of municipality(ies))”, complete a one page at-a-glance summary with the following information:

- a) Name and address of applicant agency, name of contact individual with email address and phone number;
- b) Project description; number of youth participants; % youth living in the 30 State identified, high risk municipalities;
- c) Project goal(s) and objectives;
- d) Budget amount requested from the State.

2. Application for Grant Funds

The DHSS administers discretionary grant programs in strict conformance with procedures designed to ensure accountability and integrity in the use of public funds. The Application for Grant Funds, in response to this RFA, shall be electronically submitted through the System to Administer Grants Electronically (SAGE). Applicants **MUST** be registered with a Username and Password at the NJDHSS SAGE System Homepage located at SAGE.NJ.GOV after attending the mandatory technical assistance training. The Application for Grant Funds consists of the following pages and attachments:

Page 1, FS 40 and Page 2: The Statement of Local Governmental Public Health Partnership. Complete these pages in accordance with the application instructions. The Health Officer is to be notified of the intent of the applicant to submit an application, but is not required to “sign off” on the SAGE application. A copy of the grant application can be provided to the Health Officer. If the Health Officer disapproves of the grant application, the Program Management Officer (PMO) shall be notified so a notation can be made on the submitted application.

Page 3: Assessment of Need(s). This section has a 3 page limit per municipality and a score value of up to 15 points. This section justifies the need for the PREP in the target municipality(ies). The applicant shall describe the demographic, socio-economic, health and other relevant data characteristics of the target municipality(ies) using current (within three years) and available data sources with citation by source and year.

The applicant shall identify the presence of pregnancy prevention, reproductive health services, social service agencies, and other related educational programs and/or activities (such as the APPI, SBYSP etc.) that exist in the target municipality(ies).

Attachment A, Resource Directory of Youth-serving Health and Social Service Agencies. The applicant shall identify and list the agencies and organizations, including pregnancy prevention and reproductive health services, social service agencies and other educational programs or other services available to their youth population in the target municipality(ies) using Attachment A. The attachment has a score value of up to 3 points. The Resource Directory can be used by stakeholders to identify existing service gaps and overlaps. Youth can use the Resource Directory to create a youth-friendly version of health and social service agencies. The applicant is required to review the Resource Directory annually and update it as needed.

Page 3, Objective(s) and page 4, Method(s) is the applicant's PREP plan and has a score value of up to 20 points. The applicant shall implement and evaluate the selected evidence-based program model with fidelity. In order to protect program fidelity, adult preparation subjects are to be included as an "add-on" either at the beginning or the end of the program model implementation. A document titled "Adult Preparation Subject – Resource Guide" will be distributed at the mandatory technical assistance meeting.

The NJ PREP objectives are:

Objective 1 - By June 30, 2012, at least three sub-grants to community-, school-, or faith-based organizations located, one each in the north, central and south region of NJ, will conduct a PREP to reach a total of 4,000 or more 10-19 year old youth per year, at least 50% of which shall live in one (1) of the thirty (30) State-identified, high-risk municipality(ies) of New Jersey.

Objective 2 - By June 30, 2013, there will be a 10% increase in the number of participating youth who: 1) identify an intention to delay initiation of sexual intercourse; and 2) demonstrate the skills necessary to reject unwanted sexual advances. (Key Outcomes E1)

Objective 3 – By June 30, 2013, the percent of youth completing an NJ PREP program who delay sexually activity will increase by 10% as measured by a standardized follow-up survey. (Key Outcome E4)

Objective 4 – By June 30, 2013, the percent of youth completing a NJ PREP program that are already sexually active that use contraception will increase by 10% as measured by a standardized follow-up survey. (Key Outcome E4)

Objective 5 – By June 30, 2015, the live birth rate among 10-19 year old adolescent girls in the targeted municipalities will be reduced by 10% from 2010 baseline. (Key Outcome E3)

Logic Model

A logic model provides a systematic and visual diagram that shows the connection between the program inputs (e.g. resources, in-kind services) used to implement the project's strategies/ activities, and the expected changes (specific process outputs and key outcomes) that ultimately result in the achievement of the goal statement. The NJ logic model was adapted from the published literature (Ref 8, 10, 11). Applicants are required to create and submit a logic model specific to their evidence based program model.

Figure 1 - Logic Model NJ-PREP

Goal Statement – To reduce pregnancy among teens in high-risk communities through Personal Responsibility Education Programs.

Logic Model: NJ Personal Responsibility Education Program (PREP) – See next page

New Jersey PREP Logic Model

	Inputs What we invest...	Outputs What we do...	Outcomes		
			Short Term	Medium Term	Long Term
ANTECEDENTS	NJ-PREP Team	Build State Infrastructure	4. Increase positive attitudes and values toward abstinence and contraception use	2. Increase contraception use among sexually active teens	1. Decrease teen pregnancy in targeted high-risk communities
Demographics (age, race, gender)	NJ-PREP Advisory Workgroup	Develop, communicate, & build support for a shared PREP vision			
	Evaluator	Convene state advisory workgroups	5. Increase positive peer influences, self-concept, refusal skills, and communication with parents /adults to prevent teen pregnancy	3. Delay Initiation of Sexual Activity	Reduced teen births in targeted high-risk communities
High-risk communities	NJ PREP funding that replicates evidence-based program models	Involve national PREP experts			
	State-level agencies:	Expand evidence-based PREP models	Increased knowledge of STD and pregnancy risks	PREP system reflects the needs & priorities of stakeholders	Reduced STDs in targeted high-risk communities
	FHS in DHSS (Title V)	Use data-driven process & assessment to select local grantees			
	HIV/AIDS in DHSS	Build Local Infrastructure	Increase knowledge of contraception options	PREP programs are delivered with fidelity	NJ-PREP resources are used effectively & efficiently
	DCF	Translate statewide vision into local priorities			
	DFD (TANF) in DHS	Convene local advisory workgroups & support staff participation	Vision, priorities, & outcomes are shared by partner agencies	PREP educators demonstrate core competencies	NJ-PREP programs across the state are of the highest quality
External Factors	Medicaid in DHS	Assess community needs & gaps			
	DOE	Interface with national PREP experts	PREP models selected	Teens receive well coordinated services that align with their needs	
Community	Local-level agencies:	Establish & track measures of fidelity & use data to drive improvement			
School	NJ-PREP Sub-grantees	Deliver Evidence Based PREP Services			
Religious groups	Health Care Providers	Identify, engage, enroll & retain teens			
Media	MCH Consortia	Provide PREP services with fidelity & consistency with vision and values			
Peers	Health Departments				
	FQHCs				

Methods are the activities of the evidence-based program models and interventions, listed in Appendix A. The State strongly supports the ACF guidance that encourages applicants to consider the needs of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth and describe how the proposed project will be inclusive of and non-stigmatizing toward such male and female youth participants.

Methods for engaging youth, families and the community are also required by this RFA. At least one youth focus group is required per grant year in each municipality being served by the applicant to gain information on the youth's attitudes, knowledge, beliefs, needs, etc. as related to abstinence, sexual activity, reproductive health and/or other related areas.

Lastly, methods that describe a plan for project sustainability is required for this application. Sustainability encompasses the organizational structures and processes that are needed to keep this project going over time. The plan shall minimally address these areas: 1) Potential public and/or private funders including the in-kind and resource contributions that are being submitted in the letter(s) of support (LOS(s)) with this application. Although there is no minimum matching fund required, the LOS(s) documents the degree of local commitment being given to this application; 2) Projected professional development training and skill building of project staff; 3) Potential public and/or private partnerships; 4) Communication strategies that will generate awareness and interest; address the need for and promote the activities and benefits of the project; and, garner public support and/or media attention.

Website resources are provided in Appendix D.

Page 4, Evaluation of Project consists of identifying the (1) output measures (e.g., number of youth served, hours of service delivery); (2) Evidence-based Program fidelity; (3) implementation and capacity building (e.g., community partnerships, competence in working with the identified population); (4) outcome measures (e.g., behavioral, knowledge, and skills); and (5) community data (e.g. STIs, birth rates, etc.). Grantees may be required to participate in a national evaluation and state their assurance to participate, if selected. Section II E describes the evaluation requirements of this application.

Page 5, Cost Summary and Schedules A, B, and C pertains to the "Budget" section of this application. This section has a score value of up to 10 points and is based on the submission of a reasonable line item budget within the allowable categories described in the RFA. Justification of line item costs is required.

Attachment B, Letter of Support (LOS). The applicant must submit this attachment from each organization that is supporting the applicant by contributing in-kind services and/or resources during the grant project period. The dollar value of the organization's contributions and the calculations that justify the contribution is to be documented on this attachment.

Schedules D, G, H, I, J, and K. Complete in accordance with the application instructions.

3. Additional application components:

a. Applicant Capability and Capacity. This narrative has a five (5) page limit and a score value of up to 27 points. This narrative describes the strengths and organizational resources (staff, skills, facility, financial,

technology, partnerships, etc.) that justify the applicant as the best candidate for this project. It shall also address the rationale for choosing the evidence-based model(s) proposed for replication and how it relates to the applicant's previous practice as well as the profile indicated by the community needs assessment.

The narrative shall describe how the applicant will implement the program model with fidelity and why the selected model will be effective in reducing rates of teen pregnancy and births, or associated sexual outcome behaviors including STI/STDs in the selected setting(s) (e.g., school and/or school-district, community-based setting, target population in a municipality).

The applicant shall describe how it will ensure that educators who deliver the program model have been or will be formally trained. The training of the educators shall be delivered by professional facilitators who can provide needed follow-up technical assistance.

The description should address the applicant's prior experience in implementing evidence-based program models that demonstrates the applicant's capacity to meet the requirements of this RFA. What behavioral outcomes were achieved in these previous projects? What "lessons learned" could be utilized to ensure the success of this project?

b. Applicant organization chart indicating the location and acceptable supervision of the PREP. Also, provide the **resumes** of professional staff to be funded by this grant, if known.

c. Community Support and Collaboration. This narrative has a five (5) page limit and a score value of up to 18 points. This narrative describes how the proposed PREP is coordinated to fit into a continuum of existing pregnancy prevention, reproductive health services, social services and related educational programs to enhance and not duplicate the services and programs that exist in the municipality(ies) being targeted. The applicant shall describe the history of and any additional new efforts aimed at coordination and collaboration with related programs and services.

d. Additional documents, applicable to the time frame of the grant, are to be attached in the following sections of SAGE:

1. "Required Attachments" in SAGE, refers to all the required **fiscal** documents and includes:

- Organization Chart
- Proof of Indirect Rate (if including in budget)
- Staff Resumes (for professional position(s), if known)
- Salary Policy
- Travel Policy
- Lease or Mortgage Document

2. "Miscellaneous Attachments" in SAGE, refers to all the required **program** documents and includes:

- Abstract – AEP in (Name of Municipality(ies))
- Resource Directory
- Logic Model
- Letter(s) of Support
- Applicant Capability and Capacity – 5 page limit
- Community Support and Collaboration – 5 page limit

NJ PREP RFA

No “special characters” can be used in the standard SAGE application – this includes bullets (●), arrows, stars (*), @, #, &, % etc.

No tables can be used in the standard SAGE application. However, a table can be attached in “Miscellaneous Attachments”.

Upon receipt of the “Notice of Grant Award” (NOGA), the approved applicant shall finalize Consultant Agreements and Memorandums of Agreement (MOA) that may be required for the transfer of funds from the applicant agency to any sub-grantees. This type of document ensures the accountability of the agreed upon responsibilities between the applicant agency and the sub-grantee. These agreements are required to be submitted in SAGE by the grant start date.

B. Mandatory Technical Assistance Meeting

Applicants are **required** to attend the technical assistance meeting to be eligible to submit an application. On-line registration is required and available through the New Jersey Learning Management Network at: <https://njlmn.rutgers.edu>, **no later than 12:00 noon on Tuesday, June 14, 2011**. Registration is limited to two representatives per applicant. This mandatory technical assistance meeting is scheduled for:

Date: Wednesday, June 15, 2011
Check-in Time: 12:30 pm
Meeting Time: 1:00 – 4:00 pm
Location: Central NJ MCH Consortium
2 King Arthur Court, Suite B
North Brunswick, NJ 08902
Telephone: (732) 937-5437

This technical assistance meeting will provide the opportunity for potential applicants to review, clarify and ask questions about the information presented in this RFA. No further technical assistance on the RFA will be provided after this meeting.

C. Application Submission

Potential applicants are required to send a letter of intent via email expressing their interest in submitting an application in response to this RFA. **Letters of intent** shall be sent to Gilo.thomas@doh.state.nj.us no later than **Monday, June 20, 2011**. Applications are ineligible for submission if letters of intent are not received by the deadline. Appendix D provides general information pertaining to SAGE.

An applicant will lose the opportunity to be considered eligible for a grant award if the application is not submitted by the deadline. **Applications must be submitted no later than 11:59 p.m. on Sunday, July 31, 2011**. SAGE automatically shuts down the application submission process after this deadline.

D. Application Review Process

Submitted applications will undergo a review committee process. The review committee will assess and score each application according to Appendix F: Scoring Criteria and Points. An application must score ≥ 75 points to be approved for funding. Applications meeting these criteria shall be rank ordered, by region, from the highest to the lowest score.

E. Grant Award Process

Grants will be awarded by region, in rank order, to applicants that have scored the highest in the review process, up to the limits of available funds. The DHSS will fund at least one successful applicant each in the North, Central and South regions of the State. Applications with scores of ≥ 75 points, but for which grant funds are not available will be considered as “approved, but not funded.” These applications will be eligible for grant funding in future periods should monies become available.

F. Notification of Grant Award

It is anticipated that applicants will be notified of the award status (acceptance or rejection) no later than August 31, 2011. At this time, the DHSS staff may schedule a meeting with the successful applicant to negotiate and finalize the budget. Funding and issuance of a grant is contingent upon the availability of funds.

G. 2011 RFA Timelines

- June.....Release of RFA
- June 14.....Deadline to pre-register on the New Jersey Learning Management Network for mandatory technical assistance meeting
- June 15.....Mandatory technical assistance meeting
- June 20.....Deadline to email Letter of Intent
- July 31.....Application deadline (11:59 pm)
- August 31.....Notification of grant award
- October 1, 2011...Grant year begins

H. References:

1. Kost K, Henshaw S and Carlin L, U.S. Teenage Pregnancies, Births and Abortions: National and State Trends and Trends by Race and Ethnicity, 2010.
<http://www.guttmacher.org/pubs/USTPtrends.pdf>.
2. NJ PRAMS 2007 data. Pregnancy Risk Assessment Monitoring System (PRAMS): CPONDER accessed at <http://apps.nccd.cdc.gov/cPONDER/>
3. NJ Kids Count 2006
<http://www.acnj.org/admin.asp?uri=2081&action=15&di=962&ext=pdf&view=yes>
4. New Jersey Student Health Survey 2009 <http://www.state.nj.us/education/students/yrbs/>
5. Denk C. Population Perinatal Risk Index for New Jersey Municipalities. 2008.
http://nj.gov/health/fhs/professional/documents/pra_report.pdf
6. Hoffman, SD (2006). By the Numbers: The Public Costs of Teen Childbearing. The National Campaign to Prevent Teen Pregnancy: Washington, DC.
<http://www.thenationalcampaign.org/costs/pdf/states/newjersey/fact-sheet.pdf>
7. PREP Funding Opportunity Announcement
<http://www.acf.hhs.gov/grants/open/foa/view/HHS-2010-ACF-ACYF-PREP-0125>
8. BDI Logic Models: A Useful Tool for Designing, Strengthening and Evaluating Programs to Reduce Adolescent Sexual Risk-Taking, Pregnancy, HIV and Other STDs. Douglas Kirby, PhD, ETR Associates, Version: August 18, 2004.
<http://www.etr.org/recapp/documents/BDILOGICMODEL20030924.pdf>
9. Sex Education and Other Programs that Work to Prevent Teen Pregnancy, HIV and Sexually Transmitted Infections. Advocates for Youth. Washington, DC. 2008.
10. Sullentrop, K (2010). What Works 2010: Curriculum-Based Programs That Help Prevent Teen Pregnancy. The National Campaign to Prevent Teen and Unplanned Pregnancy: Washington, DC. <http://www.thenationalcampaign.org/resources/pdf/pubs/WhatWorks.pdf>
11. Trenholm, C. et. al. (2007). *Impact of Four Title V, Section 510 Abstinence Education Programs*. Princeton, NJ: Mathematica Policy Research Inc.
<http://aspe.hhs.gov/hsp/abstinence07/ch1.htm>
12. Kirby, D, Roller, L & Wilson, MM. (2007). *Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs*. Washington, DC: Healthy Teen Network.

Attachment A

New Jersey PREP

Resource Directory of Youth-serving Health and Social Service Agencies* for

_____ **Municipality(ies)**

Program Name and Location	Type of Service(s)	Contact (phone/web site)

Attachment B**NJ PREP****Letter of Support
October 1, 2011 – September 30, 2012**

Complete, sign and submit this form for each organization contributing in-kind and/or other resources.

Applicant Agency _____

Name of Organization _____

Type of Organization (Health/Healthcare, Government, School, Social Service, Mental Health, Faith-based, Community-based, Voluntary, Civic or Service Association, Other): _____

Contact Person Name and Title _____

Telephone # _____ E-mail _____

Check services/resources to be contributed:

- In-kind content knowledge expertise Guest speaker
 Office supplies or equipment Educational materials
 Low-cost youth incentives
 (Transport vouchers, stipend, discount store gift cards, movie discounts)
 Facility space/location
 (Youth-friendly, youth already congregate, convenient to mass transit route)
 Refreshments
 Participate in meetings related to this project
 Provide a direct service to youth (i.e. individual/group support/counseling or social services)
 Refer, recruit or outreach to youth to participate in the project
 Data collection, analysis or evaluation services
 Advertising, public relations or marketing/technology expertise
 Fundraising Cash contribution
 Other (specify) _____

Appendix A

NJ PREP

List of Evidence-Based Program Models (28)

<u>Program Name</u>	<u>Setting</u>
Aban Aya Youth Project (PDF)	Middle schools
Adult Identity Mentoring (Project AIM) (PDF)	Middle schools
All4You! (PDF)	Alternative high schools
Assisting in Rehabilitating Kids (ARK) (PDF)	Substance use treatment facilities
Be Proud! Be Responsible! (PDF)	Middle schools, high schools, CBOs
Be Proud! Be Responsible! Be Protective! (PDF)	Middle schools, high schools, CBOs
Becoming a Responsible Teen (BART) (PDF)	Middle schools, high schools, CBOs
Children's Aid Society (CAS)—Carrera Program (PDF)	CBOs
¡Cuídate! (PDF)	Middle schools, high schools, CBOs
Draw the Line/Respect the Line (PDF)	Middle schools
FOCUS (PDF)	CBOs or clinics
HIV Risk Reduction Among Detained Adolescents (PDF)	Youth detention facilities
Horizons (PDF)	CBOs or clinics
It's Your Game: Keep it Real (PDF)	Middle schools
Making a Difference! (PDF)	Middle schools or CBOs
Making Proud Choices! (PDF)	Middle schools or CBOs
Project TALC (PDF)	CBOs
Promoting Health Among Teens! Abstinence-Only Intervention (PDF)	Middle schools or CBOs
Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention (PDF) (formerly known as Comprehensive Abstinence and Safer Sex Intervention)	Middle schools or CBOs
Raising Healthy Children (PDF) (formerly known as the Seattle Social Development Project)	Elementary schools
Reducing the Risk (PDF)	High schools
Rikers Health Advocacy Program (RHAP) (PDF)	CBOs or youth detention facilities
Safer Sex (PDF)	CBOs or clinics
SiHLE (PDF)	CBOs or clinics
Sisters Saving Sisters (PDF)	CBOs or clinics
Teen Health Project (PDF)	CBOs
Teen Outreach Program (PDF)	Middle schools, high schools, CBOs
What Could You Do? (PDF)	High schools, CBOs, or clinics

* CBOs = Community-Based Organizations

Source: PREP FOA page 33

Appendix B - Table 1 - The top 30 municipalities at high risk for teen pregnancy account for 59% of all NJ teen births 10 to 19 years of age

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W				
1	COUNTS 2007-09													PERCENT OF BIRTHS 2007-09													
2	Peri-natal Risk Index	Region	Municipality	All Births 2007-09	Births Age 10-19 yrs 2007-09	Age 10-14		Age 15-17		Age 18-19		Repeat Mothers Age 10-19	Unmarried Mothers Age 10-19	Unmarried Mothers Age 10-24	Age 10-14		Age 15-17		Age 18-19		Repeat Mothers Age 10-19	Unmarried Mothers Age 10-19	Unmarried Mothers Age 10-24				
3						All Births	First Births	All Births	First Births	All Births	First Births				All Births	First Births	All Births	First Births	All Births	First Births				All Births	First Births	All Births	First Births
4						NEW JERSEY	14147	2000	36	33	658				582	1306	980	698	2035	3232				0.1%	0.1%	1.9%	1.7%
5	2.53	N	Newark City	14147	2000	36	33	658	582	1306	980	698	2035	3232	0.3%	0.2%	4.6%	4.1%	9.1%	6.8%	4.9%	14.2%	22.5%				
6	1.38	N	Paterson City	8461	1227	13	13	406	353	808	610	423	1204	1886	0.2%	0.2%	4.8%	4.1%	9.5%	7.2%	5.0%	14.1%	22.1%				
7	1.40	N	Jersey City	9976	1016	15	14	346	314	655	519	300	1022	1631	0.1%	0.1%	3.3%	3.0%	6.3%	5.0%	2.9%	9.9%	15.8%				
8	0.96	N	Passaic City	4532	537	17	16	195	171	325	233	190	504	821	0.4%	0.4%	4.3%	3.8%	7.2%	5.2%	4.2%	11.1%	18.2%				
9	2.78	N	East Orange City	3118	373	3	3	105	100	265	200	130	386	685	0.1%	0.1%	3.5%	3.3%	8.7%	6.6%	4.3%	12.7%	22.6%				
10	2.59	N	Irvington Township	3066	348	5	5	115	105	228	179	97	368	592	0.2%	0.2%	3.9%	3.5%	7.7%	6.0%	3.3%	12.4%	19.9%				
11	1.87	N	Orange City	1719	150	5	5	41	39	104	81	52	157	287	0.3%	0.3%	2.3%	2.2%	5.9%	4.6%	3.0%	8.9%	16.3%				
12	0.86	N	Englewood City	902	53	0	0	10	10	43	37	10	62	125	0.0%	0.0%	1.0%	1.0%	4.4%	3.8%	1.0%	6.4%	12.9%				
13	2.54	C	Trenton City	4736	828	10	9	276	248	542	393	316	789	1218	0.2%	0.2%	5.4%	4.9%	10.6%	7.7%	6.2%	15.5%	23.9%				
14	1.10	C	Elizabeth City	6455	702	12	12	214	184	476	384	221	723	1238	0.2%	0.2%	3.2%	2.8%	7.2%	5.8%	3.3%	10.9%	18.6%				
15	1.83	C	New Brunswick City	3214	380	7	7	124	115	249	169	179	365	583	0.2%	0.2%	3.7%	3.4%	7.4%	5.0%	5.3%	10.9%	17.3%				
16	0.83	C	Perth Amboy City	2575	378	5	5	109	104	264	209	121	367	619	0.2%	0.2%	4.1%	3.9%	10.0%	7.9%	4.6%	13.8%	23.4%				
17	2.13	C	Plainfield City	2833	291	5	5	81	73	205	161	98	321	536	0.2%	0.2%	2.9%	2.6%	7.2%	5.7%	3.5%	11.3%	18.9%				
18	2.61	C	Asbury Park City	1137	146	3	3	54	47	89	62	61	139	219	0.3%	0.3%	5.7%	5.0%	9.4%	6.5%	6.4%	14.7%	23.1%				
19	0.99	C	Long Branch City	1648	145	0	0	39	38	106	85	48	158	261	0.0%	0.0%	2.5%	2.4%	6.7%	5.4%	3.0%	10.0%	16.5%				
20	0.98	C	Neptune Township	983	106	1	1	34	32	71	62	26	117	187	0.1%	0.1%	3.3%	3.1%	6.9%	6.0%	2.5%	11.3%	18.1%				
21	1.54	C	Roselle Borough	956	89	0	0	25	22	64	50	27	86	140	0.0%	0.0%	2.7%	2.3%	6.8%	5.3%	2.9%	9.1%	14.9%				
22	1.23	C	Hillside Township	815	50	0	0	15	15	35	31	13	60	118	0.0%	0.0%	1.7%	1.7%	4.0%	3.5%	1.5%	6.8%	13.5%				
23	3.55	S	Camden City	5118	1117	23	22	413	354	681	478	436	1033	1429	0.4%	0.4%	8.0%	6.8%	13.1%	9.2%	8.4%	19.9%	27.5%				
24	2.20	S	Bridgeton City	2212	445	9	9	142	116	294	197	192	382	541	0.4%	0.4%	5.9%	4.8%	12.2%	8.2%	8.0%	15.9%	22.5%				
25	1.07	S	Vineland City	2587	371	6	6	120	104	245	179	148	328	526	0.2%	0.2%	4.5%	3.9%	9.2%	6.7%	5.6%	12.3%	19.8%				
26	2.02	S	Atlantic City	2403	363	6	6	123	111	234	151	168	321	500	0.2%	0.2%	5.0%	4.5%	9.5%	6.1%	6.8%	13.0%	20.3%				
27	1.17	S	Millville City	1445	242	2	2	69	61	171	115	100	228	344	0.1%	0.1%	4.4%	3.9%	10.9%	7.3%	6.4%	14.5%	21.9%				
28	2.32	S	Pleasantville City	954	186	4	3	61	55	121	94	64	186	282	0.3%	0.3%	5.3%	4.8%	10.5%	8.2%	5.6%	16.1%	24.5%				
29	1.35	S	Pennsauken Townsh	1383	172	2	2	59	57	111	93	40	184	282	0.1%	0.1%	4.1%	4.0%	7.7%	6.5%	2.8%	12.8%	19.6%				
30	2.37	S	Willingboro Townshp	1128	144	3	3	49	46	92	77	33	176	275	0.3%	0.3%	4.2%	4.0%	8.0%	6.7%	2.9%	15.3%	23.9%				
31	1.23	S	Lindenwold Borough	933	116	2	2	33	28	81	56	56	103	209	0.2%	0.2%	3.1%	2.6%	7.6%	5.2%	5.2%	9.7%	19.6%				
32	1.07	S	Pemberton Townshp	1022	99	0	0	27	25	72	59	27	107	176	0.0%	0.0%	2.8%	2.6%	7.4%	6.1%	2.8%	11.0%	18.1%				
33	1.18	S	Mount Holly Townsh	497	59	1	1	15	13	43	38	17	65	97	0.2%	0.2%	3.4%	2.9%	9.6%	8.5%	3.8%	14.6%	21.7%				
34	0.80	S	Glassboro Borough	587	44	0	0	14	14	30	21	17	48	98	0.0%	0.0%	2.1%	2.1%	4.6%	3.2%	2.6%	7.3%	15.0%				
35	Top 30 Proportion of State Total			28%	59%	75%	76%	64%	63%	57%	54%	64%	56%	52%													
36	*Population Perinatal Risk Index for New Jersey Municipalities - See http://nj.gov/health/fhs/professional/documents/prn_report.pdf																										
37	Source: New Jersey resident electronic birth certificates, 2007-2009																										

Appendix C

NJ PREP

Website Resources

www.cdc.gov/eval/framework.htm

www.cdc.gov/eval/resources.htm

www.cdc.gov/reproductivehealth/adolescentreprohealth/PDF/LittlePSBA-GTO.pdf

www.cdc.gov/sexualhealth

www.cdc.gov/TeenPregnancy/PreventTeenPreg.htm

www.advocatesforyouth.org

www.advocatesforyouth.org/culturalcompetency.htm

www.etr.org/recapp

www.glsen.org

www.nrcys.ou.edu/catalog/product.php?productid=116

www.siecus.org

www.socio.com/evapub21.php

www.teenpregnancy.org

www.theNationalCampaign.org

<http://www.acf.hhs.gov/programs/fysb/index.htm>

<http://www.arhp.org>

<http://www.findyouthinfo.gov/index.shtml>

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

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

http://www.training3info.org/admin/resources/6-13-2006_2_27_04_PM_Engaging_Parents.pdf

Appendix D**NJ PREP**

The DHSS requires all grant applications to be submitted electronically through SAGE. There are two tracks for grantees applying through SAGE. The first track is for those applicants who have never registered or applied for grants electronically with the DHSS or with another department using SAGE. The second track is for grantees that are registered and/or have already applied for grants through DHSS or with another department. (For example, agencies registered in DCA-SAGE must log into DCA-SAGE then request access to DHSS-SAGE).

New User

All individuals using SAGE must be registered in SAGE. Please log on to: SAGE.NJ.gov and complete the NEW USER information with password.



1. You only register once in SAGE.
2. The authorized official must be validated before other actions can be taken in SAGE; contact Program Management Officer (PMO) listed below.
3. After validation, the Authorized officials can add/edit people in the organization and change user approval levels for personnel within their organization.
4. All organizations applying for grants must be registered in SAGE, have a federal employer identification number (FEIN), and a DUNS number. The Data Universal Numbering System (D-U-N-S®) request by copying and pasting this website: <http://fedgov.dnb.com/webform>
5. Contact your Program Management Officer (PMO) or grant management officer (GMO) with any questions.
6. Your organization must be made eligible to apply for a grant in order to complete an application. Contact the SAGE Technical Support staff, if you are cannot access the application at (609) 292-7646.
7. If you have any problems, or questions, with the grant application you should contact your PMO

Current User

1. Each year your organization must be made eligible to apply for a grant in order to complete an application. If you cannot access the grant application you should contact your PMO.
2. User information registered in SAGE remains the same unless the user edit/change the information, including password.

Contacts PMO – Gilo A. Thomas, RN, MSN gilo.thomas@doh.state.nj.us 609-777-7798

GMO – Kelly Kirkpatrick Kelly.Kirkpatrick@doh.state.nj.us 609-984-1315

NJ PREP Scoring Criteria and Points

A. Needs Assessment (15 points)

- ___ Applicant describes current (within 3 years) demographic, socio-economic, health and other data characteristics, citing source and year that justifies the need for funding. (6 points)
- ___ A Resource Directory of youth-serving health and social service agencies that includes pregnancy prevention and reproductive services, educational programs or other services available to youth and that exist in the municipality being served. (3 points)
- ___ The percentage of teen participants that reside in any of the thirty (30) State-identified, high-risk municipalities.
 - at least 50% but <75% (2 points)
 - 75% but < 90% (4 points)
 - 90% or more (6 points)

B. Applicant Capability and Capacity (27 points)

- ___ Organization chart attached, and indicates location and appropriate supervision of project. (1 points)
- ___ Applicant agency's assets (staff, skills, facility, finances, technology, partnerships, other resources) indicate capacity to accomplish the proposed PREP plan. (6 points)
- ___ Applicant experience is relevant in these areas:
 - ___ Expertise in teen pregnancy prevention (2 points)
 - ___ Implementation of evidence-based program(s) in any area of prevention (3 points)
 - ___ Implementation of evidence-based program(s) listed in the RFA (5 points)
- ___ Applicant agency ensure appropriate training of staff for selected in selected evidence-based program model (4 points)

Expertise and experience in any three (3) of the following 6 adult preparation topics (2 points each, max of 6 points):

- ___ Healthy relationships (positive self-esteem and relationship dynamics, friendships, dating, romantic involvement, marriage, and family interactions).
- ___ Adolescent development (healthy attitudes and values about adolescent growth and development, body image, racial and ethnic diversity, and other related subjects).
- ___ Financial literacy.
- ___ Parent-child communication.
- ___ Educational and career success (developing skills for employment preparation, job seeking, independent living, financial self-sufficiency, and work-place productivity).
- ___ Healthy life skills, such as goal-setting, decision making, negotiation, communication, Interpersonal skills, and stress management.

C. Proposed PREP Plan (20 points)

- ___ Logic model submitted. (3 points)
- ___ Proposal identifies goal(s) and objectives. (2 points)
- ___ Activities/methods to accomplish the objectives are given. (2 points)
- ___ Activities/methods are described for engaging youth. (3 points)
- ___ PREP sustainability plan is described. (4 points)

___ Method(s) describe adult preparation subjects and do not compromise fidelity of selected program (3)

___ Evidenced-based program model selected is appropriate for age, race/ethnicity and setting of target population (3)

D. Evaluation and Data Collection (10 points)

___ Applicants shall describe their capacity to track and report on five broad categories of performance: (1) output measures (e.g., number of youth served, hours of service delivery); (2) evidence-based program fidelity; (3) implementation and capacity building (e.g., community partnerships, competence in working with the identified population); (4) outcome measures (e.g., behavioral, knowledge, and skills); and (5) community data (e.g. STIs, birth rates, etc.) for the evidence-based program model. (5 points)

___ Data collection and an evaluation plan are described. (5 points)

E. Community Support and Collaboration (18 points)

The proposed PREP is coordinated within the continuum of existing abstinence education, pregnancy, STI and HIV prevention education programs to enhance and not duplicate existing services and programs.

___ History of coordination and collaboration exists. (8 points)

___ New efforts to coordinate and collaborate with related programs and services are proposed. (5 points)

___ Family and community engagement is described in the PREP plan. (5 points)

F. Budget (10 points)

___ Proposed budget is reasonable and costs are within the allowable categories described in the RFA to accomplish the selected PREP. (2 points)

___ Applicant documented the resource contribution(s) by partner organizations on the LOS(s) (3 points)

___ Applicant provided the calculations that justify the dollar value of the resource contribution(s) on the LOS(s). (5 points)