



Administration for Children and Families

**Administration on Children, Youth and Families (ACYF)  
Family and Youth Services Bureau (FYSB)**

**Title V State Abstinence Education Grant Program**

**HHS-2016-ACF-ACYF-AEGP-1131**

**Combined FY 2016 and FY 2017 Applications:**

**FY 2016**

**Application Due Date: April 1, 2016**

**FY 2017**

**Application Due Date: October 31, 2016**

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION FOR CHILDREN AND FAMILIES**

**Program Office:** Family and Youth Services Bureau; Administration on Children, Youth and Families

**Funding Opportunity Title:** Title V State Abstinence Program

**Announcement Type:** Mandatory

**Funding Opportunity Number:** HHS-2016-ACF-ACYF-AEGP-1131

**CFDA Number:** 93.235

**FY 2016:**  
**Due Date for Applications:** **April 1, 2016**

**FY 2017:**  
**Due Date for Applications:** **October 31, 2016**

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**Executive Summary**

The Family and Youth Services Bureau (FYSB) of the Administration for Children and Families' (ACF) Administration on Children, Youth and Families (ACYF) is accepting applications from states and territories for the development and implementation of the State Abstinence Program. The purpose of this program is to support decisions to abstain from sexual activity by providing abstinence education as defined by section 510(b) of the Social Security Act (42 U.S.C. § 710(b)) with a focus on those groups that are most likely to bear children out of wedlock, such as youth in or aging out of foster care.

This Funding Opportunity Announcement (FOA) instructs states on how to apply for funding for fiscal year (FY) 2016 and/or FY 2017. To qualify for funding in FY 2016 and/or FY 2017, states must submit an application for review and approval prior to the award of funds.

States are encouraged to develop flexible, medically accurate, and effective abstinence-based plans responsive to their specific needs. These plans must “provide abstinence education, and at the option of the state, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on those groups that are most likely to bear children out-of-wedlock,” as allowed under section 510(b)(1) of the Social Security Act (42 U.S.C. § 710(b)(1)). An expected outcome for all programs is to promote abstinence from sexual activity.

## **I. PROGRAM DESCRIPTION**

### **A. Statutory Authority**

Awards under this announcement are authorized and appropriated by section 510 of the Social Security Act (42 U.S.C. § 710), as amended by section 214 of the Medicare Access and Children's Health Insurance Program Reauthorization Act of 2015 (Public Law No. 114-10).

### **B. Description**

The stated purpose of this funding is to provide states with funding for additional tools to address the rates of teen pregnancy among those groups who are most likely to bear children out of wedlock. For that reason, states may fund abstinence education as defined by section 510(b)(2) of the Social Security Act (42 U.S.C. § 710(b)) and/or programs that provide mentoring, counseling, and adult supervision as a means of promoting abstinence from sexual activity. All programs incorporated by a state must ensure that abstinence from sexual activity is an expected outcome. States are encouraged to identify programs that have demonstrated effectiveness in delaying the initiation of sexual activity or promoting abstinence from sexual activity. These projects must focus on the social, psychological, and health gains to be realized by delaying initiation of sexual activity and engaging in healthy relationships

### **C. Use of Funds for Abstinence Education and Mentoring, Counseling, and Adult Supervision**

It is recognized that many states will receive relatively modest funding under the legislative formula, which will result in the development of programs with significant variation. States seeking funding under section 510 of the Social Security Act should use their discretion in coordinating components to construct abstinence programs that best meet the needs of the populations most likely to bear children out of wedlock. States expending funds for abstinence education programs may determine the relative emphasis to place on each of the A-H components of Section 510(b)(2). States are also encouraged to use funds for mentoring, counseling, or adult supervision programs to promote abstinence, as allowed under section 510(b)(1), and should include in their state plan a description of how they will incorporate these components in their project. Regardless of program type, no funds can be used in ways that contradict the eight A-H components of Section 510(b)(2).

In 2014, the preliminary data suggests that there were 24.2 births for every 1,000 adolescent females ages 15-19, or 249,067 babies born to females in this age group. Nearly 89 percent of these births occurred outside of marriage (Office of Adolescent Health, 2014). This information is supported by National Center for Health Statistics National Vital Statistics Reports Data for 2014. Moreover, the U.S. teen birth rate is higher than that of many other developed countries, including Canada and the United Kingdom (Hamilton et al., 2014).

Sexual risk behaviors place adolescents at risk for HIV infection, other sexually transmitted infections (STIs), and unintended pregnancy.

A report from the Centers for Disease Control and Prevention (CDC) shows that many adolescents and young adults in the U.S. engage in sexual risk behaviors and experience negative sexual and reproductive health outcomes. For example, youth between 13 to 24 years of age accounted for an estimated 26 percent of all new HIV infections in the United States in 2010 and almost 60 percent of youth with HIV in the United States do not know they are infected (CDC, June 2014).

Adolescents who are at greatest risk of STIs and unintended pregnancies are a complex and dynamic group. A targeted and holistic approach is essential to reducing teen pregnancies.

## **D. PROJECT REQUIREMENTS**

### **i. Medical Accuracy**

Programs supported with these funds must be medically accurate. Medical accuracy means that medical information must be verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals, where applicable, or be comprised of information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete. If states choose to teach values-based perspectives, it is permissible under this statute. However, a state may not present information as factual when it reflects a value or opinion instead of fact.

As a condition of receiving a grant under this announcement, and section 510 of the Social Security Act, a state must certify that all abstinence education materials that are presented as factual are grounded in scientific research. This certification pertains to any materials presented by subawardees of the state as well. Specific instructions for certifying medical accuracy are included in *Appendix B* in this FOA.

Mass produced educational materials that are specifically designed to address STIs are required by section 317P(c)(2) of the Public Health Service Act (42 U.S.C. §247b-17(c)(2)) to contain medically accurate information regarding the effectiveness or lack of effectiveness of condoms in preventing the STIs the materials are designed to address. In general, information on contraceptives, if included, must be medically accurate, objective, complete, and should include information on the effectiveness or lack of effectiveness of the type of contraception discussed in the curriculum.

States must sign the assurance contained in *Appendix B* and submit it with their application for funding. Should ACYF/FYSB find medically inaccurate information during the review process, or at any time during the grant project period(s), grantees will be required to take appropriate action to correct the inaccuracy.

### **ii. Program Effectiveness**

There is a growing body of literature on effective interventions for reducing teen pregnancy. These interventions range in program models and target populations. These evidence-based programs have demonstrated impacts on sexual activity (including delaying initiation of sexual

activity), contraceptive use, STIs, and pregnancy or births. States are encouraged to incorporate an evidence-based approach and/or effective strategies that have demonstrated impacts on delaying initiation of sexual activity. States should encourage providers to select and implement programs with proven effectiveness for the target populations they plan to serve. Programs must be medically accurate and age-appropriate with regard to the developmental stage of the intended audience. FYSB requires states to review effective programs to determine whether these interventions can be adapted, subject to copyright restrictions, be implemented with fidelity, and adhere to the core curriculum to meet the requirements of programs designed for this grant. For more information on programs that were found to be effective at preventing teen pregnancies and reducing sexually transmitted infections, go to:

<http://tppevidencereview.aspe.hhs.gov/EvidencePrograms.aspx>

ACYF encourages states to consider the following approaches as they seek to design effective programs:

- The use of programs that are based on sound theoretical frameworks (e.g., social cognitive theory, theory of reasoned action, theory of planned behavior);
- The use of programs that encourage and foster peer support of decisions to delay sexual activity (Trenholm et al., 2007);
- The use of programs that select educators with desired characteristics (whenever possible), train them, and provide monitoring, supervision, and support (Kirby, 2007); and,
- The use of programs that involved multiple people with expertise in theory, research, and sex and STD/HIV education to develop the curriculum (Kirby, 2007).

### **iii. Target Populations**

As section 510(b)(1) of the Social Security Act (42 U.S.C. § 710(b)(1)) describes, states are to focus on groups that are most likely to bear children out-of-wedlock.

States are required to provide services to youth populations that are the most high-risk or vulnerable for pregnancies or otherwise have special circumstances. ACYF recognizes youth that are the most high-risk or vulnerable for pregnancies include culturally underrepresented youth populations, especially Hispanic, African American, or Native American teenagers, youth in or aging out of foster care or adjudication systems, pregnant or parenting teens, and runaway and homeless youth. States are encouraged to address the unique needs of these vulnerable populations.

A population of young people who are significantly more likely than their peers to become pregnant or to father a child at an early age are youth who are in or aging out of foster care. States should consider high pregnancy rates among youth in the care of the child welfare system in determining how to target these resources.

Abstinence Education programs should also consider the needs of lesbian, gay, bisexual, transgender, and questioning youth. Programs should be inclusive and non-stigmatizing towards such youth and must not express a judgment with regard to sexual orientation or seek to influence the beliefs of participants with respect to sexual orientation or gender identity. If not already in place, applicants and, if applicable, subawardees should establish and publicize policies prohibiting harassment based on race, sexual orientation, gender, gender identity (or expression), religion, and national origin. Awardees should ensure that all youth-serving staff are trained to prevent and respond to harassment or bullying in all forms. Programs serving youths should be prepared to monitor claims, address them seriously, and document their corrective action(s) so all participants are assured that programs are safe, inclusive, and non-stigmatizing by design and in operation.

Applicants should cite local and state demographics to support the target population that they propose to serve and describe their needs, as well as provide an estimation of the number of youth to be served in their State Plans.

#### **iv. Ensuring the Well-Being of Vulnerable Children and Families**

ACYF/FYSB is committed to facilitating healing and recovery and promoting the social and emotional well-being of children, youth, and families/adults who have experienced maltreatment, exposure to violence, and/or trauma. Awards governed by this FOA and other current fiscal year expenditures are designed to ensure that effective interventions are in place to build skills and capacities that contribute to the healthy, positive, and productive functioning of youth and families.

An important component of promoting social and emotional well-being includes addressing the impact of trauma, which can have a profound effect on the overall functioning of children, youth, and families. Experiencing trauma can have a profound effect on the overall functioning of individuals and families. Thus, efforts to address the impact of trauma are essential in cultivating social and emotional well-being. ACYF therefore promotes a trauma-informed approach, which involves understanding and responding to the symptoms of chronic interpersonal trauma and traumatic stress, as well as the behavioral and mental health consequences of trauma.

#### **v. Promoting Healthy Transitions to Adulthood Through Positive Youth Development**

FYSB is committed to promoting the behavioral health and social and emotional well-being of vulnerable young people through a strengths-based, positive youth development (PYD) approach. Historically, many programs concentrated on a specific problem behavior, like teen sexual activity, and involved narrowly focused interventions and educational activities for that problem. The increasing body of research on risk and protective factors, however, has highlighted the important roles that multiple aspects of young people's attitudes, behaviors, relationships, and environments have in predicting problem behaviors like early sexual activity.

States are required to include PYD strategies to help youth build protective factors that mitigate the impact of past and future negative experiences. The program model must also include service linkages to local community partners that support the safety and well-being of the youth.

For more information on PYD, please see:  
<http://aspe.hhs.gov/execsum/positive-youth-development-united-states>.

#### **vi. Goal(s), Objectives, and Logic Models**

States and/or subawardees are required to develop and include in the application for funding:

- (1) program-specific goal(s) statements for short-term and long-term periods;
- (2) up to six outcome objectives that clearly state expected results or benefits of the intervention proposed and link with the goal(s) statement, as well as multiple process objectives; and
- (3) a logic model demonstrating how proposed inputs and activities will lead to the outcome objectives and ultimately the achievement of the goal(s) statement.

A goal is a general statement of what the project expects to accomplish. It should reflect the long-term desired impact of the project on the target group(s) as well as reflect the program goals contained in this FOA. The state and/or subawardee should outline the vision and short/long-term goals of the proposed program/activity in the goal(s) statement. Outcome objectives in the model may be considered as intermediate outcomes that logically lead to the grantee's overall goal attainment.

An objective is a statement which defines a measurable result that the program expects to accomplish. All proposed objectives should be specific, measurable, achievable, realistic, and time-framed (S.M.A.R.T.).

- **Specific:** An objective is to specify one major result directly related to the program goal and state that it is going to be doing what, to whom, by how much, and in what time-frame. It must specify what will be accomplished and how the accomplishment will be measured.
- **Measurable:** An objective must be able to describe in realistic terms the expected results and specify how such results will be measured.
- **Achievable:** The accomplishment specified in the objective must be achievable within the proposed time line and as a direct result of program activities.
- **Realistic:** The objective must be reasonable in nature. The specified outcomes – i.e., expected results – must be described in realistic terms.
- **Time-framed:** An outcome objective must specify a target date or time frame for its accomplishments.

Outcome objectives – i.e., S.M.A.R.T. objectives related to the outcomes of the program – must be supported with several process objectives – i.e., S.M.A.R.T. objectives related to the processes or activities of the program.

States will be required to submit the goal(s) statement, outcome objectives, and logic models for all state-led programs or subawardee programs with the application, along with assurance that the logic model demonstrates specified activities that will lead to the outcome objectives enumerated and ultimately the achievement of the goal(s) statement. Where possible, applicants should specify short-term and long-term goals.

Further information on sources available for developing programs, as well as information on logic models, is provided in *Appendix D*.

Recognizing that community partnerships are strong assets when it comes to sustaining programming, states are encouraged to develop a sustainability plan with their subawardees and collaborating partners to create self-sufficiency and continue program activities after federal funding ends.

## **E. Other Program Requirements**

All grantees should budget annually the costs of sending one or two key staff persons to attend the 2- or 3-day adolescent pregnancy prevention grantee meeting in Washington, D.C. The meeting provides specific training for State Abstinence Program Coordinators and important program requirement updates. Grantees may send more than one key staff person to the national meeting or work with subawardees to select appropriate program staff persons.

## **F. Definitions for the purpose of this Funding Opportunity Announcement**

- i. *Adult Supervision*** Consistent monitoring and appropriate structure provided in community programs by competent and caring adults. Adult supervised programs and activities are conducted in a safe environment and provide consistent and appropriate boundaries and behavioral expectations for participating youth.
- ii. *Counseling*** Guidance to individuals, families, groups, and communities by such activities as giving advice, offering decision alternatives, helping to articulate goals, and providing needed information.
- iii. *Evidenced-based practices*** Replicates practices that have been evaluated using rigorous evaluation design such as random controlled or high-quality quasi-experimental trials and that have demonstrated positive impacts for youth, families, and communities.
- iv. *Goal*** A general statement of what the project expects to accomplish.
- v. *Medical Accuracy*** Medical accuracy means that medical information must be verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals where applicable, or be comprised of information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete.
- vi. *Mentoring*** Provide young people with safe and trusting relationships; healthy messages about life and social behavior; appropriate guidance from a positive adult role model; and opportunities for increased participation in education, civic service, and community activities.
- vii. *Objectives*** The specific changes expected as a result of the program.
- viii. *Operating Division*** An operating division (OPDIV) is a HHS administrative unit led by an Assistant Secretary and reporting directly to the Secretary. ACF is one of 11 HHS operating divisions, including eight agencies in the U.S. Public Health Service and three human services agencies.

- ix. **S.M.A.R.T. Objectives** Objectives that are Specific, Measurable, Achievable, Realistic, and Time-framed.
- x. **Project Period** The total time for which federal support has been programmatically approved as shown in the Notice of Award; however, it does not constitute a commitment by the Federal Government to fund the entire period. The total project period comprises the initial budget period, any subsequent competitive segments resulting from a competing continuation award(s), and any no-cost or low-cost extension(s).
- xi. **Youth** An individual who has attained age 10, but has not attained age 20.

## II. AWARD INFORMATION

The process for fulfilling requirements necessary to use FY 2016 or FY 2017 State Abstinence Program funding requires the submission of an application for funding, which will include the federally required standard application documents, assurances, and other documents as outlined in *Section IV.D. Forms, Assurances, and Certifications* of this FOA. The application also includes the implementation plan as outlined in *Section IV.E. The Project Description*.

States are eligible to apply for FY 2016 and FY 2017 under this announcement.

States will not be required to submit full applications after the initial funding year unless there are material changes made to the program. Instead, states receiving funding in FY 2016 will be required to submit a written Letter of Intent and updated State Plan to receive funding for FY 2017. ACF will provide states with guidance for submitting any updates to their applications and State Plans.

### A. Expenditure Period

Each fiscal year allocations will remain available for expenditure by the state through the end of the succeeding fiscal year. For example, FY 2016 allocations through this announcement would remain available for expenditure by the state until September 30, 2017. FY 2017 allocations through this announcement would remain available for expenditure by the state through September 30, 2018.

Grantees cannot request to carryover funds beyond the grant award expenditure period. The chart below provides a timeline of the budget periods for FY 2016 and FY 2017.

| <b><u>Fiscal Year</u></b> | <b><u>Applicant/Grantee Action Required</u></b>    | <b><u>Project Period for Obligation</u></b> | <b><u>Fund Expenditure</u></b>                             |
|---------------------------|--|---|--|
| 2016                      | Submit application and receive ACYF/FYSB approval. | <u>Award date to</u><br>September 30, 2017. | All obligated funds must be expended by December 29, 2017. |
| 2017                      | Submit application and                             | <u>Award date to</u>                        | All obligated funds  |

|  |                             |                     |  |
|--|-----------------------------|---------------------|--|
|  | receive ACYF/FYSB approval. | September 30, 2018. | must be expended by December 29, 2018. |
|--|-----------------------------|---------------------|--|

**B. Anticipated Total Funding**

A total of \$75,000,000 is available for awards made in FY 2016 and FY 2017.

**C. Allocations**

Grants awarded to each state are determined by a formula using the state’s proportion of low-income children compared to the total number of low-income children in the U.S. based on the most recent Census data for children in poverty. For each fiscal year, the estimated allotment for each state or territory will be updated based on the most current available census data and will be communicated to states by October of the preceding fiscal year. Census data are unavailable for the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau. Thus, the allocations for these three entities are based on the amounts allocated to them by the Department of Health and Human Services (HHS) in prior fiscal years. See *Appendix A* for FY 2016 allotments.

**D. Approved Application**

States that submit an application for FY 2016 are anticipated to receive a grant award by April 29, 2016.

States that submit an application for FY 2017 are anticipated to receive a grant award by November 30, 2016.

**E. Funding Restriction**

Funds may be used to cover costs of personnel, consultants, equipment, supplies, grant-related travel, and other grant-related costs.

Funds must be used in a manner consistent with program requirements as outlined in this FOA. Allowable administrative costs include:

- Usual and recognized overhead, including indirect rates for all consortium organizations that have a federally approved indirect cost rate;
- Management and oversight of specific project components funded under this program; and
- Development and *submission* of the application document.

Funds under this announcement cannot be used for the following purposes:

- To supplant or replace current public or private funding;
- To supplant ongoing or usual activities of any organization involved in the project;
- To purchase or improve land, or to purchase, construct, or make permanent improvements to any building;
- To reimburse pre-award costs;

- To support planning efforts and other activities associated with the program or application; or
- For fundraising, political education, or lobbying activities.

## **F. Approval Status**

Upon completion of the review of the application, FYSB will make notification to the grantee on the approval status. Official Notice of Grant Award notifications will be made by the ACF Office of Grants Management.

## **G. Terms and Conditions**

General Terms and Conditions applicable to mandatory award programs and additional financial requirements specific to this program can be found at:

<http://www.acf.hhs.gov/grants/mandatory-formula-block-and-entitlement-grants>.

## **III. ELIGIBILITY INFORMATION**

### **A. Eligible Applicants**

For purposes of this announcement, 59 entities are eligible including all 50 States, the District of Columbia, Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, Commonwealth of the Northern Mariana Islands, Federate States of Micronesia, the Republic of the Marshall Islands, and Republic of Palau.

The authorized representative, established under state law, shall apply for and administer the State Abstinence Education Program. A signed letter from the authorized representative must accompany each application; it should include documentation or a citation establishing the authorized representative's authority to apply for and administer State Abstinence Program funds on behalf of the state.

The authorized representative may consult the State Maternal and Child Health Services Agency (as outlined by section 505(a)(5)(F) of the Social Security Act) and/or other relevant state agencies, such as the state Department of Education, for the plan development.

### **B. Cost Sharing or Matching**

The applicant must fund no less than 42.857 percent ( $3/7^{\text{ths}}$ ) of the project's total cost with non-federal resources while ACYF/FYSB will fund no more than 57.143 percent ( $4/7^{\text{ths}}$ ) of the project's total cost (section 503(a) of the Social Security Act (42 U.S.C. §703(a)). For example, if a state's total program cost is \$100,000, the ACYF/FYSB allotment is \$57,143 and the state must provide a match of \$42,857. The match may be state dollars, local government dollars, private dollars such as foundation dollars, or in-kind support.

The formula to calculate the match requirement based on the given federal allotment:

$$(\text{Federal Grant} \times (7/4)) \times (3/7) = \text{Match Requirement}$$

For example:

$$(\$57,000 \times (7/4)) \times (3/7) = \$43,000$$

The non-federal match must be used solely for the activities enumerated under section 510 of the Social Security Act and must be accounted for on the Financial Status Report (SF-425).

Matching requirements (including in-kind contributions) of less than \$200,000 (up to \$199,999) are waived under grants made to the governments of American Samoa, Guam, the U.S. Virgin Islands, the Republic of the Marshall Islands, the Federated States of Micronesia, the Republic of Palau, and the Commonwealth of the Northern Mariana Islands (other than those consolidated under other provisions of 48 U.S.C. § 1469) pursuant to 48 U.S.C. § 1469a(d). This waiver applies whether the matching required under the grant equals or exceeds \$200,000.

States are allowed to use awarded funding to make subawards and may pass on match requirements to subawardees.

### **C. Additional Eligibility Requirements**

#### **DUNS Number and System for Award Management Eligibility Requirements (SAM.gov)**

All applicants must have a DUNS Number ([http:// fedgov. dnb.com /webform](http://fedgov.dnb.com/webform)) and an active registration with the Central Contractor Registry (CCR) on the System for Award Management (SAM.gov, [www.sam.gov](http://www.sam.gov)).

Obtaining a DUNS Number may take 1 to 2 days.

All applicants are required to maintain an active SAM registration until the application process is complete. If a grant should be made, registration in the CCR at SAM must be active throughout the life of the award.

**Plan ahead. Allow at least 10 business days after you submit your registration for it to become active in SAM and an additional 24 hours before that registration information is available in other government systems, i.e., Grants.gov.**

This action should allow you time to resolve any issues that may arise. Failure to comply with these requirements may result in your inability to submit your application through Grants.gov or prevent the award of a grant. Applicants should maintain documentation (with dates) of your efforts to register for, or renew a registration at, SAM. User Guides are available under the “Help” tab at: <https://www.sam.gov>.

HHS requires all entities that plan to apply for, and ultimately receive, federal grant funds from any HHS Agency, or receive subawards directly from recipients of those grant funds to:

- Be registered in the SAM prior to submitting an application or plan;
- Maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by an OPDIV; and
- Provide its active DUNS number in each application or plan it submits to the OPDIV.

ACF is prohibited from making an award until an applicant has complied with these requirements. At the time an award is ready to be made, if the intended recipient has not complied with these requirements, ACF:

- May determine that the applicant is not qualified to receive an award; and
- May use that determination as a basis for making an award to another applicant.

## **IV. APPLICATION AND SUBMISSION INFORMATION**

### **A. Application Submission Requirements**

On October 1, 2013, the ACF implemented required electronic application submission of state and/or tribal plans via the Online Data Collection System (OLDC) at <https://extranet.acf.hhs.gov/ssi/> for all mandatory grant programs. (See 78 FR 60285-60286, October 1, 2013.) Mandatory grant recipients are required to use the OLDC to submit the Application for Federal Assistance SF-424 Mandatory Form (SF-424M) and upload all required documents. The form is available to applicants and grantees at: <http://www.grants.gov/web/grants/forms/sf-424-mandatory-family.html>. ACF will not accept paper applications, or those submitted via e-mail or facsimile, without a waiver.

### **B. Request an Exemption from Required Electronic Submission**

ACF recognizes that some of the recipient community may have limited or no Internet access, and/or limited computer capacity, which may prohibit uploading large files to the Internet through the OLDC system. To accommodate such recipients, ACF is instituting an exemption procedure, on a case-by-case basis, that will allow such recipients to submit hard copy, paper state and tribal plans and reporting forms by the United States Postal Service, hand-delivery, recipient courier, overnight/express mail couriers, or other representatives of the recipient.

Additionally, on a case-by-case basis, we will consider requests to accept hard copy, paper submissions of state and tribal plans and reporting forms when circumstances such as natural disasters occur (floods, hurricanes, etc.); or when there are widespread disruptions of mail service; or in other rare cases that would prevent electronic submission of the documents. Recipients will be required to submit a written statement to ACF that the recipient qualifies for an exemption under one of these grounds: lack of Internet access; limited computer capacity that prevents the uploading of large files to the Internet; the occurrence of natural disasters (floods, hurricanes, etc.); widespread disruptions of mail service; or in other rare cases that would prevent electronic submission of the documents.

Exemption requests will be reviewed and the recipient will be notified of a decision to approve or deny the request. Requests should state if the exemption is for submission of the SF-424M and state and/or tribal plan, Performance Progress Reports (PPR), or Federal Financial Reports (FFR). The written statement must be sent to the Program Office (for SF-424M and state and/or tribal plan, and PPR exemption requests) and/or ACF Grants Management Office (for FFR

exemption requests) points of contact shown in *Section VI. Agency Contact* of this funding opportunity announcement. Requests must be received on or before the due date for applications listed in this funding opportunity announcement. Exemption requests may be submitted by regular mail or by e-mail.

In all cases, the decision to allow an exemption to accept submission of hard copy, paper state plans and reporting forms will rest with the Program Office listed in this announcement and/or ACF’s Office of Grants Management. Exemptions are applicable only to the federal fiscal year in which they are received and approved. If an exemption is necessary for a future federal fiscal year, a request must be submitted during each federal fiscal year for which an exemption is necessary.

**C. Formatting Requirements for Paper Format Applications Only**

All application materials must be submitted on 8 ½" x 11" white paper with 1-inch margins. All elements of the application submission must be in double-spaced format in 12-point Times New Roman or Courier font.

- The Project Description (Section IV.E) must not exceed 60 pages.
- Tables and/ or Charts are permitted throughout the application.
- Clearly number all pages (including forms, project description, and appendices) in one serial number set, handwritten if necessary.
- Include a table of contents.
- Submit all materials UNSTAPLED AND UNBOUND.
- Submit an original and one copy.
- Submit all documents in the order listed in Application for Funding and State Application Checklist. Each item is described in more detail in *Section IV.C-E*. See *Appendix E* for a detailed Application Checklist.

**D. Forms, Assurances, and Certifications**

Applicants seeking financial assistance under this announcement must submit the listed Standard Forms (SFs), assurances, and certifications. All required SFs, assurances, and certifications are available at [ACF Funding Opportunities Forms](#) or at the [Grants.gov Forms Repository](#).

| <b>Forms/Certifications</b>             | <b>Description</b>  | <b>Where Found</b>   |
|---|---|--|
| <b>SF-424M (Mandatory Form)</b>         | This is a required Standard Form. Application for Federal Assistance - Mandatory        | Available at <a href="http://www.grants.gov/web/grants/forms/sf-424-mandatory-family.html">http://www.grants.gov/web/grants/forms/sf-424-mandatory-family.html</a> . |
| <b>Certification Regarding Lobbying</b> | Required of all applicants at the time of their application and must be submitted prior | Available at <a href="http://www.grants.gov/web/grants/forms/sf-424-family.html">http://www.grants.gov/web/grants/forms/sf-424-family.html</a> .                     |

| Forms/Certifications  | Description   | Where Found  |
|---|---|--|
|   | to the award of the grant.  |  |
| <b>SF-LLL - Disclosure of Lobbying Activities</b>                     | If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the applicant shall complete and submit the SF-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Applicants must furnish an executed copy of the Certification Regarding Lobbying prior to award. | "Disclosure Form to Report Lobbying" is available at <a href="http://www.grants.gov/web/grants/forms/sf-424-family.html">http://www.grants.gov/web/grants/forms/sf-424-family.html</a> . |
| <b>SF-Project/Performance Site Location(s) (SF-P/PSL)</b>             | Referenced in <i>Section IV</i>   | Submission is due by the application due date found in the <i>Overview</i> and in <i>Section IV</i>  |
| <b>Abstinence Education Grant Program Assurance</b>                   | Referenced in <i>Section IV</i> Project Description   | Appendix B   |
| <b>Letter from the Authorized Representative (Transmittal Letter)</b> | The transmittal letter signed by the Authorized Representative must include the Code of Federal Domestic Assistance (CFDA) Number 93.235 and "State Abstinence Program" as the program to which the application is responding. The letter should also include documentation or a citation of the authority of   | It must be submitted with the application package by the due date in the <i>Overview</i> and in <i>Section IV</i>  |

| Forms/Certifications | Description  | Where Found |
|----------------------|--|-------------|
|                      |  |             |
|                      | the authorized representative to apply for and administer funds on behalf of the state. The transmittal letter should be included with all copies of the application |             |

**E. The Project Description**

**Important:** Applications submitted by states in FY 2016 cover funding for FY 2016. Applications submitted by states in FY 2017 cover funding only for FY 2017.

After their award in FY 2016, states are required to submit a letter of intent to secure grant funding for FY 2017. States who do not submit applications in 2016, must submit an application to obtain funding in FY 2017.

Use each of the headings in bold below throughout the application narrative. This will help the applicant, the reviewer, and federal staff to gain a clear picture of the proposed program.

**i. Application Abstract**

Applicants will include a one-page abstract of the State Plan. The abstract will provide an overview of the plan and will form the basis for the application summary in grants management documents. The abstract may also be distributed to provide information to the public and Congress and represents a high-level summary of the project. As a result, applicants must prepare a clear, accurate, concise abstract that can be understood without reference to other parts of the State Plan and that provides a description of the proposed project, including: brief statement of the project whether it is for a local, county-wide or state-wide project; mechanism for delivering services (e.g., subawards to local organizations through a competitive bid process); geographic area to be served (urban, rural, suburban); description of target population(s) to be served including any with special circumstances; a short description of the intervention(s) to be implemented; overarching goal(s); and monitoring strategies.

Include in your abstract the following information:

**ii. Contact and Grant Request Information**

State:

Fiscal Year:

Grant allocation amount:

|                           | Prefix | First and Last Name | Suffix | Title | Telephone | E-mail Address |
|---------------------------|--------|---------------------|--------|-------|-----------|----------------|
| Contact Person            |        |                     |        |       |           |                |
| Project Director          |        |                     |        |       |           |                |
| Authorized Representative |        |                     |        |       |           |                |

Grant applicants should include in their budget travel cost for at least one key staff person to attend the 2-or 3-day annual conference to be held in the Washington, D.C., area. The costs for attendance should address travel, lodging, meals, and incidentals.

### **iii. Description of Problem and Need**

This section requires the applicant to establish a simple needs assessment of problems related to teen pregnancy and STIs in the state and which groups are most at risk for out-of-wedlock births and have the greatest need for abstinence interventions, as defined by section 510(b) of the Social Security Act.

The discussion may include brief descriptions of existing programs and/or gaps therein that address the problems. However, the applicant should avoid detailed descriptions of these programs. The goal is not to describe all programs and activities in the state, but rather to demonstrate that the applicant has assessed how best to use the available grant funds.

### **iv. Target Populations**

From the identified target populations, the state should identify those with greatest need that will receive services. Applicants must describe any analysis that was conducted to identify these groups.

The state should describe the proposed target groups in detail and demonstrate how and why they were chosen. In cases where groups have equal needs, the state may describe how infrastructure, systems, local support, feasibility, and service recipient participation were considered in identifying target populations.

State plans must identify how they will target abstinence education to youth at high risk for teen pregnancy. When applicable, state plans should describe how efforts to ensure Native American youth in their states are included in the targeted populations.

Plans should include implementation strategies that are inclusive of youth aging out of foster care, in confinement or under court supervision, runaway and homeless youths, and youth residing in areas with high teen birth rates.

#### **v. Mentoring, Counseling, or Adult Supervision**

States may use funds for mentoring, counseling, or adult supervision programs to promote abstinence when appropriate, as allowed under section 510(b)(1), and should include in their state plan a description of how they will incorporate these components in their project.

#### **vi. Ensuring the Well-Being of Vulnerable Children and Families**

States should describe a plan for incorporating a positive youth development approach, including targeting risk and protective factors in young people's lives that are known to influence sexual activity and address the trauma needs of vulnerable youth.

#### **vii. Implementation Plan**

The Implementation Plan is a critical part of the Program Narrative and therefore of the State Plan. The program model must incorporate an evidence-based approach and/or effective strategies that have demonstrated impacts on delaying initiation of sexual activity. These selected interventions must have evidence of effectiveness with target populations.

As outlined in the *Section I. D.vi, Program Description- Project Requirements– Goals(s), Objectives, and Logic Models*, describe the goal(s) statement and process and outcome objectives of all planned activities. ACYF/FYSB encourages the use of logic models and the inclusion in the proposal of any logic models that have been developed that support the implementation plan. Additional information about the development of logic models is available in *Appendix D*.

The remainder of this section details additional required information for the overall Implementation Plan.

Applicants must develop an implementation plan based on the problem and need for reaching the proposed target population(s). They must also develop and identify goals, activities, mechanisms, and a short set of broad steps that will be used to implement the activities. For each step include the responsible party, the expected outputs, and the start and end dates.

Applicants should involve service recipients in this process and describe how they were involved. Also, they should describe how the state proposes to involve service recipients in the actual implementation of the proposed plan.

A state's plan should include any potential barriers to the implementation plan and how the state proposes to overcome the barriers.

If the state plans to develop formal partnerships, describe the mechanisms that will be used and the types of services the partners will provide. Formal partners are those with whom the state will establish legal agreements through grants, contracts, interagency agreements, memoranda of agreement, memoranda of understanding, etc. States should also include a plan monitoring the

effective management and coordination of activities with subawardees, partners, etc., to ensure program integrity to the proposed plan and the priorities of the state and of ACYF/FYSB.

### **viii. Coordination**

Describe the proposed coordination of the program with groups such as:

- HHS Teen Pregnancy Prevention grantees
- Personal Responsibility Education Program grantees
- State Child Welfare Agencies, Education Agencies, or Public Health Agencies.

### **ix. Service Recipient Involvement**

Briefly describe how the state proposes to make the plan public within the state after its transmittal to FYSB in such a manner as to facilitate comment from the public (including service recipients and any federal or other public agency). For example, the state may post the proposed plan on the web, hold listening sessions or town hall meetings, establish or continue an advisory board for the program, or send the plan to interested groups.

### **x. Referrals**

As appropriate and allowable under federal law, applicants may provide teenage pregnancy prevention related health care services and make use of referral arrangements with other providers of health care services (e.g., substance abuse, alcohol abuse, tobacco cessation, mental health issues, intimate partner violence), local public health and social service agencies, hospitals, voluntary agencies, and health or social services supported by other federal programs (e.g., Medicaid, State Children's Health Insurance Program, Temporary Assistance for Needy Families) or state/local programs.

### **xi. Objective Performance Measures**

Describe at least two program-related objective *outcome* measures that the state proposes to use to measure its success in reaching key goals. Outcome measures are those designed to measure behavior, attitudes, knowledge, beliefs, attendance, reach, and dosage of service recipients served. One of the outcome measures must include abstinence as a means of preventing teen pregnancy, birth, and/or STIs.

States may develop additional performance measures, including both outcome and output measures. Output measures are those designed to measure the success of the program staff in implementing activities, such as the number of program recipients or communities served.

### **xii. Objective Efficiency Measures**

As in previous years, states are required to collect and report data on the service recipients served in the program. The data are used by federal staff to analyze the success of ACYF/FYSB in accomplishing its long-term objective efficiency measures, which are measures of cost or of the amount of other resources per unit of output (such as dollar spent per program recipient served, dollar spent per hours of service received, or staff hours invested per program recipient served, etc.)

The data is collected in the PPR, Table D Activity Results. Standard forms and information on the PPR are available at: <http://www.acf.hhs.gov/programs/fysb/resource/aegp-ppr-2014>.

### **xiii. Sustainability Plan**

States are encouraged to develop a sustainability plan that includes their subawardees and collaborating partners. The plan should detail how the proposed project activities will continue after federal funding ends. States are expected to have their funded providers develop and plan to sustain key elements of their grant-supported projects, (e.g., strategies or services and interventions, which have been effective in improving practices and outcomes for youth and families).

### **xiv. Description of Programmatic Assurances**

For each of the three requirements related to legislative priorities below, describe measures (such as contract language, report requirements, site visits, etc.) that the state will use to ensure compliance.

1. Applicants for subawards understand and agree formally to the requirement of programming to not contradict section 510 (b)(2) A-H elements.
2. Materials used by subawardees do not contradict section 510(b)(2) A-H elements.
3. Curricula and materials must be reviewed for medical accuracy by awardees and subawardees.

If states choose to teach values-based perspectives, it is permissible under this statute. However, a state may not present information as factual when it reflects a value or opinion instead of fact. The requirement for states receiving funding under section 510 of the Social Security Act is that they will certify that “all abstinence education materials that are presented as factual will be grounded in scientific research.” This certification pertains to any materials presented by subawardees of the state as well.

States must sign the assurance contained in *Appendix B* and submit it with their application for funding. Signing and submitting the form certifies the grantee’s compliance with the requirement that all educational materials and curricula designed, mass produced, and used for instructional and informational purposes are medically accurate. Should ACYF/FYSB find medically inaccurate information during the review process, or at any time during the grant project period, grantees will be required to take appropriate action to correct the inaccuracy.

### **F. Paperwork Reduction Disclaimer**

As required by the Paperwork Reduction Act, 44 U.S.C. §§ 3501-3520, the public reporting burden for the project description is estimated to average 40 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. The Project Description information collection is approved under the Office of Management and Budget (OMB) control number 0970-0381, which expires 10/31/2016. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

## **G. Funding Restrictions**

The Consolidated Appropriations Act, 2016, (Title VII, General Provisions – Government-Wide), limits the salary amount that may be awarded and charged to ACF grants and cooperative agreements. Award funds issued under this announcement may not be used to pay the salary, or any percentage of salary, to an individual at a rate in excess of Executive Level II. The Executive Level II salary of the "Rates of Pay for the Executive Schedule" is \$185,100. This amount reflects an individual's base salary exclusive of fringe benefits and any income that an individual may be permitted to earn outside of the duties of the applicant organization. This salary limitation also applies to subawards/subcontracts under an ACF mandatory and discretionary grant.

## **V. AWARD ADMINISTRATION INFORMATION**

### **A. Administrative and National Policy Requirements**

For the terms and conditions that apply to all mandatory grants, as well as ACF program-specific terms and conditions, go to: <http://www.acf.hhs.gov/grants/mandatory-formula-block-and-entitlement-grants>.

### **B. Reporting**

All program and financial reporting forms for mandatory grant programs must be submitted electronically via the OLDC as required by 78 FR 60285-60286, October 1, 2013. Please see *Section IV. APPLICATION AND SUBMISSION INFORMATION* for more information on required electronic submission, as well as exemption from this requirement.

### **C. Performance Progress Reports**

State grantees under the Abstinence Program will be required to submit progress reports semi-annually. Reports will be due 30 days after the conclusion of the reporting period. Grantees **must** submit their reports online through the Online Data Collection (OLDC) system at: <https://extranet.acf.hhs.gov/ssi>.

Failure to submit reports on time may be a basis for withholding grant funds, suspension, or termination of the grant. In addition, all funds reported after the obligation period will be recouped.

The Application and Performance Progress Report requirements are approved under OMB control number 0970-0381, which expires 10/31/2016.

Performance Progress Reports instructions and forms are available at: <http://www.acf.hhs.gov/programs/fysb/resource/aegp-ppr-2014>.

## **D. Federal Financial Reports**

An annual expenditure report is required to be submitted using Form SF-425, the “Federal Financial Report.” The interim submission is due within 90 days of the end of the first fiscal year; the final submission is due within 90 days of the end of the second fiscal year. Final reports may be submitted in hard copy to the Grants Management Office Contact listed in *Section VI. Agency Contacts* of this announcement.

Note that both ACF and OMB have implemented requirements for mandatory agency-wide and government-wide electronic financial reporting, respectively. Paper copies of financial forms are no longer being accepted. ACF operates the OLDC system for this purpose and requires all grantees to submit periodic financial forms in this manner

Versions of the SF-425 form in Adobe PDF and MS-Excel formats, along with instructions, are available at: [http://www.whitehouse.gov/omb/grants\\_forms](http://www.whitehouse.gov/omb/grants_forms).

In addition, a separate, quarterly financial report is required by the Division of Payment Management using the SF-425. The Division of Payment Management’s online Payment Management System is required for filing quarterly reports and is found at the following address: <https://www.dpm.psc.gov>. For further assistance, please call the HHS helpline at 877-614-5533.

## **E. Federal Financial Accountability and Transparency Act Subaward and Executive Compensation**

Awards issued as a result of this funding opportunity may be subject to the Transparency Act subaward and executive compensation reporting requirements of 2 C.F.R. Part 170. See ACF's [\*\*Award Term for Federal Financial Accountability and Transparency Act Subaward and Executive Compensation Reporting Requirement\*\*](#) implementing this requirement and additional award applicability information.

ACF has implemented the use of the SF-428 *Tangible Property Report* and the SF-429 *Real Property Status Report* for all grantees. Both standard forms are available at: [www.whitehouse.gov/omb/grants\\_forms/](http://www.whitehouse.gov/omb/grants_forms/).

## **VI. AGENCY CONTACTS**

### **Program Office Contact**

Jewellynne Tinsley  
U.S. Department of Health and Human Services  
Administration for Children and Families  
Administration on Children, Youth and Families  
Family and Youth Service Bureau

330 C Street, SW  
Washington, DC 20201  
Tel: (202) 205-9462  
E-mail: [Jewellynne.tinsley@acf.hhs.gov](mailto:Jewellynne.tinsley@acf.hhs.gov)

## Grants Management Contact

Manolo Salgueiro  
Financial Management Specialist  
Administration for Children and Families  
Office of Grants Management  
Division of Mandatory Grants  
330 C Street, SW  
Washington, DC 20201  
Tel: 202-690-5811  
E-mail: [Manolo.salgueiro@acf.hhs.gov](mailto:Manolo.salgueiro@acf.hhs.gov)

## VII. REFERENCES

Centers for Disease Control and Prevention. (2014). *HIV Among Youth*. Retrieved June 23, 2014, from <http://www.cdc.gov/hiv/risk/age/youth/index.html>.

Centers for Disease Control and Prevention, *STD's in Adolescents and Young Adults*. Retrieved June 23, 2014 from <http://www.cdc.gov/std/stats11/adol.htm>.

Hamilton, B.E., Martin, J.A., Osterman, M.J.K., & Curtin, S. C. (2014). *Births: Preliminary Data for 2013*. Hyattsville, MD: National Center for Health Statistics. Retrieved July 17, 2014, from <http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr6302.pdf>.

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Social Security Act §§ 501-510 (42 U.S.C. §§ 701-710).

Office of Adolescent Health, (2014). *Trends in Teen Pregnancy and Childbearing*. Retrieved July 17, 2014, from <http://www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/teen-pregnancy/trends.html#>

Trenholm, C., Devaney, B., Fortson, K., Quay, L., Wheeler, J., & Clark, M. (2007). *Impact of Four Title V, section 510 Abstinence Education Programs*. Princeton, NJ: Mathematica Policy Research Inc.

Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics Reports. Volume 62, Number 9. "Births: Final Data for 2012."

**VIII. APPENDICES**

**APPENDIX A - ESTIMATED ALLOTMENTS FOR FY 2016**

**APPENDIX B - MEDICAL ACCURACY CERTIFICATION**

**APPENDIX C - GUIDANCE FOR ACYF/FYSB ABSTINENCE PROGRAM  
GRANTEES THAT IMPLEMENT RELIGIOUS PROGRAMS**

**APPENDIX D - RESOURCES FOR DEVELOPING PROGRAMS AND LOGIC  
MODELS**

**APPENDIX E - APPLICATION CHECKLIST**

**APPENDIX F - REPORTING TIMELINE**

**APPENDIX A****ALLOTMENTS FOR FY 2016 & ESTIMATED ALLOTMENTS FOR FY 2017**

| <b>STATE/TERRITORY</b> | <b>FY 2016 Allocations</b> | <b>FY 2017 Estimated Allocations</b> |
|------------------------|----------------------------|--------------------------------------|
| Alabama                | \$1,357,675                | \$1,357,675                          |
| Alaska                 | \$113,031                  | \$113,031                            |
| Arizona                | \$1,907,638                | \$1,907,638                          |
| Arkansas               | \$890,198                  | \$890,198                            |
| California             | \$9,569,262                | \$9,569,262                          |
| Colorado               | \$925,137                  | \$925,137                            |
| Connecticut            | \$506,787                  | \$506,787                            |
| Delaware               | \$172,748                  | \$172,748                            |
| District of Columbia   | \$144,827                  | \$144,827                            |
| Florida                | \$4,435,757                | \$4,435,757                          |
| Georgia                | \$2,958,734                | \$2,958,734                          |
| Hawaii                 | \$196,772                  | \$196,772                            |
| Idaho                  | \$367,538                  | \$367,538                            |
| Illinois               | \$2,769,115                | \$2,769,115                          |
| Indiana                | \$1,534,505                | \$1,534,505                          |
| Iowa                   | \$516,176                  | \$516,176                            |
| Kansas                 | \$592,705                  | \$592,705                            |
| Kentucky               | \$1,144,262                | \$1,144,262                          |
| Louisiana              | \$1,404,684                | \$1,404,684                          |
| Maine                  | \$210,640                  | \$210,640                            |
| Maryland               | \$831,903                  | \$831,903                            |
| Massachusetts          | \$1,005,518                | \$1,005,518                          |
| Michigan               | \$2,358,903                | \$2,358,903                          |
| Minnesota              | \$796,021                  | \$796,021                            |
| Mississippi            | \$1,112,958                | \$1,112,958                          |
| Missouri               | \$1,372,460                | \$1,372,460                          |
| Montana                | \$205,867                  | \$205,867                            |
| Nebraska               | \$351,556                  | \$351,556                            |
| Nevada                 | \$666,706                  | \$666,706                            |
| New Hampshire          | \$131,225                  | \$131,225                            |
| New Jersey             | \$1,486,335                | \$1,486,335                          |
| New Mexico             | \$682,461                  | \$682,461                            |
| New York               | \$4,317,691                | \$4,317,691                          |

| <b>STATE/TERRITORY</b>   | <b>FY 2016 Allocations</b> | <b>FY 2017 Estimated Allocations</b> |
|--------------------------|----------------------------|--------------------------------------|
| North Carolina           | \$2,544,986                | \$2,544,986                          |
| North Dakota             | \$90,145                   | \$90,145                             |
| Ohio                     | \$2,663,748                | \$2,663,748                          |
| Oklahoma                 | \$998,103                  | \$998,103                            |
| Oregon                   | \$818,631                  | \$818,631                            |
| Pennsylvania             | \$2,316,829                | \$2,316,829                          |
| Rhode Island             | \$208,400                  | \$208,400                            |
| South Carolina           | \$1,311,148                | \$1,311,148                          |
| South Dakota             | \$170,002                  | \$170,002                            |
| Tennessee                | \$1,752,772                | \$1,752,772                          |
| Texas                    | \$7,854,345                | \$7,854,345                          |
| Utah                     | \$583,719                  | \$583,719                            |
| Vermont                  | \$83,145                   | \$83,145                             |
| Virginia                 | \$1,305,215                | \$1,305,215                          |
| Washington               | \$1,317,900                | \$1,317,900                          |
| West Virginia            | \$438,942                  | \$438,942                            |
| Wisconsin                | \$1,067,123                | \$1,067,123                          |
| Wyoming                  | \$82,779                   | \$82,779                             |
| American Samoa           | \$76,069                   | \$76,069                             |
| Guam                     | \$75,184                   | \$75,184                             |
| Northern Mariana Islands | \$29,700                   | \$29,700                             |
| Puerto Rico              | \$2,027,157                | \$2,027,157                          |
| Marshall Islands         | \$13,501                   | \$13,501                             |
| Micronesia               | \$47,492                   | \$47,492                             |
| Palau                    | \$21,000                   | \$21,000                             |
| Virgin Islands           | \$64,170                   | \$64,170                             |
| <b>Total</b>             | <b>\$75,000,000**</b>      | <b>\$75,000,000**</b>                |

**\*\*Actual FY 2017 allocations will be provided in October after the release of census data**

**APPENDIX B**

**ABSTINENCE EDUCATION GRANT PROGRAM MEDICAL ACCURACY  
CERTIFICATION**

**HHS-2016-ACF-ACYF-AEGP-1131**

*All States submitting an application under this funding opportunity announcement must sign and submit the following certifications with their application package. Print the document. The Assurance must be signed and dated by the States' Authorized Organizational Representative (AOR).*

As the authorized individual signing this grant application on behalf of [NAME OF APPLICANT], I hereby attest and certify that we will make every reasonable effort to ensure that materials proposed in this application and funded during the project period of this grant are medically accurate.

Insert Date of Signature:  
Print Name and Title of the AOR:  
Signature of AOR

## APPENDIX C

### GUIDANCE FOR ACYF/FYSB ABSTINENCE PROGRAM GRANTEES THAT IMPLEMENT RELIGIOUS PROGRAMS

#### 1. Religious Materials

Eliminate all religious materials from the presentation of the federally funded program. This includes:

- Bibles or other books of worship;
- Registration materials that include religious inquiries or references;
- Follow-up activities that include or lead to religious outreach; and
- Religious content in materials.

*45 CFR Part 87.2(c). (“If an organization conducts [inherently religious] activities, the activities must be offered separately, in time or location, from the programs or services funded with direct financial assistance from the Department . . . .” 69 FR. 42586, 42593 (2004).*

#### 2. Separate and Distinct Programs

Any program with religious content must be a separate and distinct program from the federally funded program, and the distinction must be completely clear to the recipient. Some of the ways in which this may be accomplished include, but are not limited to, the following examples:

- Creating separate and distinct names for the programs;
- Creating separate and distinct looks for the promotional materials used to promote each program; and
- Promoting *only* the federally funded program in materials, websites, or commercials purchased with *any portion* of the federal funds.

Note: If an organization offers both a federally funded program and a religious program that provide the same social service, or the clients served are children, it is very important that the separation between the programs be accentuated.

*45 CFR Part 87.2(c). (“Organizations that receive direct financial assistance from the Department [under any Department program] may not engage in inherently religious activities, such as worship, religious instruction, or proselytization, as part of the programs or services funded with direct financial assistance from the Department.”) 69 FR. 42586, 42593 (2004).*

#### 3. Separate Presentations

Completely separate the presentation of any program with religious content from the presentation of the federally funded program by time or location *in such a way that it is clear that the two programs are separate and distinct*. If separating the two programs by time but presenting them in the same location, one program must *completely* end before the other program begins.

Some of the ways in which separation of presentations may be accomplished include, but are not limited to, the following examples:

- The programs are held in completely different sites or on completely different days.
- The programs are held at the same site at completely different times. Separation may be accomplished through such means as:
  - Have sufficient time between the two programs to vacate the room, turn down the lights, leave the stage, etc., in order to reasonably conclude the first program before beginning the second;
  - Completely dismiss the participants of the first program;
  - The second program could follow in the same room or, where feasible, in a different room to further distinguish the difference between the programs.
- The programs are held in different locations of the same site at the same time. Separation may be accomplished through such means as:
  - Completely separate registration locations; and
  - Completely separate areas where programs are held such as by room, hallway, or floor, etc.

*45 CFR Part 87.2(c). (“If an organization conducts [inherently religious] activities, the activities must be offered separately, in time or location, from the programs or services funded with direct financial assistance from the Department . . . .”) 69 FR. 42586, 42593 (2004).*

#### **4. Availability of Other Programs**

After the federally funded program has ended, a grantee may provide a brief and non-coercive invitation to attend a separate religious program.

The invitation should make it very clear that this is a separate program from, and not a continuation of, the federally funded program. It must also be clear that participants are not required to attend the separate religious program, and that participation in federally funded programs are not contingent on participation in other programs sponsored by the grantee organization.

Religious materials, such as a registration that includes religious follow-up, may only be provided in the privately funded program rather than the federally funded program.

*45 CFR Part 87.2(c). “Participation [in any privately funded inherently religious activities] must be voluntary for beneficiaries of the programs or services funded with [direct Federal financial] assistance.” 69 FR 42586, 42593 (2004).*

#### **5. Cost Allocation**

Demonstrate that federal funds are being used only for the federally funded program. Some of the ways in which separation of funds may be accomplished include, but are not limited to, the following examples:

- Implement the use of time sheets that keep track of all staff hours charged to the federally funded grant, whether the staff work in other programs or not.
- Require any staff working in both federally funded programs and other programs to clearly indicate how many hours are spent on each program.
- If any staff works on both a federally funded program and a non-federally funded program at the same site on the same day, require the staff to clearly indicate not only how many hours are spent on the federally funded program but also which specific hours are spent on the federally funded program. The hours should reflect that time spent on any program with religious content have been completely separated from hours spent on the federally funded program.
- Show cost allocations for all items and activities that involve both programs, such as staff time, equipment, or other expenses such as travel to event sites.

This may be accomplished through such means as:

- Example: if transportation is used to go to a site where a federally funded program is conducted and a religious or non-religious program funded through other means is also conducted by the grantee at the same site, one half of the travel costs (gas, lodging, etc.) should be charged to the federally funded program. If *three* separate and distinct programs are conducted at a site by a federally funded grantee and one of them is the federally funded program, only one third of the travel costs should be charged to the federally funded program, etc.
- Example: if an electronic device is used 30 percent of the time for the federally funded program, this should be demonstrated through clear record keeping. Only 30 percent of the cost of the electronic device should be charged to the program.

*2 CFR Part 225 (OMB Circular A-87), Appendix A. § C.3.a; 45 CFR Part 87.2.*

## 6. **Advertisements**

Federally funded programs cannot limit advertising the grant program services exclusively to religious target populations.

*45 CFR Part 87.2(e). “An organization that participates in programs funded by direct financial assistance from the Department shall not, in providing services, discriminate against a program beneficiary or prospective beneficiary on the basis of religion or religious belief.”*

## APPENDIX D

### RESOURCES FOR DEVELOPING PROGRAMS AND LOGIC MODELS

A potential resource for identifying and creating relevant programs geared toward outcomes is the Centers for Disease Control and Prevention's (CDC) *10 Steps to Promoting Science-Based Approaches (PSBA) to Teen Pregnancy Prevention using Getting To Outcomes (GTO)* (see <http://www.cdc.gov/TeenPregnancy/PDF/LittlePSBA-GTO.pdf>). This guide provides a clear 10-step process to assessing the needs of a community, selecting a program, implementing it, and tracking progress. States and subawardees are encouraged to review these steps in developing their approaches and their logic models.

Another helpful resource is the CDC webpage devoted to Program Evaluation at the [Office of the Associate Director for Program - Program Evaluation](http://www.cdc.gov/eval/resources/) (see <http://www.cdc.gov/eval/resources/>). This federal website offers links to many online resources focused on logic model development including templates and sample documents.

These resources are intended to be used as a guide for developing logic models. The specific program examples within are not meant to be examples that meet the criteria for this FOA.

#### Logic Model Format

A logic model is a diagram that shows the relationship between the program components and activities and desired process and outcome objectives. It is a visual way to present and share understanding of the relationships among the resources available to implement the proposed intervention, the strategies/activities planned for implementation, and the outputs and outcomes expected. The outputs are often expressed as S.M.A.R.T. process objectives. All states and/or subawardees must create logic models that provide an overview of the entire program/activity for the duration in which it is expected to occur. The logic models must detail how inputs (e.g., resources) will be used to fund activities for the achievement of specific process and outcome objectives enumerated and ultimately the achievement of the goal(s) statement.

The following is an overview on the construction of logic models. The goal of a logic model is to provide a systematic and visual way to show the connection between program resources, activities, and expected results. States and/or subawardees are encouraged to submit program logic models that include the following aspects:

- 1) Challenges Faced by the Program
  - a. Specific items a program wants to address.
  - b. Example: High rates of teen pregnancy among a specific population.
- 2) Inputs of the Program
  - a. Resources necessary to accomplish goals.
  - b. Example: Funding allocated towards a pregnancy prevention program, through a grant program or in-kind resources.
- 3) Processes/Activities
  - a. The specific actions supported by the inputs.
  - b. Example: Meetings, classes.
- 4) Outputs
  - a. The products of the activities.

- b. Example: The number of students completing a program.
- 5) Outcomes
- a. Expected changes as a result of the program. These can be divided into immediate, intermediate (e.g., annual), and long term (e.g., 5-8 years).
  - b. Example: (Annual) Increased consistent condom usage among a specific population; (Long-Term) decreased rates of teen pregnancy.

In addition, applicants are encouraged to address the following four areas in the construction of their logic model: demographics (e.g., age, race, sex) external factors that may influence the program's success (e.g., economic situation) the constraints faced by the program (e.g., negotiations with stakeholders, loss of non-federal resources) and the assumptions being made in the adoption of a specific program (e.g., what is believed about the method of intervention that cannot be tested; what is believed about the target population that cannot be tested etc.).

Applicants who cite local and state demographics to support the targeted populations of interest in their models should support their designs with relevant and current statistics.

**APPENDIX E**

**APPLICATION CHECKLIST**

|                          |  |
|--------------------------|--|
|                          | State Abstinence Program- Application for Funding Checklist  |
| <input type="checkbox"/> | 1. Letter from the Authorized Representative (Transmittal Letter)  |
| <input type="checkbox"/> | 2. State Application Cover Page <ul style="list-style-type: none"> <li><input type="checkbox"/> Project Title</li> <li><input type="checkbox"/> Applicant Name</li> <li><input type="checkbox"/> Service area included in the application, described by county and USPS zip codes: zip-three code(s) for one or more entire counties, zip-five codes for any partial-county areas included in the proposed service area</li> <li><input type="checkbox"/> Fiscal Year</li> <li><input type="checkbox"/> Grant Allocation Amount</li> <li><input type="checkbox"/> Address</li> <li><input type="checkbox"/> Contact Name</li> <li><input type="checkbox"/> Contact Phone Numbers (Voice, Fax)</li> <li><input type="checkbox"/> E-mail Address and Website Address, if applicable</li> </ul>   |
| <input type="checkbox"/> | 3. Table of Contents   |
| <input type="checkbox"/> | 4. Application Abstract  |
| <input type="checkbox"/> | 5. Application for Federal Assistance (SF-424M) and Project/Performance Site Location (SF-P/PSL)   |
| <input type="checkbox"/> | 6. Certification Regarding Lobbying  |
| <input type="checkbox"/> | 7. Disclosure of Lobbying Activities SF-LLL  |
| <input type="checkbox"/> | 8. Project Description <ul style="list-style-type: none"> <li><input type="checkbox"/> In addition to all the FOA required content, please also include:               <ul style="list-style-type: none"> <li>o The target population or demographic</li> <li>o Location of program delivery (school, community facility, etc.)</li> <li>o Description of Problem and Need</li> <li>o Medical Accuracy Assurance</li> <li>o Cost Sharing or Matching</li> <li>o Sustainability Plan</li> </ul> </li> <li><input type="checkbox"/> Implementation Plan</li> <li><input type="checkbox"/> Logic Model               <ul style="list-style-type: none"> <li>o Program-Specific goal statement</li> <li>o Up to six outcome objectives with clearly stated objective results</li> <li>o Logic model demonstrating how proposed inputs and activities lead to outcome objectives</li> </ul> </li> </ul> |

|                          |   |
|--------------------------|---|
|                          | <ul style="list-style-type: none"> <li><input type="checkbox"/> Barriers</li> <li><input type="checkbox"/> Mechanisms</li> <li><input type="checkbox"/> Monitoring</li> <li><input type="checkbox"/> Coordination</li> <li><input type="checkbox"/> Service recipient involvement</li> <li><input type="checkbox"/> Referrals</li> </ul> <p><b>Objective Performance and Efficiency Measures</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> At least two program measures related objective outcome measures</li> <li><input type="checkbox"/> Optional additional performance measures, including outcome and output measures</li> <li><input type="checkbox"/> Efficiency measures for collecting and reporting subawarding progress reporting</li> </ul> <p><b>Description of Programmatic Assurances (Medical Accuracy)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Applicant for subawards understand requirements of 510 A-H</li> <li><input type="checkbox"/> Material used by subawardees to not contradict 510 A-H</li> <li><input type="checkbox"/> Curricula and materials for medical accuracy review</li> </ul> |
| <input type="checkbox"/> | 9. Appendices   |

**APPENDIX F**

**REPORTING TIMELINE**

State Abstinence Education Grant Program  
 Grantee Reporting Requirements Time Line  
 Budget Period: FY 2016 & Budget Period: FY 2017

**Budget Period: FY 2016**

| <b>Due Date</b>   | <b>What's Due</b>                   | <b>Project Period Covered</b> | <b>Submit</b> |
|-------------------|-------------------------------------|-------------------------------|---------------|
| October 30, 2016  | Semi-annual Program Progress Report | 4/01/2016 - 9/30/2016         | • OLDC        |
| December 30, 2016 | Financial Status Report (SF 425)    | 04/01/2016 – 9/30/2016        | • OLDC        |

**Budget Period: FY 2017**

| <b>Due Date</b>   | <b>What's Due</b>                   | <b>Project Period Covered</b> | <b>Submit</b> |
|-------------------|-------------------------------------|-------------------------------|---------------|
| April 30, 2017    | Semi-annual Program Progress Report | 10/01/2016 3/31/2017          | • OLDC        |
| October 30, 2017  | Semi-annual Program Progress Report | 04/01/2017-09/30/17           | • OLDC        |
| December 30, 2017 | Financial Status Report (SF 425)    | 10/01/2016-09/30/2017         | • OLDC        |

**Note:** The reports must be signed by your *Authorized Representative* as named in your original grant application.

The Financial Status Report can be found online at: <http://www.acf.hhs.gov/grants-forms>.  
 Scroll down to Reporting, Disclosures, and other Standard Forms.