

**Funding Opportunity Announcement
(FOA) PS-13-1308**

***Promoting Adolescent Health Through
School-Based HIV/STD Prevention and
School-Based Surveillance***



**U.S. Department of Health and Human Services
Centers for Disease Control and Prevention**

Amendment I, made February 8, 2013 to Section C1: Eligibility Information

- This amendment (1) to this FOA is to correct language under section C1. Eligible Applicants on pages 29-30 to read as follows: "LEA. Thirty-one Local Education Agencies are eligible to compete for Strategies 1 and 2, and twelve of the 31 LEA are eligible to compete for Strategy 4. LEA are not eligible for Strategy 3".
- Corrections made to chart headers are as follows: "12 LEA eligible for Strategies 1, 2 and 4:" and "19 LEA eligible for Strategies 1 and 2:", indicating that The School District of Palm Beach County, Palm Beach County, West Palm Beach, FL was moved from the chart on page 30 to the chart on page 29.
- In addition, The School District of Palm Beach County, Palm Beach County, West Palm Beach, FL, has been moved from Tier 2 to Tier 1. Correction can be found on page 34, changing Tier 1 eligible applicants from 11 to 12, and changing Tier 2 eligible applicants from 20 to 19.

Amendment II, made March 5, 2013 to the Work plan section of the scoring criteria for Strategy 3 and 4

- This amendment (2) to this FOA is to correct the language under the Work Plan (30 points) section, in the first box, on page 49 to read as follows: "Provide 5-year project period outcomes with a timeline or Gantt chart for the implementation of Strategy 3".
- In addition, this amendment to this FOA is to correct the language under the Work Plan (30 points) section, in the first box, on page 51 to read as follows: "Provide 5-year project period outcomes with a timeline or Gantt chart for the implementation of Strategy 4".

Amendment III, made March 25, 2013 to the Application Review Section, Review and Selection Process

- This amendment (3) to this FOA corrects the language under the Review and Selection Process, Phase II review and Phase III Review on page 52.
- Phase 11 Review language was corrected to read "An objective review panel will evaluate complete and responsive applications according to the criteria listed in the criteria section of the FOA for Strategy 1, Tier 2, and all tiers within Strategy 2 and Strategy 3, and 4. CDC established that the objective review process be waived for the Strategy 1 SEA/SHA and TEA/THA and Strategy 1 LEA-Tier 1 applicants only. This requirement would be replaced with a streamlined structured approach to review proposals to be submitted by recipients. All applications submitted for Strategy 1 SEA/SHA and TEA/THA and Strategy 1 LEA-Tier 1 applicants in response to this FOA will undergo a structured review due to the fact that all applicants will receive funding amounts based on a known methodical calculation and funding is available for all applicants. This review will consist of a programmatic and budget assessment to ensure that the proposed project is technically and scientifically sound and the awarded entity is capable of performing the project. Applicants will be provided a copy of the technical, scientific, and budget assessment of their application."
- Phase III Review was corrected for the following (3rd sentence) to read as "Strategy 2 will be awarded after awards have been determined for the LEA awarded in Strategy 1-Tier 2."

Amendment IV, made April 4, 2013 to the Collaboration with organizations external to CDC section to include Health Resources and Services Administration/Bureau of Primary Health Care (HRSA/BPHC).

Commonly Used Acronyms

ACF/FYSB - Administration for Children and Families/Family and Youth Services Bureau
CBA - Capacity Building Assistance
CBO - Community-Based Organization (Organizations)
CDC - Centers for Disease Control and Prevention
CMS - Centers for Medicare and Medicaid Services
DASH - Division of Adolescent and School Health
DHAP - Division of HIV/AIDS Prevention
DHHS - U.S. Department of Health and Human Services
DRH - Division of Reproductive Health
DSTDP - Division of STD Prevention
DVH - Division of Viral Hepatitis
DVP - Division of Violence Prevention
EBI - Evidence-Based Intervention (Interventions)
ESHE - Exemplary Sexual Health Education
GSA - gay-straight alliance (alliances)
FOA - Funding Opportunity Announcement
HIV - human immunodeficiency virus
HPV - human papillomavirus
HRSA/MCHB - Health Resources and Services Administration/Maternal and Child Health Bureau
LEA - Local Education Agency (Agencies)
LHA - Local Health Agency (Agencies)
LGBT - lesbian, gay, bisexual, and transgender
LOC - Letters of Commitment
MOU/A - Memorandum of Understanding/Agreement
NCCDPHP - National Center for Chronic Disease Prevention and Health Promotion
NCHHSTP - National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
NCIRD - National Center for Immunization and Respiratory Diseases
NGO - National Non-Governmental Organization (Organizations)
NHAS - National HIV/AIDS Strategy
NPS - National Prevention Strategy
OAH - Office of Adolescent Health
Profiles - School Health Profiles; <http://www.cdc.gov/healthyyouth/profiles/>
PCSI - Program Collaboration and Service Integration
SBHC - School-Based Health Center (Centers)
SLHC - School-Linked Health Center (Centers)
SEA - State Education Agency (Agencies)
SHA - State Health Agency (Agencies)
SHS - Sexual Health Services

SSE - Safe and Supportive Environment (Environments)

STD - Sexually Transmitted Disease (Diseases)

STL - State, Territorial, and Local (agencies)

TEA - Territorial Education Agency (Agencies)

THA - Territorial Health Agency (Agencies)

TPP - teen pregnancy prevention

YDR - youth at disproportionate risk

YMSM - young men who have sex with men

YRBS - Youth Risk Behavior Survey; <http://www.cdc.gov/healthyyouth/yrbs>

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Part I. Overview Information

To receive notifications of any changes to CDC-RFA-PS13-1308, return to synopsis page of this announcement at: www.grants.gov and check on the “Send Me Changes Notification Emails” link. Applications must provide an email address to www.grants.gov to receive notifications.

- A. Federal Agency Name:** Centers for Disease Control and Prevention (CDC)
- B. Funding Opportunity Title:** *Promoting Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance*
- C. Announcement Type:** New—Type 1
- D. Agency Funding Opportunity Number:** *CDC-RFA-PS13-1308*
- E. Catalog of Federal Domestic Assistance Number:** 93.079, Cooperative Agreements (CA) to Promote Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance.

F. Dates:

Potential Applicant Conference Calls: CDC/DASH will conduct conference calls for all interested applicants to provide technical assistance (TA) and respond to any questions regarding the funding opportunity announcement (FOA) process. Interested applicants will need a telephone to join a conference call. The conference line can hold up to 90 callers: 1-866-764-9780; passcode: 362801. All calls will be recorded and instructions for accessing calls will be available at:

www.cdc.gov/healthyouth/foa/1308foa. Calls will take place for applicants on the following dates:

- National Non-Governmental Organizations on Thursday, February 14, 2013, at 11:00 a.m. U.S. EST
- Local Education/Health Agencies, Thursday, February 14, 2013, at 1:00 p.m. U.S. EST
- State Education/Health Agencies on Thursday, February 14, 2013, at 3:00 p.m. U.S. Eastern Standard Time (EST)
- Territorial Education/Health Agencies on Thursday, February 14, 2013, at 6:00 p.m. U.S. EST

Letter of Intent (LOI) Deadline Date: **March 15, 2013, 11:59 p.m. U.S. EST**, dashfoa@cdc.gov. The LOI is intended to provide CDC with an estimated number of applicants to anticipate for the competitive process. This LOI is strongly recommended; however, it is not required.

Application Deadline Date: **April 26, 2013, 11:59 p.m. U.S. EST**, www.grants.gov

This announcement is only for non-research domestic activities supported by CDC. If research is proposed, the application will not be reviewed. For the definition of research, visit:

www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf.

Executive Summary:

The Centers for Disease Control and Prevention (CDC) announces the availability of Fiscal Year (FY) 2013 funds to implement FOA PS13-1308, *Promoting Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance*. The project period is 5 years, with a 12-month budget period and an anticipated award date of August 1, 2013.

In 2010, young people aged 13-24 accounted for 21% of all new HIV infections in the United States¹. Nearly half of the 19 million new sexually transmitted diseases (STD) reported each year are among young people aged 15-24². The Nation's schools can play a critical role in addressing these epidemics. After the family, schools are one of the primary entities responsible for the development of young people.

Since 1987, CDC's Division of Adolescent and School Health (DASH) has been a unique source of support for HIV prevention efforts in the Nation's schools. After being a part of the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) for more than two decades, DASH joined the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) in 2012.

This FOA will build the capacity of state, territorial, and local (STL) agencies and support the efforts of national, non-governmental organizations (NGO) to help school districts (districts) and schools develop and implement sustainable program activities to:

- 1) Reduce HIV infection and other STD among adolescents; and
- 2) Reduce disparities in HIV infection and other STD experienced by specific adolescent sub-populations.

It is also expected that applicants' activities will reinforce efforts to reduce teen pregnancy rates.

Throughout the 5-year CA, awardees will conduct the Youth Risk Behavior Survey (YRBS) and the School Health Profiles (Profiles) and will aim to improve the sexual health of middle school (MS) and high school (HS) students within their jurisdiction by delaying the onset of sexual activity; reducing the number of sexual partners; promoting the dual use of condoms and a highly effective contraceptive method among adolescents who are sexually active; increasing STD and HIV testing, counseling, and treatment; and addressing key social determinants of health to ensure we are reaching youth at most disproportionate risk for HIV infection and other STD.

Separate funding pools are available for State and Territorial Education Agencies (SEA/TEA); Local Education Agencies (LEA); and National Non-Governmental Organizations (NGO). In addition, STL health agencies may be eligible for School-Based Surveillance funding if the education agency in their jurisdiction does not apply for it as described in the eligibility section of this FOA.

It is anticipated that approximately \$13,000,000 will be available in year 1 and approximately \$17,000,000 for years 2-5. This funding will support approximately 75 agencies for Strategy 1: School-Base Surveillance; 14 SEA/TEA and 15 LEA agencies for Strategy 2: School-Based HIV/STD Prevention (SBHSP); 6 NGO for Strategy 3: Capacity Building Assistance for SBHSP; and 3 LEA and 1 NGO for Strategy 4: School-Centered HIV/STD Prevention for YMSM.

This FOA will fund agencies and organizations to implement four key strategies:

Strategy 1: School-Based Surveillance (SURV)

This strategy will establish and strengthen systematic procedures to collect and report YRBS and Profiles data for policy and program improvements. STL are the primary applicants for this funding. If an education agency declines to apply for funding, the health agency in its jurisdiction or the health agency's Bona Fide Agent may apply on its behalf. The education or health agency in a given jurisdiction must be awarded under this strategy in order for the education agency in that jurisdiction to be eligible for funding for Strategies 2 and 4. This funding is intended only for the administration, analysis, and dissemination of YRBS and Profiles. Awardees are not to use this funding to support other school-based surveillance activities.

Strategy 2: School-Based HIV/STD Prevention (SB)

This strategy will enable STL to help districts and schools deliver exemplary sexual health education emphasizing HIV and other STD prevention (ESHE); increase adolescent access to key sexual health services (SHS); and establish safe and supportive environments for students and staff (SSE). In addition, STL will track policies, educate key decision makers on policy issues, and help districts and schools implement policies, including laws, regulations, procedures, administrative actions, incentives, or voluntary practices of governments and other institutions, related to HIV/STD prevention (POLICY). Funded agencies will be required to implement program activities related to ESHE and POLICY that will influence school policies and practices for *all* secondary school students within their jurisdictions. In addition, technical assistance (TA) activities related to ESHE, SHS, SSE and POLICY will be implemented in *priority* districts and schools. Lastly, applicants will be required to implement intensive activities related to one approach (ESHE, SHS, or SSE) to help school districts and schools meet the HIV/STD prevention needs of a selected group of youth at disproportionate risk (YDR). For the purpose of this FOA, YDR includes lesbian, gay, bisexual, and transgender (LGBT) youth, with an emphasis on young men who have sex with men (YMSM); homeless youth; and youth enrolled in alternative schools.

Strategy 3: Capacity Building Assistance for School-Based HIV/STD Prevention (CBA)

This strategy will enable NGO to build the capacity of STL awardees to implement one or more approaches within Strategy 2 and to deliver sustainable initiatives in districts and schools that contribute to reductions in HIV infection and other STD among adolescents, and reductions in disparities in HIV infection and other STD experienced by specific adolescent sub-populations.

Strategy 4: School-Centered HIV/STD Prevention for Young Men Who Have Sex with Men (YMSM)

This strategy will enable LEA and NGO, in conjunction with community-based organizations (CBO), to help schools deliver evidence-based interventions (EBI); increase access to SHS; and establish SSE for students and staff to reduce disparities in HIV infection and other STD experienced by teenage (aged 13-19 years) black and Latino YMSM. In addition, awarded LEA and NGO will track policies, educate key decision makers on policy issues, and help schools implement policies related to HIV/STD prevention for YMSM. Agencies awarded for this strategy will help schools meet the HIV/STD prevention needs of not only teenage males who have engaged in sexual activity with partners of the same sex, but also of males of that age group who have not engaged in sexual activity with partners of the same sex but who are attracted to others of the same sex; or identify as gay or bisexual, or have another non-heterosexual identity.

Part II. Full Text

A. Funding Opportunity Description

1. Background:

a. Statutory Authorities:

Public Health Service Act, Title III, Part B, Sec 317(b)(k)(2) (42 U.S.C. Section 247(b)(k)(2)), as amended, Project Grants for Preventive Health Services.

b. Problem Statement:

Many young people engage in sexual behaviors that place them at risk for HIV infection, other STD, and pregnancy. According to the 2011 National YRBS results, 47% of U.S. high school students ever had sexual intercourse; 34% had sexual intercourse with at least one person during the 3 months before the survey; and 15% had had sexual intercourse with four or more persons during their lifetime. Of those sexually active high school students, 40% reported that either they or their partner had not used a condom during last sexual intercourse, and 77% reported that either they or their partner had not used birth control pills or Depo-Provera (or any injectable birth control), Nuva Ring (or any birth control ring), Implanon (or any implant), or any intrauterine device (IUD) before last sexual intercourse.³

In 2010, an estimated 9,800 persons aged 13-24 years were diagnosed with HIV infection, representing 21% of diagnoses that year.¹ From 2007 to 2010, HIV infection diagnoses increased 10% among persons aged 15-19 years and 33% among those aged 20-24 years.¹

Although young people aged 15-24 years comprise 25% of the sexually active U.S. population, they account for 50% of all new STD infections.² Teen pregnancy, although declining, remains higher in the United States than in nearly all other industrialized nations. Approximately 368,000 U.S. teens gave birth in 2010.⁴

Young people who share certain demographic characteristics are disproportionately affected by HIV infection and other STD. Black and Latino YMSM, homeless youth, and youth enrolled in alternative schools are particularly vulnerable.

- Among adolescent males aged 13-19 years, approximately 91% of diagnosed HIV infections in 2010 were among YMSM; these diagnoses appear to be increasing in recent years.⁵
- In 2010, blacks comprised 15% of all adolescents aged 13-19 years in the United States, but accounted for 69% of all diagnoses of HIV infection among adolescents. More Hispanic/Latino adolescents were diagnosed with HIV infection than white adolescents, even though there are nearly three times as many white adolescents as Hispanic/Latino adolescents in the United States.⁵
- Although it is difficult to obtain national rates of specific disease incidence in such specialized populations, smaller studies have shown higher rates of HIV and Hepatitis B and C infections among homeless youth⁶; and higher rates of STD and pregnancy among alternative school students.⁷

The role of schools in HIV/STD prevention and school-based surveillance.

Establishing healthy behaviors during childhood and adolescence is easier and more effective than trying to change unhealthy behaviors during adulthood. Schools are a critical setting for HIV/STD prevention and a cost-effective location for conducting the YRBS because the vast

majority of youth attend school. In the United States, schools have direct contact with more than 50 million students for at least 6 hours a day during 13 key years of their social, physical, and intellectual development.⁸ After the family, schools are one of the primary entities responsible for the development of young people.

Schools can influence students' risk for HIV infection and other STD through a variety of ways, including sexual health education, provision of or referral to physical and mental health services, and establishment of a safe and supportive environment that provides social and emotional support to young people, particularly those at high risk for HIV- and STD-related behaviors. These policies and practices can be measured through Profiles.

The role of education and health agencies and national, NGO.

State and local public health agencies lead most HIV prevention efforts in their jurisdictions. They are able to expand their prevention efforts to youth through the school setting when they have a strong partnership with education agencies. However, health agencies do not determine school curricula, policies, and services; that is the role of state education agencies and local school districts. Education agencies are government agencies responsible for providing policy guidance, curricula, information, resources, and TA on educational matters to schools.

Health agencies often have unique skills and abilities to conduct school-based surveillance of both health risk behaviors and school health policies and practices. The information collected through the YRBS and Profiles can be used to support HIV prevention and other adolescent health initiatives implemented by education and health agencies and national NGO.

NGO provide valuable support for HIV prevention efforts conducted by education agencies and other agencies that serve youth at risk for HIV infection and other STD. NGO have access to a wide range of highly trained experts who know how to appropriately tailor and disseminate HIV and STD prevention guidance and tools for school board members, administrators, teachers, and parents. NGO also have the capacity to use a wide range of media to transmit critical information and skills across the Nation. In addition, NGO help education agencies develop strategic partnerships and collaborations, including coalitions, to advance HIV/STD prevention work.

c. Healthy People 2020:

*Healthy People 2020*⁹ national health objectives outline a comprehensive plan for health promotion and disease prevention in the United States. Of the Healthy People 2020 objectives, 31 objectives align specifically with this FOA related to reducing HIV infection, other STD, and pregnancy among adolescents. YRBS and Profiles provide data to monitor progress toward achieving 21 objectives.

d. Other National Public Health Priorities and Strategies:

The *National HIV and AIDS Strategy* (NHAS) calls for the education of "all Americans about the threat of HIV and how to prevent it." It also calls for the expansion "of targeted efforts to prevent HIV infection using a combination of effective, evidence-based (EB) approaches" and to "intensify HIV prevention efforts in the communities where HIV is most heavily concentrated"¹⁰.

The *National Prevention Strategy (NPS)*¹¹ calls for “medically accurate, developmentally appropriate, and EB sexual health education.” The NPS encourages the involvement of parents in educating their children about sexual health, the provision of sexual and reproductive health services, and the reduction of intimate partner violence.

The U.S. Department of Health and Human Services’ (DHHS) *Teen Pregnancy Prevention Initiative*¹² supports the replication of teen pregnancy prevention (TPP) programs that have been shown to be effective through rigorous research as well as the testing of new, innovative program activities to combat teen pregnancy. TPP grants are awarded to states, non-profit organizations, districts, universities, and others from the DHHS Office of Adolescent Health (OAH), the Administration for Children and Families (ACF), and the CDC’s Division of Reproductive Health (DRH).

*Health disparities*¹³ are inextricably linked to a complex blend of social determinants that affect young people in the United States. Adolescents are impacted by environmental factors that ultimately influence the decisions they make. These factors include family, peer group, school, neighborhood, policies, and societal cues. This FOA places special emphasis on adolescents who are disproportionately affected by HIV infection, other STD, and/or pregnancy, such as racial/ethnic minority youth, youth in households of low socioeconomic status, and LGBT youth. Gay, bisexual, and other YMSM, especially black and Latino YMSM, are at highest risk for adverse sexual health outcomes

This FOA supports the NCHHSTP program imperative calling for *Program Collaboration and Service Integration (PCSI)*¹⁴ to provide improved integration of HIV, viral hepatitis, STD, and TB prevention and treatment services at the user level.

e. Relevant Work:

*CDC Winnable Battles*¹⁵, including prevention of HIV infection and TPP, have been chosen by CDC based on the magnitude of the health problems and the ability to make significant progress in improving outcomes. These are public health priorities with large-scale impact on health with known, effective strategies to address them.

2. CDC Project Description

a. Approach:

Promoting Adolescent Health through School Based HIV/STD Prevention and School-Based Surveillance FOA PS13-1308 Logic Model outlines a plan for health promotion and disease prevention through the implementation of Strategies 1-3. The Logic Model for Strategy 4: *School-Centered HIV/STD Prevention for Young Men Who Have Sex with Men (YMSM) - PS13-1308*.

Promoting Adolescent Health Through School-Based HIV/STD Prevention and School-Based Surveillance: FOA PS13-1308 Logic Model

Program Goals: Reduce HIV and other STD infections among adolescents; and
Reduce disparities in HIV infections and other STD experienced by specific adolescent sub-populations.

Inputs	Strategies & Work Plan Requirements	Short-Term Outcomes	Intermediate Outcomes	5-Year Outcomes
<p>Funding</p> <ul style="list-style-type: none"> • CDC/DASH • Leveraged funds and resources <p>Administrative</p> <ul style="list-style-type: none"> • 100% qualified FTE to manage program • HIV Review Panel • Program monitoring • 5-year strategic plan and annual plans <p>CDC Resources</p> <ul style="list-style-type: none"> • Data on health risk behaviors and school policies and practices • Guidelines, Health Education Curriculum Assessment Tool, School Health Index, and other tools <p>Partnerships</p> <ul style="list-style-type: none"> • CDC/DASH • MOU/MOA with health agencies and health care 	<p>Strategy 1: School-Based Surveillance (SURV)</p> <ul style="list-style-type: none"> • Collect, analyze, and disseminate scientifically valid data on adolescent health risk behaviors, including sexual risk behaviors, using the Youth Risk Behavior Survey (YRBS); and on school health policies and practices, including sexual health policies and practices, using the School Health Profiles (Profiles) <p>Strategy 2: School-Based HIV/STD Prevention (SB)</p> <p>APPROACH A: EXEMPLARY SEXUAL HEALTH EDUCATION (ESHE)*</p> <ul style="list-style-type: none"> • Establish a written MS/HS standard course of study or curriculum framework that reflects ESHE • Develop and foster the use of a systematic process for identifying, selecting or adapting, and implementing ESHE curricula • Establish and maintain a technical assistance and professional development system to assist districts and schools in implementing ESHE <p>APPROACH B: KEY SEXUAL HEALTH SERVICES (SHS)†</p> <ul style="list-style-type: none"> • Educate school staff and decision makers about the importance of key sexual health services for adolescents • Build the capacity of school staff to deliver or help students access key SHS • Facilitate the provision of SHS through school health services/nursing staff, school-based health centers (SBHC), or visiting staff from public health agencies or health care centers • Establish a referral system with partner organizations that have an expertise in adolescent SHS • Provide guidance to districts and schools on how to increase reimbursement for eligible services <p>APPROACH C: SAFE AND SUPPORTIVE ENVIRONMENTS FOR STUDENTS AND STAFF (SSE)</p> <ul style="list-style-type: none"> • Implement policies and procedures to prevent bullying and sexual harassment on school property and off-campus at school-sponsored events • Implement policies and practices to prevent electronic aggression (e.g., cyber-bullying and sexting) • Implement and enforce policies and procedures that increase school connectedness and parent engagement • Establish student-led clubs and program activities that promote a positive school 	<p>SURV</p> <p>All funded sites have weighted YRBS data and weighted Profiles data</p> <p>Approach A: ESHE</p> <ul style="list-style-type: none"> • Increased number of schools that implement ESHE • Increased number of students in grades 7-12 who receive education to prevent HIV and other STD <p>Approach B: SHS</p> <p>Increased number of schools that:</p> <ul style="list-style-type: none"> • Establish linkages with organizations that have an expertise in adolescent SHS • Establish a system to refer students to youth-friendly providers for key SHS • Provide on-site key SHS • Receive reimbursement for eligible services provided on-site 	<p>Increased student knowledge and skills to prevent HIV/STD and pregnancy</p> <p>Improved student attitudes and norms in support of HIV/STD and pregnancy prevention</p> <p>Improved student access to youth-friendly key SHS delivered</p> <p>Improved students safety at school</p> <p>Improved students connectedness to school and supportive adults</p> <p>Improved student:</p>	<p>Decreased % of adolescents who:</p> <ul style="list-style-type: none"> • Have ever had sexual intercourse • Are currently sexually active • Have had sexual intercourse with four or more persons in their lifetime <p>Increased % of sexually active adolescents who:</p> <ul style="list-style-type: none"> • Use condoms • Use both condoms and hormonal contraception methods • Have been tested for HIV and received treatments after testing positive • Have been

<p>providers</p> <ul style="list-style-type: none"> • Federal agencies (e.g., OAH, ACF) • CDC-funded programs (e.g., DHAP, DSTDP, DVH, NCIRD, DRH) • DASH-funded SEA, TEA, LEA, and NGO • NGO/CBO • SBHC or SLHC • School nurses • Hospitals/health care providers • Sexual health and teen pregnancy prevention coalitions • Consultants 	<p>environment</p> <ul style="list-style-type: none"> • Create opportunities for students to participate in mentoring and service learning programs with teachers and other adults <p>APPROACH D: EDUCATE DECISION MAKERS ON POLICY; IMPLEMENT AND TRACK POLICY (POLICY)[‡]</p> <ul style="list-style-type: none"> • Assess and identify gaps in, and track implementation of, current state and local policies related to school-based HIV/STD prevention • Educate decision makers and stakeholders on potential policy solutions to address school health issues related to HIV/STD prevention • Provide technical assistance on implementing current school health policies related to HIV/STD prevention • Establish and maintain state and district-level School Health Advisory Councils (SHAC) • Promote the use of the School Health Index <p><u>Strategy 3: Capacity Building Assistance for School-Based HIV/STD Prevention (CBA)</u></p> <ul style="list-style-type: none"> • Modify, as needed, existing tools, resources, and materials and train SEA/TEA/LEA staff to implement them • Provide capacity building assistance to SEA/TEA/LEA staff necessary to implement their required FOA strategies • Develop strategic partnerships and collaborations between SEA/TEA/LEA and members/chapters/affiliates/other organizations to support implementation 	<p><u>Approach C: SSE</u></p> <p>Increased number of schools that:</p> <ul style="list-style-type: none"> • Prohibit bullying and sexual harassment • Improve parent engagement • Promote school connectedness <p><u>Approach D: POLICY</u></p> <ul style="list-style-type: none"> • Increased number of states and districts that track policy implementation and educate decision makers on policy solutions • Increased number of schools using the School Health Index 	<ul style="list-style-type: none"> • Attendance at school • Academic achievement 	<p>tested for STD and received treatment after testing positive</p> <ul style="list-style-type: none"> • Have been tested for pregnancy <p>Increased % of adolescents who are fully immunized for HPV</p>
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* Exemplary Sexual Health Education (ESHE): A systematic, evidence-informed approach to sexual health education that includes the use of grade-specific, evidence-based interventions (EBI), but also emphasizes sequential learning across elementary, middle, and high school grade levels. ESHE provides adolescents the essential knowledge and critical skills needed to avoid HIV infection, other STD, and unintended pregnancy. ESHE is delivered by well-qualified and trained teachers, uses strategies that are relevant and engaging, and consists of elements that are medically accurate, developmentally and culturally appropriate, and consistent with the scientific research on effective sexual health education. For more information: www.cdc.gov/healthyyouth/sher/characteristics/index.htm and www.cdc.gov/healthyyouth/hecat/pdf/HECAT_Module_SH.pdf.

† Key Sexual Health Services (SHS) include, for the purpose of this FOA, anticipatory guidance for prevention including delaying the onset of sexual activity; promoting HIV and STD testing, counseling, and treatment, and the dual use of condoms and highly effective contraceptives among sexually active adolescents; HIV and STD testing, counseling, and referral; pregnancy testing; and HPV vaccinations.

‡ Policies, including laws, regulations, procedures, administrative actions, incentives, or voluntary practices of governments and other institutions, that can impact the delivery of exemplary sexual health education, referral to key sexual health services, and establishment of safe and supportive school environments for students and staff.

i. Purpose:

The primary purpose of this funding is to build the capacity of districts and schools to effectively contribute to the reduction of HIV infection and other STD among adolescents; the reduction of disparities in HIV infection and other STD experienced by specific adolescent sub-populations; and the conducting of school-based surveillance through YRBS and Profiles implementation. Program activities are expected to reinforce efforts to reduce teen pregnancy rates, due to the shared risk factors for, and intervention activities to address, HIV infection, other STD, and teen pregnancy.

ii. Outcomes:

By the end of the project period, July 31, 2018, awardees will demonstrate the following 5-year project period outcomes:

Outcome 1: Decrease sexual risk behaviors among adolescents

Outcome 2: Increase use of condoms and highly effective contraception methods among sexually active adolescents

Outcome 3: Increase adolescents' access to key sexual health services

Outcome 4: Obtain weighted YRBS and Profiles data.

iii. Program Strategy:

Awarded SEA/TEA will help *districts* and awarded LEA will help *schools* implement ESHE, increase adolescents' access to key SHS, and establish SSE for students and staff. They will also track, and educate stakeholders on, policies related to HIV/STD prevention. STL program activities may include assessing, implementing, and enforcing policies and monitoring curricula use, as well as providing guidance, training, and TA on adopted policies and curricula. STL awardees will conduct the YRBS and Profiles and disseminate survey results.

The required strategies have been designed to be implemented at each of three levels by SEA, TEA, and LEA. The levels are consistent with NHAS recommendations:

❶ **(All) Inclusive** - Implement program activities related to ESHE and POLICY that will influence school policies and practices within districts and schools that reach **all** secondary school students within the awarded jurisdiction.

❷ **Priority** - Implement TA activities related to ESHE, SHS, SSE, and POLICY in districts and schools to reach students in **selected** high-risk secondary schools within the awarded jurisdiction.

❸ **Intensive** - Implement one approach (ESHE, SHS, or SSE) intensively with one YDR group in **selected** high-risk secondary schools within the awarded jurisdiction.

The following requirements should be reflected in the work plan section of the application:

Years 1-5 Requirements for ALL APPLICANTS

- 1) Within the first 2 months of funding, assess internal capacity of the organization to determine agency readiness and capacity to implement the required strategies.
- 2) Within the first 2 months of funding, assess staff capacity and develop a staffing plan identifying administrative roles and functions to ensure implementation of the award.
- 3) By February 1, 2014, revise the Year 1 work plan.

Years 1-5 Requirements Specific to Strategies 2, 3, and 4

- 1) Participate fully in professional development (PD) requirements including the FOA Orientation in Atlanta, GA, on September 17-20, 2013.
- 2) Establish protocols, processes, or systems for managing meetings or plans for facilitating meetings.

- 3) By February 1, 2014, develop an Evaluation and Performance Measurement Plan.
- 4) Actively participate in at least five DASH-sponsored or approved PD events (e.g., onsite, webinars, DASH approved conferences) annually.
- 5) Educate stakeholders and decision makers about the importance of each of the required strategies and, within Strategy 2, each of the required approaches.
- 6) Establish and implement a process for providing TA and PD to priority districts/schools.
- 7) Establish an HIV Materials Review Panel and submit a completed CDC Form 0.1113 with application.
- 8) Develop partnerships with health agencies and other organizations to maximize program impact, minimize duplication of efforts, and leverage resources and funding. Likely partners will include CDC- and HHS-awarded agencies, NGO, CBO, and youth-serving organizations.

This FOA is designed around four strategies. The work implemented within these strategies should be sustainable beyond the project period in the targeted jurisdictions. The four strategies are described below:

Strategy 1: School-Based Surveillance (SURV)

STL agencies awarded under this strategy will collect and systematically use data to guide program planning and improvement. Over the project period, STL education and health agencies will collect, analyze, and disseminate data on adolescent health risk behaviors, including sexual risk behaviors, using the YRBS, and on school health policies and practices, including sexual health policies and practices, using Profiles. Sites that add at least one of the questions measuring sexual minority status (from the YRBS optional question list in the *Handbook for Conducting Youth Risk Behavior Surveys*) on their YRBS questionnaire will be eligible to receive an additional \$5,000 per year. The YRBS should be administered in odd-numbered years and Profiles administered in even-numbered years. In order to maintain program funding in a given jurisdiction for Strategies 2 and 4 beyond 2015, STL agencies funded for Strategy 1 in that jurisdiction are required to include at least four of the seven sexual behavior questions on the 2015 YRBS questionnaire. These data are critical for program monitoring and evaluation activities.

YRBS Years 1-5 Required Activities

- 1) Develop the YRBS questionnaire, meeting specifications outlined in the *Handbook for Conducting Youth Risk Behavior Surveys*.
- 2) Produce an up-to-date sampling frame and develop sampling parameters, meeting specifications outlined in the *Handbook for Conducting Youth Risk Behavior Surveys*. Include specifications for developing sub-state estimates of LEA and schools as appropriate.
- 3) Conduct the YRBS (in odd-numbered calendar years) among a scientifically selected sample of at least all public school students in grades 9-12 in their jurisdiction according to survey administration procedures outlined in the *Handbook for Conducting Youth Risk Behavior Surveys*. Submit the Survey Tracking Form every 2 weeks during data collection to the CDC Survey TA contractor.
- 4) Submit all completed questionnaires or answer sheets and appropriate sample and data collection documentation forms to the CDC Survey TA contractor for processing.
- 5) Disseminate YRBS results through fact sheets, reports, Web sites, and other products that describe priority health risk behaviors, help target interventions, establish funding priorities, and support development of state and local policies and practices that will reduce priority health risk behaviors among youth.

- 6) Collaborate with other CDC-awarded national, state, and local YRBS administrations conducted among schools in their jurisdiction.

Profiles Years 1-5 Required Activities

- 1) Use the Profiles questionnaires for principals and lead health education teachers provided in the *Handbook for Developing School Health Profiles*.
- 2) Produce an up-to-date sampling frame and develop sampling parameters meeting specifications outlined in the *Handbook for Developing School Health Profiles*. Include specifications for developing sub-state estimates of targeted LEA and targeted schools.
- 3) Conduct Profiles (in even-numbered calendar years) among a scientifically selected sample of secondary public schools representative of all public middle schools and high schools in their jurisdiction according to survey administration procedures outlined in the *Handbook for Developing School Health Profiles*. Submit the Survey Tracking Form every 2 weeks during data collection to the CDC Survey TA contractor.
- 4) Submit all completed questionnaires or data and appropriate sample and data collection documentation forms to the CDC Survey TA contractor for processing.
- 5) Disseminate Profiles results through fact sheets, reports, Web sites, and other products that describe school health policies and practices, help target interventions, establish funding priorities, and support development of school health policies and practices that will help reduce priority health risk behaviors among youth.

Strategy 2: School-Based HIV/STD Prevention (SB)

Education agencies awarded under this strategy will implement the following planning activities, as well as the activities outlined under each required approach (ESHE, SHS, SSE, and POLICY). All awardees will implement specific activities related to ESHE and POLICY to help all districts/schools in their jurisdiction to improve HIV/STD prevention policies and practices for all secondary school students. In addition, SEA/TEA will implement targeted TA activities in **priority**, high-risk districts within the awarded jurisdictions during the duration of the FOA, and LEA will do the same in priority schools. STL will also implement TA activities to help the priority districts/schools to intensively address specific HIV/STD prevention needs of one group of youth at disproportionate risk (YDR).

Planning, Year 1 Required Activities

- 1) SEA/TEA will use epidemiologic and social determinants data within their jurisdiction to select a minimum of 15 priority districts in which youth are at high risk for HIV infection and other STD; these districts will be the primary focus of SEA/TEA TA efforts during the duration of the FOA. States or territories that do not have 15 districts should propose a number of districts to work with based on their specific school governance structure. In addition, SEA/TEA will use the same types of data to select one YDR group (i.e., LGBT youth, especially YMSM; homeless youth; youth enrolled in alternative schools) who will be the focus of additional, intensive HIV/STD prevention efforts within those priority districts. They will also identify one of the following approaches that will be the focus of their intensive efforts with the selected YDR: ESHE, SHS, or SSE.
- 2) LEA will use epidemiologic and social determinants data within their jurisdiction to select a minimum of 20 priority schools in which youth are at high risk for HIV infection and other STD; these schools will be the primary focus of LEA TA efforts during the duration of the FOA. LEA that do not have 20 middle schools and high schools should propose a number of schools to work with based on their specific school governance structure. In addition, LEA will use the same types of data

to select one YDR group that will be the focus of additional, intensive HIV/STD prevention efforts within those priority districts. They will also identify one of the following approaches that will be the focus of their intensive efforts with the selected YDR: ESHE, SHS, or SSE.

- 3) Determine the readiness and capacity of *selected* districts/schools to implement ESHE, SHS, SSE, and POLICY activities.
- 4) Establish and maintain a state- or district-level school health advisory council (SHAC) to support the implementation of program strategies. Develop a process to engage the SHAC in planning program activities throughout the program period.

Approach A: Exemplary Sexual Health Education (ESHE)

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

More information can be found in CDC's Characteristics of an Effective Health Education Curriculum and Health Education Curriculum Analysis Tool (see glossary for web links).

Approach A, Year 1 Required Activities

- 1) Establish or select a written middle school and high school standard course of study or framework that reflects ESHE.
- 2) Establish a systematic process that districts can use for reviewing and selecting ESHE curriculum (and/or EBI where and when appropriate).
- 3) Assist priority districts in selecting, and schools in delivering, curricula consistent with the state or district standard course of study or curricula framework.
- 4) [If applicable] Assist priority districts and schools in selecting and delivering an ESHE curriculum targeted to the selected YDR group.

Approach B: Key Sexual Health Services (SHS)

Education agencies will help districts and schools increase access for adolescents, either on site in schools or through referrals to youth-friendly, community-based health care providers, to access key SHS for anticipatory guidance for prevention, including delaying the onset of sexual activity; promoting HIV and STD testing, counseling, and treatment; the dual use of condoms and highly effective contraceptives among sexually active adolescents; HIV and STD testing, counseling, and treatment; pregnancy testing; and HPV vaccinations.

Approach B, Year 1 Required Activities [to be implemented in priority districts/schools]

- 1) Build the capacity of school staff to deliver SHS or help students access key SHS.
- 2) Establish strategic partnerships with youth-friendly health service organizations and health care practitioners in the community.
- 3) [If applicable] Implement all of the above activities to meet the HIV/STD prevention needs of the selected YDR group.

Approach C: Safe and Supportive Environments for Students and Staff (SSE)

Education agencies will help districts and schools establish school environments characterized by supportive and caring relationships between adults and students and by the absence of discrimination, intimidation, taunting, harassment, and bullying. This approach involves implementing clear policies, procedures, and program activities designed to increase school connectedness and parent engagement and to prevent bullying and sexual harassment.

Approach C, Year 1 Required Activities [to be implemented in priority districts/schools]

- 1) Provide PD opportunities, TA, and follow-up support (FUS) for teachers, administrators, counselors, nurses, and other appropriate staff on creating an SSE for students and staff and promoting school connectedness and parent engagement.
- 2) Provide PD opportunities, TA, and FUS for teachers, administrators, counselors, nurses, and other professionals on implementing anti-bullying and anti-sexual harassment policies.
- 3) Facilitate linking students to community-based mentorship and service learning opportunities.
- 4) [If applicable] Implement all of the above activities to meet the HIV/STD prevention needs of the selected YDR group.

Approach D: Educate Decision Makers on Policy, Implement, and Track Policy (POLICY)

Education agencies will assess existing school policies related to approaches A, B, and C; educate key decision makers on policy issues; and help districts and schools implement policies, including laws, regulations, procedures, administrative actions, incentives, or voluntary practices of governments and other institutions, related to HIV/STD prevention.

Approach D, Year 1 Required Activities

- 1) Assess state and priority district policies related to approaches A, B, and C.
- 2) Develop and disseminate guidance to support implementation of science-based policies.
- 3) Deliver training and TA to support implementation of science-based policies related to the required approaches.
- 4) Track policy adoption and monitor policy implementation.
- 5) Educate stakeholders, including priority district administrators and school board members, on potential policy solutions.
- 6) Maintain existing strategic partnerships to support policy assessment and implementation monitoring and, if needed, develop new key partnerships.

Strategy 2 Required Activities to be Implemented in Priority Districts/Schools in Years 2-5

Planning Years 2-5 Required Activities

- 1) Assess the program progress, capacity, and support of each of the selected priority districts/schools annually to affirm implementation activities, capacity, and support.
- 2) Review MOU or LOC with each district/school annually to confirm roles and responsibilities in implementing required strategies, making adjustments if needed.
- 3) Meet with priority districts/schools on a regular basis throughout the project to provide on-going TA on implementing required approaches and supporting YDR activities.
- 4) Work with priority districts/schools to engage the SHAC in the adoption and implementation of required strategies. Reassess the process for engaging the SHAC in planning activities throughout the program period and revise as needed.

Approach A, Years 2-5 Required Activities

- 1) Identify and adopt requisite teacher competencies and skills to implement ESHE, including the use of EBI when appropriate.
- 2) Implement the selected middle school and high school standard course of study or framework that reflects ESHE.
- 3) Assist priority districts/schools in developing, selecting, or implementing curricula consistent with the district standard course of study or curricula framework that reflects ESHE.
- 4) Provide TA, PD, and other educational opportunities for district/school administrators, school board members, and community members to improve understanding and support for ESHE.
- 5) Develop and disseminate guidance to school and district staff, key decision makers, and others in support of ESHE.
- 6) Provide TA and PD on state-level guidance to priority districts/schools to support ESHE policy implementation.
- 7) Ensure that all teachers responsible for the delivery of sexual health education have the requisite competencies and skills to implement ESHE.
- 8) Provide PD, TA, and FUS on the essential competencies and skills to implement ESHE, including EBI when appropriate.
- 9) Partner with other agencies and organizations (e.g., HHS Office of Adolescent Health Teen Pregnancy Prevention Program and Administration for Children and Families Personal Responsibility Education Program grantees) to work with schools to increase their capacity to implement EBI where EBI are appropriate and feasible.
- 10) [If applicable due] Implement all of the above activities to meet the HIV/STD prevention needs of the selected YDR group.

Approach B, Years 2-5 Required Activities

- 1) Locate and identify youth-friendly community health service providers for delivery of key SHS.
- 2) Establish linkages with organizations that have experience in adolescent SHS.
- 3) Develop informational materials about available SHS and disseminate to adolescents within priority districts/schools.
- 4) Provide PD opportunities, TA, and FUS for teachers, administrators, counselors, nurses, and other appropriate staff on the delivery of on-site, and referral to youth-friendly off-site, key SHS.
- 5) Facilitate linking students to health, mental health, and other community services including STD/HIV testing, counseling, and treatment with providers that have experience in serving YDR.
- 6) Maximize funding to increase reimbursement for eligible health services.
- 7) [If applicable] Implement all of the above activities to meet the HIV/STD prevention needs of the selected YDR group.

Approach C, Years 2-5 Required Activities

- 1) Provide PD opportunities, TA, and FUS for teachers, administrators, counselors, nurses, and other appropriate staff on activities to promote school connectedness and parent engagement.
- 2) Provide PD opportunities, TA, and FUS for teachers, administrators, counselors, nurses, and other professionals on implementing anti-bullying and anti-sexual harassment policies.
- 3) Facilitate linking students to community-based mentorship and service learning opportunities.
- 4) [If applicable] Implement all of the above activities to meet the HIV/STD prevention needs of the selected YDR group.

Approach D, Years 2-5 Required Activities

- 1) Assess state and priority district policies related to required approaches A, B, and C.

- 2) Develop and disseminate guidance to support the implementation of science-based policy practices.
- 3) Deliver training and TA to support the implementation of science-based policy practices related to the program strategies.
- 4) Track policy adoption and monitor policy implementation.
- 5) Educate stakeholders, including priority district administrators and school board members, on potential policy solutions regarding school health issues.
- 6) Maintain existing strategic partnerships to support policy assessment and implementation monitoring and, if needed, develop new partnerships.

Strategy 3: Capacity Building Assistance for School-Based HIV/STD Prevention (CBA)

Awarded NGO will provide effective CBA to support sustainable initiatives in districts and schools that contribute to reductions in HIV/STD infections among adolescents, and reductions in disparities in HIV/STD infections experienced by specific adolescent sub-populations. NGO will be awarded to provide CBA for either SEA/TEA or LEA on one of three approaches (ESHE, SHS, or SSE). NGO may apply for more than one type of agency and more than one approach.

Year 1 Required Activities

- 1) Assess internal staff capacity to provide CBA to awarded STL education agencies.
- 2) Develop CBA materials and resources needed to provide CBA to education agencies on the Approach for which the NGO has been awarded.
- 3) Collaborate with other NGO awarded under Strategy 3 to coordinate activities across STL to minimize duplication of efforts.
- 4) Educate membership/chapters/affiliates about both the selected Approach for which the NGO has been awarded and the work of the education agencies that will be receiving CBA.
- 5) Identify and modify (as necessary) organization/membership/chapters/affiliate tools, resources, and materials to support STL requirements.

Years 2-5 Required Activities

- 1) Provide CBA to awarded education agencies to support required strategies, including but not limited to PD, FUS, and TA (e.g., mentoring, coaching, site visits); financial or other incentives; tools/resources aligned with program activities and FOA outcomes; and policy assessment and implementation support. As necessary, revise scope and degree of CBA to education agencies based on program monitoring.
- 2) Disseminate modified or existing tools, resources, and materials to support education agencies with their required strategies.
- 3) Identify and disseminate research on ESHE, SHS, and SSE strategies and policy approaches that have successfully addressed school-based HIV/STD prevention.
- 4) Create Web site content, slide shows, or written documents that identify policies and practices that are effective in improving school efforts to implement ESHE, SHS, and SSE.
- 5) Identify potential options for long-term sustainability of implemented activities with selected education agencies.
- 6) Leverage membership/chapter/affiliate resources to provide support for required education agency activities.
- 7) Provide regular programmatic updates to other awarded NGO, selected education agencies, and membership/chapters on TA and capacity building activities.

1. Target Populations:

This FOA places a major emphasis on enabling STL to implement (1) targeted TA activities to help support HIV/STD prevention efforts in priority districts/schools that serve large numbers of youth at disproportionate risk of HIV infection or other STD and (2) intensive TA activities to help these districts/schools address some of the specific HIV/STD prevention needs experienced by a specific population of youth at disproportionate risk for HIV infection or other STD (e.g., LGBT youth, homeless youth, youth enrolled in alternative schools).

Strategy 4: School-Centered HIV/STD Prevention for Young Men Who Have Sex with Men (YMSM)

Strategy 4 focuses on meeting the needs of a specific target population: teenage males who have engaged in sexual activity with partners of the same sex, as well as teenage males who have not engaged in sexual activity with partners of the same sex but are attracted to others of the same sex; or who identify as gay or bisexual, or have another non-heterosexual identity.

The Logic Model *School-Centered HIV/STD Prevention for Young Men Who Have Sex with Men (YMSM) - PS13-1308* outlines a plan for reducing HIV and STD risk among black and Latino YMSM aged 13-19, allocating limited resources to target those at greatest health risk and to achieve the greatest health impact. Up to three LEA and at least one NGO will be awarded under **Strategy 4: School-Centered HIV/STD Prevention for Young Men Who Have Sex with Men (YMSM)** to implement multiple program activities to meet the HIV/STD prevention needs of YMSM based on jurisdictional data, and to develop strategic partnerships and collaborations between schools and community-based, mental health, and social services organizations to accomplish this work.

Strategy 4: School-Centered HIV/STD Prevention for Young Men Who Have Sex with Men (YMSM) - PS13-1308 Logic Model

Program Goal: Reduce HIV and STD among black and Latino YMSM aged 13-19.

Inputs	Strategies & Work Plan Requirements	Short-Term Outcomes	Intermediate Outcomes	5-Year Outcomes
<p>Funding</p> <ul style="list-style-type: none"> • CDC/DASH • Leveraged funds and resources <p>Administrative</p> <ul style="list-style-type: none"> • 100% qualified FTE to manage program • HIV Review Panel • Program monitoring • 5-year strategic plan and annual plans <p>CDC Resources</p> <ul style="list-style-type: none"> • Data on health risk behaviors and school policies and practices • Guidelines, Health Education Curriculum Assessment Tool, School Health Index, and other tools <p>Partnerships</p> <ul style="list-style-type: none"> • CDC/DASH • CDC-funded programs (e.g., DHAP, DSTDP, DVH, NCIRD, DRH) • DASH-funded SEA, TEA, LEA, and NGO • NGO/CBO • SBHC or SLHC • School nurses • Hospitals/health care providers • Sexual health and teen pregnancy prevention coalitions • Consultants 	<p>APPROACH A: EXEMPLARY SEXUAL HEALTH EDUCATION (ESHE)</p> <ul style="list-style-type: none"> • Plan, implement, and evaluate an adapted targeted EBI for teen YMSM aimed at decreasing sexual risk behaviors and increasing testing and treatment for HIV infection and other STD <p>APPROACH B: KEY SEXUAL HEALTH SERVICES (SHS)</p> <ul style="list-style-type: none"> • Implement or expand HIV and STD testing and treatment in schools or SBHC • Increase strategic partnerships and collaborations between schools, SBHC, CBO, and other health care organizations for linkage and referral of YMSM to HIV and STD testing and treatment and targeted EBI • Implement a social marketing campaign for teen YMSM that focuses on HIV and/or STD prevention <p>APPROACH C: SAFE AND SUPPORTIVE ENVIRONMENTS FOR STUDENTS AND STAFF (SSE)</p> <ul style="list-style-type: none"> • Implement programs to promote a safe and supportive school and SBHC environment for YMSM <p>APPROACH D: EDUCATE DECISION MAKERS ON POLICY; IMPLEMENT AND TRACK POLICY (POLICY)</p> <ul style="list-style-type: none"> • Assess, develop, revise, and implement policies that impact provision of, or access to, HIV- and STD-related testing, treatment, and prevention services interventions for teen YMSM 	<p>Increases among teen YMSM in:</p> <ul style="list-style-type: none"> • Knowledge about how to use condoms consistently and correctly • Self-efficacy to use condoms consistently and correctly • Knowledge about HIV/STD testing and treatment <p>Increases in:</p> <ul style="list-style-type: none"> • Number of HIV and STD tests provided in schools and SBHC. • Referrals for HIV and STD testing from schools • Number of schools that have supportive policies, programs, and services for YMSM 	<p>Decreases among teen YMSM in:</p> <ul style="list-style-type: none"> • Sexual initiation • Initiation of unprotected anal sex • Number of sexual partners • School absenteeism <p>Increases among teen YMSM in:</p> <ul style="list-style-type: none"> • Condom use at last sexual encounter • Number who have ever received HIV tests • Number of HIV-infected youth linked to treatment • Number who have been tested and treated for STD • Connectedness to school 	<p>Increases in number of teen YMSM who get tested for HIV annually</p> <p>Decreases among teen YMSM in:</p> <ul style="list-style-type: none"> • STD prevalence • HIV-related health disparities

Strategy 4: School-Centered HIV/STD Prevention for Young Men Who Have Sex with Men (YMSM)

NGO Year 1 Required Activities

- 1) Provide CBA on the required activities to awarded LEA.
- 2) Convene meetings to provide CBA to the LEA awarded for this strategy and their community stakeholders and to share best practices and lessons learned in implementing the YMSM project.
- 3) Pilot an adapted EBI in collaboration with CBO to educate teen YMSM on decreasing sexual risk behaviors.
- 4) Select and adapt a social marketing campaign for YMSM in collaboration with CBO to target teen YMSM with HIV/STD prevention messaging.

NGO Years 2-5 Required Activities

- 1) Provide CBA on the required activities to awarded LEA.
- 2) Convene meetings to provide CBA to the LEA awarded for this strategy and their community stakeholders and to share best practices and lessons learned in implementing the YMSM project.
- 3) Work with the LEA to implement an EBI in a school and/or CBO setting to educate teen YMSM on decreasing sexual risk behaviors.
- 4) Work with the LEA to implement a social marketing campaign in collaboration with CBO to target teen YMSM with HIV/STD prevention messaging.
- 5) Track policies, educate key decision makers on policy issues, and help schools implement policies related to HIV/STD prevention for YMSM.

LEA Year 1 Required Activities

- 1) Identify a process to select 10 schools to work with over the 5-year project period using epidemiologic and social determinants data within their jurisdiction to select priority schools.
- 2) Identify a process to select SBHC/other health care providers and CBO partners to work with over the 5-year project period using relevant data to select priority SBHC/other health care provider, and/or CBO partners.
- 3) Provide TA, PD, and other educational opportunities for district/school administrators, school board members, and community members to improve understanding of, and support for, HIV/STD prevention activities for YMSM.
- 4) Develop and disseminate guidance to school and district staff, key decision makers, and others in support of HIV/STD prevention activities for YMSM.
- 5) Provide TA and PD on state/district guidance to priority districts/schools to support implementation of HIV/STD prevention activities for YMSM.
- 6) Ensure that all appropriate staff have the requisite competencies and skills to implement HIV/STD prevention activities for YMSM.
- 7) Convene an advisory group on a regular basis including representatives of black and Latino YMSM, schools, SBHC/other health care provider, CBO, and other health care organizations.
- 8) Establish a linkage and referral system to enable appropriate school staff to refer YMSM students to SBHC, CBO, and other providers, and SBHC staff and other health care providers to refer YMSM to CBO and other providers who offer HIV/STD testing and treatment; targeted, EB educational interventions; targeted, EB clinical interventions; health and mental health services; and services that promote the importance of regular school attendance and high school graduation.
- 9) Establish an MOU/MOA with schools, SBHC/other health care providers, and CBO that can assist in implementing required activities.
- 10) Meet with awarded NGO to receive CBA on the required activities.

- 11) Active participation during in-person meetings convened by the awarded NGO, along with other LEA funded for this Strategy and community stakeholders, to receive CBA, share best practices, and determine lessons learned. Provide travel costs (i.e., transportation, lodging and meal per diem) for key local stakeholders to attend these meetings.

LEA Years 2-5 Required Activities

- 1) Assess and refine the list of selected “priority” schools, SBHC, and CBO annually.
- 2) Establish or refine an MOU/MOA or LOC with community partners (e.g., school, CBO, SBHC/other health care providers) that outlines roles and responsibilities in implementing HIV/STD prevention activities for YMSM.
- 3) Implement, monitor, and evaluate a linkage and referral system to refer YMSM students to SBHC/other health care providers, CBO, and other providers that offer HIV and STD testing and treatment; targeted, EB educational interventions; targeted, EB clinical interventions; health and mental health services; and services that promote the importance of regular school attendance and high school graduation.
- 4) Develop, revise, and/or implement guidelines on model school and SBHC/other health care provider policies related to the provision of, or access to, HIV- and STD-related testing, treatment, and prevention interventions for YMSM.
- 5) Provide TA, PD, and other educational opportunities for district/school administrators, school board members, and community members to improve understanding of, and support for, HIV/STD prevention activities for YMSM.
- 6) Track policies, educate key decision makers on policy issues, and help schools implement policies related to HIV/STD prevention for YMSM.
- 7) Develop and disseminate guidance to school and district staff, key decision makers, and others in support of HIV/STD prevention activities for YMSM.
- 8) Provide PD, TA, and FUS on the essential competencies and skills to implement HIV/STD prevention activities for YMSM, including EBI when appropriate.
- 9) Provide PD and TA to school and SBHC/other health care provider staff on identifying safe spaces for LGBT youth and establishing student-led clubs and program activities that promote a positive school environment.
- 10) Maintain an advisory group that includes representatives of black and Latino YMSM, schools, SBHC/other health care providers, CBO, and other health care organizations to provide feedback on the implementation of required activities.
- 11) Meet with awarded NGO to receive CBA on the required activities.
- 12) Attend annual in-person meetings convened by the NGO awarded for this Strategy to receive CBA, share best practices, and determine lessons learned in implementing the HIV/STD prevention activities for YMSM. Provide travel costs (i.e., transportation, lodging and meal per diem) for key local stakeholders to attend these meetings.

2. Inclusion:

Strategies implemented throughout the program period should strive to be inclusive of all adolescents and youth within the educational system who can benefit from this work. CDC-awarded programs should strive to be inclusive with regard to individuals with disabilities or limited health literacy, non-English speaking individuals, LGBT populations, or other adolescents and youth that may otherwise be missed by the program.

3. Collaborations:

Strategic partnerships and collaborations are crucial to implementing program strategies and achieving outcomes. They allow for more efficient use of existing resources and the exchange of information between experts working in various areas of education, public health, and other sectors. Applicants are encouraged to: build and expand collaborative relationships with strategic partners to achieve greater program impact and sustainability; maximize partnerships with other federally awarded agencies and organizations to avoid duplication of efforts and leverage funds; and expand working relationships between education agencies and national NGO. Awarded STL agencies and NGO are expected to collaborate closely with other awarded STL agencies and NGO. STL funded for Strategy 2 are expected to collaborate closely with NGO awarded under Strategy 3 to provide them with CBA on specific approaches. If an LEA is awarded for Strategy 2 in a state in which the SEA is also awarded for Strategy 2, the two agencies are expected to collaborate closely.

a. With CDC funded programs:

STL and NGO awarded under this FOA should consider collaborating with state and local health agencies, CBO, and NGO that are funded by CDC divisions other than DASH to address issues relevant to the work supported by this FOA, including the Division of HIV/AIDS Prevention, the Division of STD Prevention, and the Division of Viral Hepatitis. Awarded projects also should consider collaboration with entities funded by CDC's Division of Reproductive Health, Division of Population Health, Division of Violence Prevention, and the Immunization Services Division.

b. With organizations external to CDC:

STL and NGO awarded under this FOA are required to leverage funding or other in-kind resources to maximize project outcomes. Awarded projects should consider collaborating with relevant state and local agencies, CBO, and NGO funded by federal programs external to CDC such as DHHS's OAH, ACF's Family and Youth Services Bureau (FYSB), Centers for Medicare and Medicaid Services (CMS), ~~and~~ Health Resources and Services Administration/Maternal and Child Health Bureau (HRSA/MCHB) and Health Resources and Services Administration /Bureau of Primary Health Care (HRSA/BPHC).

Required MOU/MOA:

Applicants applying for Strategy 2 are required to submit a **Memorandum of Understanding/Agreement (MOU/A) between the education agency and corresponding health agency at the time of application**. The MOU/A must be submitted on official letterhead with original signature and uploaded onto www.grants.gov as part of the application submission process. See Section C. Eligibility, Subsection 2. Special Eligibility Requirements for detailed information.

Required Letters of Commitment.

All applicants applying for Strategies 2, 3, and 4 are required to submit a minimum of **three Letters of Commitment (LOC)** with the application. See Section C. Eligibility, Subsection 2. Special Eligibility Requirements for detailed information.

iv. Work Plan:

Applicants must submit a detailed work plan for Year 1 of the award and provide a general summary of work plan activities for Years 2-5 in narrative form. The work plan should describe how the applicant

plans to implement all of the required activities for the strategy for which they are applying (see the Program Strategy section) and achieve FOA outcomes. Work plans also need to include the additional components and planning activities listed below. A sample work plan template is available for use at <http://www.cdc.gov/healthyyouth/foa/1308foa>. Applicants are not required to use the work plan template but are required to include all of the elements listed within the template. CDC will provide feedback and TA to awardees to finalize the work plan activities post-award.

- 1) Include 5-year project outcomes with a timeline to support achievement of outcomes.
- 2) Include 5-year goals and SMART objectives related to required strategies including measures and data sources for accomplishing objectives.
- 3) Include concise program activities in support of the objectives that align with the logic model and include appropriate process measures or milestones for accomplishing tasks and identify the person/agency responsible for accomplishing the program activities.
- 4) Describe administrative roles and functions to support implementation of the award, and assessment processes to ensure successful implementation and quality assurance.

b. Organizational Capacity of Awardees to Execute the Approach:

Organizational capacity is required to execute each strategy of the FOA.

Strategy 1 applicants must:

- Describe how the applicant’s agency is structured and who will have management authority over the project and provide an organizational chart that identifies lines of authority.
- Describe the applicant’s experience conducting YRBS and/or Profiles or similar surveys.
- Describe the applicant’s experience analyzing, communicating, and disseminating data.
- Describe potential barriers to successful implementation of required activities and how the applicant will overcome the barriers to conduct a successful YRBS and/or Profiles.
- Provide a job description for, the person who will lead the YRBS and/or Profiles.

Strategies 2, 3, and 4 applicants must:

- Provide an organizational chart that identifies lines of authority, management authority, and the types of support in place to support the requirements.
- Explain the applicant’s ability to meet deadlines for establishing contracts; tracking and spending funds; and submitting financial, program, monitoring, and evaluation reports.
- Describe the support the agency or organization's leadership will provide to administer the requirements outlined in this FOA (e.g., carrying out sensitive adolescent sexual health initiatives; approving in- and out-of-state travel; collaborating with external partners).
- Describe the applicant’s expertise, experience, and/or documented success in delivering ESHE, SHS, SSE, and/or POLICY activities.
- Describe the applicant’s experience in planning and administering adolescent HIV, STD, and/or teen pregnancy prevention programs and services.
- Describe the applicant’s experience in:
 - ✓ Mobilizing district/school leaders to address adolescent sexual health;
 - ✓ Collaborating with NGO and CBO to promote science-based activities and programs;
 - ✓ Implementing policy, systems, or environmental methods to address adolescent sexual health;
 - ✓ Informing and educating stakeholders and decision makers on adolescent sexual health;
 - ✓ Providing high-quality, interactive online workshops and in-person, skills-based PD tailored to meet the needs of the target audience; and

- ✓ Delivering innovative teaching techniques for distance learning and innovative Web-based learning opportunities.

Project Management is required to execute each strategy of the FOA.

Strategy 1, project management staff or contractors must have expertise and experience in:

- Data collection and management;
- School-based surveillance;
- Conducting the YRBS and Profiles; and
- Analyzing and effectively communicating and disseminating data from YRBS and Profiles or similar surveys.

Applicants for Strategies 2, 3, and 4 must identify the staff person(s) [or a position description(s) if the position is to be hired] who will manage the project developed in response to this FOA. This person should have at least 3 years of experience building and coordinating successful school-based initiatives and completing program activities. Include a job description or statement of work, and a résumé.

Successful applicants will provide a minimum of 1.0 FTE for this position.

Strategies 2 and 4, project management staff or contractors must have expertise and experience in:

- HIV and STD prevention among adolescents;
- Grant and contract management;
- Collaboration and coalition building;
- Providing high-quality, interactive online workshops and in-person, skills-based PD tailored to meet the needs of the target audience;
- Delivering innovative teaching techniques for distance learning and innovative Web-based learning opportunities and providing TA; and
- Leveraging organizational capacity to support administrative requirements of the FOA including financial tracking and reporting; workforce development and training; development of work plans and sustainability plans; management of required procurement efforts; and writing and awarding contracts in a timely manner in accordance with 45 CFR (or 74).

Strategy 3, project management staff or contractors must have expertise and experience in:

- Influencing a national dialogue related to one or more of the required approaches (ESHE, SHS, SSE, POLICY) and/or services for black and Latino YMSM;
- Providing high-quality, interactive online workshops and in-person, skills-based PD tailored to meet the needs of the target audience;
- Delivering innovative teaching techniques for distance learning and innovative Web-based learning opportunities;
- Providing TA;
- Leveraging additional resources; and
- Convening meetings, trainings, and other related events at a national level.

In addition the NGO must have a charge from its Articles of Incorporation, bylaws, or a resolution from an executive board or governing body to operate nationally within the United States and territories.

c. Evaluation and Performance Measurement:

CDC Evaluation Approach

Throughout the 5-year project period, DASH will work with each awardee to demonstrate program impact through process and outcome evaluation of DASH-funded activities. DASH will use process evaluation to assess the extent to which planned program activities have been implemented and lead to feasible and sustainable programmatic outcomes. DASH will use outcome evaluation to assess

whether DASH-funded activities at each site are leading to intended outcomes including public health impact of systemic change in schools.

DASH will use performance measures for process and short-term outcome evaluation (see *Evaluation Questions and Outcome Performance Measures Table*). Process performance measures will be developed by DASH at the beginning of the project period in consultation with awardees. DASH will manage and analyze performance measure data submitted by partners through a specified data system. DASH will conduct up to four case studies to evaluate the linkages between program activities and outcomes, including systems and behavior change to further develop the evidence base for the program approaches. In addition, DASH will conduct content analyses of state, territory, and priority district policies that facilitate ESHE, student access to key SHS, SSE, and programs and services for YMSM.

DASH, in partnership with awardees, will develop annual site-specific performance measurement reports to be used for program monitoring and quality improvement. DASH will develop annual, aggregate performance measurement reports to be disseminated to awardees and other key stakeholders. DASH will produce a 5-year evaluation report at the end of the project period that will highlight key process and short-term outcome data. DASH will also report the evaluation findings from each of the case studies and will disseminate findings to relevant stakeholders. DASH will use overall evaluation findings during the 5-year project period to establish key recommendations for partners on program impact, sustainability, and continued program improvement upon completion of the award.

Awardee Evaluation Requirements

Strategy 1 awardees will submit a plan to review survey implementation activities each cycle to identify what can be improved in the future to increase the quality of data and institutionalization of YRBS and Profiles in their jurisdiction. Strategies 2, 3, and 4 awardees are required to collect and report to DASH process and short-term outcome performance measures and collaborate with DASH in developing annual site-specific performance measurement reports. School-level performance measures will be measured through Profiles items and data collected through sampling of targeted LEA and schools. Awardees are also required to report annually on existing, new, and revised policies that facilitate ESHE, student access to key SHS, SSE, and programs and services for YMSM. If such policies exist, awardees will provide them (or links to them) to DASH. In addition, Strategies 2, 3, and 4 awardees are required to allocate 10% of their award to support evaluation activities, and are encouraged to work with professional evaluators to collect and use quality process and outcome evaluation data.

Strategies 2, 3, and 4 awardees are required to submit to DASH a detailed evaluation and performance management plan **by February 1, 2014**, and work with DASH staff to ensure that the evaluation plan is feasible and consistent with proposed program activities, the intent of this FOA, and CDC's evaluation approach. As part of this detailed evaluation plan, awardees must provide an overall jurisdiction/community specific evaluation and performance management plan that is based on the 13-1308 logic model provided and is consistent with the CDC evaluation and performance management requirements.

The detailed evaluation plan must include the elements found in Part II, Section D, Subsection 10.d. Strategies 2, 3, and 4 awardees will submit performance measure data to DASH at least biannually and no more than quarterly. Process and short-term outcome performance measures for activities addressing YDR will be limited to the chosen approach and the YDR population selected by the awardees. All Strategy 4 awardees (LEA and NGO) will be required to participate in a case study, and

additional awardees funded under Strategies 2 and 3 may be offered the opportunity to collaborate with DASH in developing, conducting, and reporting on a case study.

Evaluation Questions and Short-Term Outcome Performance Measures

Strategy 1 SURV		
Evaluation Question	Short-Term Outcome Performance Measures	
To what extent are YRBS and Profiles institutionalized within the jurisdiction?	<ul style="list-style-type: none"> • Weighted YRBS data • Weighted Profiles data • Inclusion of sexual behavior questions on the YRBS • Inclusion of questions measuring sexual minority status on the YRBS 	
Strategy 2, Approach A (Exemplary Sexual Health Education)		
Evaluation Question	Short-Term Outcome Performance Measures	YDR Short-Term Outcome Performance Measures
To what extent do schools implement exemplary sexual health education?	<ul style="list-style-type: none"> • Percentage of districts that have a written MS/HS standard course of study or curriculum framework that reflects ESHE programs, including EBI. (SEA/TEA) • Percentage of schools that have implemented ESHE, including EBI. (SEA/TEA/LEA) • Number of MS and HS students receiving ESHE, including EBI. (LEA) 	<ul style="list-style-type: none"> • Percentage of schools that have implemented appropriate EBI for the selected YDR population. (SEA/TEA/LEA) • Number of students receiving an appropriate EBI for the selected YDR population. (LEA)
Strategy 2, Approach B (Sexual Health Services)		
Evaluation Question	Short-Term Outcome Performance Measures	YDR Short-Term Outcome Performance Measures
To what extent do schools improve student access to key youth-friendly sexual health services?	<ul style="list-style-type: none"> • Percentage of schools that have linkages with adolescent-friendly organizations. (SEA/TEA/LEA) • Percentage of schools that have a system to refer students to youth-friendly off-site providers for key SHS. (SEA/TEA/LEA) • Percentage of schools that provide key SHS on site. (SEA/TEA/LEA) • Number of students assessed for sexual health service needs. (LEA) • Number of referrals made by school staff to youth-friendly off-site providers for key SHS. (LEA) 	<ul style="list-style-type: none"> • Percentage of schools that have linkages with adolescent-friendly organizations. (SEA/TEA) • Number of referrals made to students in the selected YDR population by school staff to youth-friendly off-site providers for key SHS. (LEA)
Strategy 2, Approach C (Safe and Supportive Environments)		
Evaluation Question	Short-Term Outcome Performance Measures	YDR Short-Term Outcome Performance Measures
To what extent are schools able to create and maintain a safe and supportive environment for students	<ul style="list-style-type: none"> • Percentage of schools that prohibit bullying and sexual harassment. (SEA/TEA/LEA) • Percentage of schools that promote school connectedness. (SEA/TEA/LEA) 	<p style="margin: 0;"><u>Alternative School Youth</u></p> <ul style="list-style-type: none"> • Percentage of alternative schools that prohibit bullying and sexual harassment. (SEA/TEA/LEA) • Percentage of alternative schools that increase school connectedness. (SEA/TEA/LEA) • Percentage of alternative schools that increase parent engagement. (SEA/TEA/LEA) <p style="margin: 0;"><u>LGBT Youth with an emphasis on YMSM</u></p> <ul style="list-style-type: none"> • Percentage of schools that prohibit bullying and sexual

and staff?	<ul style="list-style-type: none"> Percentage of schools that promote parent engagement. (SEA/TEA/LEA) 	<ul style="list-style-type: none"> harassment toward LGBT youth. (SEA/TEA/LEA) Percentage of schools that have identified safe spaces for LGBT students. (SEA/TEA/LEA) Percentage of schools with active gay straight alliance (GSA) or similar school-based clubs. (SEA/TEA/LEA) <p><u>Homeless Youth</u></p> <ul style="list-style-type: none"> Percentage of schools in which counselors and social workers identify, and provide support services to, homeless youth. (SEA/TEA/LEA) Percentage of schools that provide, or link homeless youth to, mentoring programs and other activities with adults. (SEA/TEA/LEA)
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Strategy 3, Approach A (Exemplary Sexual Health Education)

Evaluation Question	Short-Term Outcome Performance Measures	YDR Short-Term Outcome Performance Measures
To what extent do NGOs increase the capacity of SEA/TEA/ LEA to implement exemplary sexual health education in schools?	<ul style="list-style-type: none"> Percentage of districts that have a written MS/HS standard course of study or curriculum framework that reflects ESHE programs, including EBI. (SEA/TEA) Percentage of schools that have implemented ESHE, including EBI. (SEA/TEA/LEA) Number of MS and HS students receiving ESHE, including EBI. (LEA) 	<ul style="list-style-type: none"> Percentage of schools that have implemented appropriate EBI for the selected YDR population. (SEA/TEA/LEA) Number of students receiving an appropriate EBI for the selected YDR population. (LEA)

Strategy 3, Approach B (Sexual Health Services)

Evaluation Question	Short-Term Outcome Performance Measures	YDR Short-Term Outcome Performance Measures
To what extent do NGOs increase the capacity of SEA/TEA/ LEA to improve student access to key youth-friendly sexual health services?	<ul style="list-style-type: none"> Percentage of schools that have linkages with adolescent-friendly organizations. (SEA/TEA/LEA) Percentage of schools that have a system to refer students to youth-friendly off-site providers for key SHS. (SEA/TEA/LEA) Percentage of schools that provide key SHS on site. (SEA/TEA/LEA) Number of students assessed for sexual health service needs. (LEA) Number of referrals made by school staff to youth-friendly off-site providers for key SHS. (LEA) 	<ul style="list-style-type: none"> Percentage of schools that have linkages with adolescent-friendly organizations. (SEA/TEA) Number of referrals made to students in the selected YDR population by school staff to youth-friendly off-site providers for key SHS. (LEA)

Strategy 3, Approach C (Safe and Supportive Environments)

Evaluation Question	Short-Term Outcome Performance Measures	YDR Short-Term Outcome Performance Measures
To what extent do NGOs increase the capacity of SEA/TEA/ LEA to create and maintain	<ul style="list-style-type: none"> Percentage of schools that prohibit bullying and sexual harassment. (SEA/TEA/LEA) Percentage of schools that promote school 	<p><u>Alternative School Youth</u></p> <ul style="list-style-type: none"> Percentage of alternative schools that prohibit bullying and sexual harassment. (SEA/TEA/LEA) Percentage of alternative schools that increase school connectedness. (SEA/TEA/LEA) Percentage of alternative schools that increase parent engagement. (SEA/TEA/LEA)

safe and supportive environments for students and staff in schools?	connectedness. (SEA/TEA/LEA) <ul style="list-style-type: none"> Percentage of schools that promote parent engagement. (SEA/TEA/LEA) 	<u>LGBT Youth with an emphasis on YMSM</u> <ul style="list-style-type: none"> Percentage of schools that prohibit bullying and sexual harassment toward LGBT youth. (SEA/TEA/LEA) Percentage of schools that have identified safe spaces for LGBT students. (SEA/TEA/LEA) Percentage of schools with active GSA or similar school-based clubs. (SEA/TEA/LEA) <u>Homeless Youth</u> <ul style="list-style-type: none"> Percentage of schools in which counselors and social workers identify, and provide support services to, homeless youth. (SEA/TEA/LEA) Percentage of schools that provide, or link homeless youth to, mentoring programs and other activities with adults. (SEA/TEA/LEA)
Strategy 4 YMSM		
Evaluation Question	Short-Term Outcome Performance Measures	
To what extent do schools, in collaboration with community providers, improve access to HIV prevention programs and services for black and Latino YMSM aged 13-19?	<ul style="list-style-type: none"> Level of knowledge of how to use condoms correctly and consistently, delay sexual initiation, and reduce the number of sexual partners among YMSM who participated in a targeted EBI. Level of self-efficacy to use condoms correctly and consistently, delay sexual initiation, and reduce the number of sexual partners among YMSM who participated in a targeted EBI. Extent of knowledge related to HIV/STD testing and treatment among YMSM. Number of YMSM who are referred for HIV and STD testing. Number of HIV and STD tests provided in schools and SBHC. Number of schools that have supportive programs and services for YMSM. 	

d. CDC Monitoring and Accountability Approach:

CDC/DASH will monitor CA awards in partnership with the awarded applicants. Monitoring ensures the mutual success of CDC/DASH and the awardees in achieving the FOA outcomes. The awarded applicant and CDC/DASH staff will work together to assess key capacity areas aligned with strategies to establish a baseline for monitoring program improvement over time. The proposed work plan will be reviewed by the CDC/DASH project officer, evaluation staff, and/or CDC/DASH contractor(s) and may need to be altered to better reflect the recipient program activities as outlined in the FOA. Monitoring will occur routinely through ongoing communication between CDC/DASH and awardees, annual site visits, and awardees' reporting (i.e., work plans, process and outcome performance measures, and financial reporting). Post-award CA monitoring will include:

- Ensuring the adequacy of applicants' systems that underlie and generate data and reports;
- Creating an environment that fosters integrity in program performance and results;
- Ensuring that work plans are feasible, fiscally responsible, and consistent with award intent;
- Ensuring that applicants are performing at a sufficient level and meet timelines;
- Adjusting work plan activities based on achieving objectives and/or budget changes;
- Monitoring performance measures to assure satisfactory performance levels;
- Communicating bi-monthly/monthly with the project coordinator, primary investigators, and the project officer on conference calls/webinars; and
- Participating in webinars and grantee meetings.

e. CDC Program Support to Awardees:

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

- Providing TA to ensure that questionnaire modifications, sample selection, survey administration, and data analysis and reporting are consistent with the expectations outlined in the *Handbook for Conducting Youth Risk Behavior Surveys* and the *Handbook for Developing School Health Profiles*.
- Supporting awardees in implementing CA requirements and meeting program outcomes;
- Providing hands-on TA to revise annual work plans;
- Providing scientific subject matter expertise and resources;
- Collaborating with awardees to develop and implement evaluation and measurement plans that align with the CDC evaluation activities and providing TA on evaluation and performance measurement plans;
- Overseeing a Federal evaluation contract to provide evaluation and evaluation TA support;
- Overseeing a Federal contract to provide continuing education on content, PD, TA, and FUS;
- Using webinars and other social media to communicate and share resources;
- Participating in meetings, conference calls, and working groups to achieve outcomes;
- Providing programmatic consultation, expertise, and resources;
- Coordinating communication and program linkages with other CDC programs and Federal agencies, mainly CDC's DHAP, DSTDP, and DRH, and DHHS's OAH and ACF/FYSB;
- Expanding opportunities to partner with DHAP and DSTDP to achieve adolescent outcomes;
- Providing technical expertise to other CDC programs and Federal agencies on how schools work and how to work with schools to implement adolescent sexual health activities;
- Translating and disseminating lessons learned on best practices identified;
- Scaling up *Get Yourself Tested* (GYT) campaign to promote adolescent STD testing; and
- Collecting state and local organization capacity data to assist in training and TA plans.

B. Award Information

1. Type of Award: *Cooperative Agreement*

CDC substantial involvement in this program appears in the CDC Program Support to Awardees section.

2. Award Mechanism: *U63 AIDS School Health Activity*

3. Fiscal Year: *2013*

4. Approximate Total Fiscal Year 1 Funding: *\$13,000,000*
Approximate Total Fiscal Year 2-5 Funding: *\$17,000,000*

5. Approximate Total Project Period Funding: *\$81,000,000;*

6. Approximate Number of Awards: It is estimated that:

- Strategy 1 will fund approximately **75 awards for STL education or health agencies**
- Strategy 2 will fund approximately **14 awards for SEA/TEA and 15 awards for LEA**
- Strategy 3 will fund approximately **6 awards for NGO**
- Strategy 4 will fund approximately **1 award for NGO and 3 awards for LEA**

7. Approximate Average Award:

Strategy 1: School-Based Surveillance	Estimated SEA/SHA: \$60,000/year Estimated TEA: \$7,000/year Estimated LEA: \$45,000/year Awardees will receive \$5,000/year if at least one question measuring sexual minority status is included in their YRBS questionnaire.	
Strategy 2: School-Based HIV/STD Prevention (SBHSP)	SEA and LEA: Estimated Year 1: \$225,000/year Estimated Years 2-5: \$400,000/year	TEA: Estimated Year 1: \$100,000/year Estimated Years 2-5: \$200,000/year
Strategy 3: Capacity Building Assistance for SBHSP	NGO: Estimated Year 1: \$200,000/year Estimated Years 2-5: \$300,000/year	
Strategy 4: School-Centered HIV/STD Prevention for YMSM	LEA and NGO: Estimated Year 1-5 (LEA): \$200,000/year Estimated Year 1 (NGO): \$200,000 Estimated Years 2-5 (NGO): \$300,000/year	

8. Floor of Individual Award Range: *\$7,000* (subject to the availability of funds)

9. Ceiling of Individual Award Range: *\$650,000* (subject to the availability of funds)

- Strategy 1 Ceiling Level: SEA/SHA \$150,000/year; TEA \$10,000/year; LEA \$100,000/year
- Strategy 2 Ceiling Level: SEA/LEA \$650,000/year; TEA \$350,000/year
- Strategy 3 Ceiling Level: NGO \$600,000/year
- Strategy 4 Ceiling Level: LEA \$400,000/year; NGO \$600,000/year

10. Anticipated Award Date: *August 1, 2013*

11. Budget Period Length: *12 months; August 1, 2013-July 31, 2014*

12. Project Period Length: *5 years; August 1, 2013-July 31, 2018*

Throughout the project period, CDC's commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the awardee (as documented in required reports), and the determination that continued funding is in the best interest of the Federal government. This does not constitute a commitment by the Federal government to fund the entire period. The total project period comprises the initial competitive segment, any subsequent competitive segments resulting from a competing continuation award(s), and any no-cost or low-cost extension(s).

13. Direct Assistance: Direct assistance is not available through this FOA.

C. Eligibility Information

1. Eligible Applicants:

SEA and TEA. All 50 state education agencies, plus the District of Columbia, and the territorial education agencies in Puerto Rico, the Virgin Islands, American Samoa, Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of the Marshall Islands, and Republic of Palau are eligible to apply for Strategies 1 and 2. SEA and TEA are not eligible for Strategy 3.

SHA/THA. If a state or territorial education agency declines to apply for Strategy 1, the health agency in the same jurisdiction or the health agency's Bona Fide Agent may apply on their behalf. Either the education agency or the health agency in a state or territory must be awarded for Strategy 1 and include at least four of the seven sexual behavior questions on the 2015 YRBS questionnaire in order for the education agency in that state or territory to be awarded for Strategy 2. SHA/THA are not eligible for Strategy 2, 3 or 4.

Three states (Minnesota, Oregon, and Washington) have an established statewide survey that monitors HIV-related risk behaviors and other priority health risk behaviors. These three states may request a waiver for this requirement to be eligible for program funding. Waiver requirements can be found at: www.cdc.gov/healthyouth/foa/1308foa/.

LEA. Thirty-one Local Education Agencies are eligible to compete for Strategies 1 and 2, and twelve of the 31 LEA are eligible to compete for Strategy 4. LEA are not eligible for Strategy 3.

12 LEA eligible for Strategies 1, 2 and 4:

Broward Schools, Broward County, Fort Lauderdale, FL

City of Chicago School District 299, Cook County, Chicago, IL

Dade County Schools, Miami-Dade County, Miami, FL

Dekalb County Schools, Stone Mountain, GA

District of Columbia Public Schools, District of Columbia, Washington, DC

Houston Independent School District, Harris County, Houston, TX

Los Angeles Unified School District, Los Angeles County, Los Angeles, CA

Memphis City Schools, Shelby County, Memphis, TN

New York City Schools, New York City, NY

Philadelphia City School District, Philadelphia County, Philadelphia, PA

San Francisco Unified School District, San Francisco County, San Francisco, CA

The School District of Palm Beach County, Palm Beach County, West Palm Beach, FL

19 LEA eligible for Strategies 1 and 2:

Baltimore City Public Schools, Baltimore, MD

Boston Public Schools, Suffolk County, Boston, MA

Cleveland Metropolitan School District, Cuyahoga County, Cleveland, OH

Columbus City School District, Franklin County, Columbus, OH

Dallas Independent School District, Dallas County, Dallas, TX

Denver School District, Denver, CO

Detroit City School District, Wayne County, Detroit, MI

Duval Schools, Duval County, Jacksonville, FL

Fort Worth Independent School District, Tarrant County, Fort Worth, TX

Hillsborough Schools, Hillsborough County, Tampa, FL

Mesa Public Schools, Mesa, AZ

Milwaukee School District, Milwaukee County, Milwaukee, WI

Northside Independent School District, Bexar County, San Antonio, TX

Oakland Unified School District, Alameda County, Oakland, CA

Orange County Public Schools, Orange County, Orlando, FL

San Bernardino City Unified School District, San Bernardino City, San Bernardino, CA

San Diego Unified School District, San Diego County, San Diego, CA

San Juan Department Of Education, San Juan Municipio, San Juan, PR

Santa Ana Unified School District, Orange County, Santa Ana, CA

LHA. If a local education agency declines to apply for Strategy 1 funding, the health agency in the same jurisdiction or the health agency's Bona Fide Agent may apply on its behalf. Either the local education agency or the health agency in the same jurisdiction must be awarded for Strategy 1 and include at least four of the seven sexual behavior questions on the 2015 YRBS questionnaire in order for the education agency in that jurisdiction to be eligible for funding for Strategies 2 and 4. LHA are not eligible for Strategy 2, 3 or 4.

NGO. NGO are eligibility to compete for Strategy 3 funding is limited to:

- Public and private non-profit organizations that serve education organizations;
- National non-profit organizations with 501 C (3) IRS status (other than institutions of higher education); and
- National non-profit organizations without 501 C (3) IRS status (other than institutions of higher education).

NGO include those that represent constituencies (e.g., members, networks, affiliates and/or chapters within ten (10) or more states) with the greatest potential to affect national initiatives facilitated by CDC/DASH PS13-1308 awarded STL education agencies. An NGO must have a specific charge from its Articles of Incorporation, bylaws, or a resolution from its executive board or governing body to operate nationally within the United States or its territories. NGO are not eligible for Strategy 1 and 2.

2. Special Eligibility Requirements:

Required MOU/MOA. Applicants applying for Strategy 2 are required to submit a **Memorandum of Understanding/Agreement (MOU/A) between the education agency and corresponding health agency *at the time of application***. The MOU/A must be submitted on official letterhead with original signature and uploaded onto www.grants.gov as part of the application submission process. **If the**

MOU/A is not submitted at the time of application, the application will be deemed non-responsive and will not be entered into the review process. At a minimum, the MOU/A should describe the following elements:

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

Required Letters of Commitment. All applicants applying for Strategies 2, 3, and 4 are required to submit a minimum of **three Letters of Commitment (LOC)** with the application. **If the Letters of Commitment are not submitted at the time of application, the application will be deemed non-responsive and will not be entered into the review process.** The LOC should be addressed to the agency/organization from partner agencies and/or organizations that have a role in achieving the project outcomes outlined in the application, and should describe in detail specific program activities the partner agencies and/or organizations will collaborate on to achieve the stated outcomes. The LOC must identify objectives that are specific, measurable, achievable, realistic, and time-phased (SMART). The LOC must be submitted on official letterhead with an original signature.

3. Justification for Less than Maximum Competition:

A request for Approval for Limited Competition for a new Funding Opportunity Announcement (FOA) for CDC-RFA-PS13-1308 *Promoting Adolescent Health through School Based HIV/STD Prevention and School-Based Surveillance* through 93.079, Cooperative Agreements to Promote Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance was submitted in accordance with the U.S. Department of Health and Human Services Action Transmittal OGMP AT 2003-3 on October 1, 2012, and was approved by the Director (Chief Grants Management Officer), CDC/ATSDR Procurement and Grants Office on October 23, 2012.

SEA/TEA Limited Eligibility Criteria for Strategy 1: CDC estimates that approximately 100% of the state and territorial sites will be awarded under Tiers 1, 2 and 3 for Strategy 1. In order to maintain program funding for Strategy 2 in a given jurisdiction beyond 2015, SEA/SHA and TEA/THA awarded for Strategy 1 in that jurisdiction are required to include at least four of the seven sexual behavior questions on the 2015 YRBS questionnaire.

SEA/TEA Limited Eligibility Criteria for Strategy 2:

The NHAS for the United States calls upon the Nation to intensify HIV prevention efforts in communities where HIV infection is most heavily concentrated. Therefore, state and territorial education agencies eligible for Strategy 2 funding will be divided into three tiers, based upon the degree to which HIV is concentrated in their jurisdictions. On the basis of the data available, states and territories with the highest burden of HIV have been placed in Tier 1, the next highest burden in Tier 2, and the lowest burden in Tier 3. More applicants will be awarded in the higher burden tiers than in the lower burden tiers. See www.cdc.gov/healthyouth/foa/1308foa/ for data tiers. In order to maintain program funding under Strategy 2 beyond 2015, states and territories are required to include at least four of the seven sexual behavior questions on the 2015 YRBS questionnaire.

SEA/TEA Tier 1¹⁶: More than 20,000 HIV cases or a HIV rate greater than 350 per 100,000 population, as of year-end 2009. CDC estimates that approximately 60% of the state and territorial education agencies awarded will be from Tier 1. SEA/TEA Tier 1 applicants include:

California Department of Education	New Jersey Department of Education
Connecticut State Department of Education	New York State Department of Education
Delaware Department of Education	North Carolina Department of Public Instruction
Florida Department of Education	Pennsylvania Department of Education
Georgia Department of Education	Puerto Rico Department of Education
Illinois State Board of Education	South Carolina Department of Education
Louisiana Department of Education	Texas Education Agency
Maryland State Department of Education	U.S. Virgin Islands Department of Education

SEA/TEA Tier 2¹⁶: More than 5,000 and less than 20,000 HIV cases or a HIV rate greater than 200 and less than 350 per 100,000 population, as of year-end 2009. CDC estimates that approximately 30% of the state and territorial education agencies awarded will be from Tier 2. SEA/TEA Tier 2 applicants include:

Alabama Department of Education	Mississippi Department of Education
Arizona Department of Education	Missouri Department of Elementary and Secondary Education
Colorado Department of Education	Nevada Department of Education
District of Columbia Office of the State Superintendent of Education	Ohio Department of Education
Indiana Department of Education	Oregon Department of Education
Kentucky Department of Education	Rhode Island Department of Elementary and Secondary Education
Massachusetts Department of Education	Tennessee Department of Education
Michigan Department of Education	Virginia Department of Education

SEA/TEA Tier 3¹⁶: Less than 5,000 HIV cases and a HIV rate less than 200 per 100,000 population, as of year-end 2009. CDC estimates that approximately 10% of the state and territorial education agencies awarded will be from Tier 3. SEA/TEA Tier 3 applicants include:

Alaska Department of Education and Early Development	North Dakota Department of Public Instruction
American Samoa Department of Education	Commonwealth of the Northern Mariana Islands Public School System
Arkansas Department of Education	Oklahoma State Department of Education
Guam Public School System	Republic of Marshall Islands Ministry of Education
Hawaii Department of Education	Federated States of Micronesia Department of Education
Idaho Department of Education	Republic of Palau Ministry of Education
Iowa Department of Education	South Dakota Department of Education
Kansas State Department of Education	Utah State Office of Education
Maine Department of Education	Vermont Department of Education
Montana Office of Public Instruction	West Virginia Department of Education
Nebraska Department of Education	Wisconsin Department of Public Instruction
New Hampshire Department of Education	Wyoming Department of Education
New Mexico Public Education Department	

LEA Limited Eligibility Criteria:

The following **31 Local Education Agencies** are eligible to compete for **Strategies 1, 2, and 4** funding because they met the following criteria:

- (1) **Social determinants of health.** School district must have 13 percent or more of children aged 5-17 living in poverty.⁸
- (2) **Population impact.** Must be one of the Nation's largest districts enrolling more than 40,000 students⁸ and located within a major metropolitan statistical area (MSA)¹⁷. Only the LEA with the highest student enrollment within a given MSA or MSA Division will be eligible.
- (3) **High burden of HIV/STD¹⁸.** The MSA or MSA Division in which the LEA is located has reported high rates of key indicators of HIV/STD burden such as the number of cases or the rate of adults and adolescents living with a diagnosis of HIV infection and the number of cases of gonorrhea. Specific criteria related to HIV/STD burden are detailed, beginning on page 38 for each of the two tiers of eligible LEA.

LEA Criteria for Strategies 1: CDC estimates that for Strategy 1, approximately 100% of the Tier 1 LEA/LHA sites will be awarded and 50% of the Tier 2 LEA/LHA sites will be awarded.

LEA Criteria for Strategies 2 and 4:

The NHAS for the United States calls upon the Nation to intensify HIV prevention efforts in communities where HIV infection is most heavily concentrated. Eligible LEA have been divided into

two tiers, based upon the degree to which HIV infection and gonorrhea are concentrated in the MSA or MSA Division in which they are located. LEA with a higher burden of HIV infection or gonorrhea have been placed in Tier 1. Applicants with high-scoring applications under Tier 1 will be awarded first. Only Tier 1 LEA are eligible to compete for funding under Strategy 4. Furthermore, Tier 1 LEA must be awarded for Strategy 2 in order to be awarded for Strategy 4. In order to maintain program funding for Strategies 2 and 4 in a given jurisdiction beyond 2015, LEA/LHA awarded for Strategy 1 in that jurisdiction are required to include at least four of the seven sexual behavior questions on the 2015 YRBS questionnaire.

LEA Tier 1¹⁶:

Tier 1 LEA are limited to 12 LEA that meet the criteria for social determinants of health and population impact and are located in an MSA or MSA Division that has reported more than 3,000 gonorrhea cases and 20,000 HIV cases or an HIV infection rate of more than 500 per 100,000 population, as of year-end 2009. CDC estimates that approximately 100% of the Tier 1 sites will be awarded. LEA Tier 1 applicants include:

Broward Schools, Broward County, Fort Lauderdale, FL

City of Chicago School District 299, Cook County, Chicago, IL

Dade County Schools, Miami-Dade County, Miami, FL

Dekalb County Schools, Stone Mountain, GA

District of Columbia Public Schools, District of Columbia, Washington, DC

Houston Independent School District, Harris County, Houston, TX

Los Angeles Unified School District, Los Angeles County, Los Angeles, CA

Memphis City Schools, Shelby County, Memphis, TN

New York City Schools, New York City, NY

Philadelphia City School District, Philadelphia County, Philadelphia, PA

San Francisco Unified School District, San Francisco County, San Francisco, CA

The School District of Palm Beach County, Palm Beach County, West Palm Beach, FL

LEA Tier 2¹⁶:

Tier 2 LEA are limited to 19 LEA that meet the criteria for social determinants of health and population impact and are located in an MSA or MSA Division that has reported more than 3,000 gonorrhea cases or more than 5,000 but less than 20,000 HIV cases and an HIV rate less than 500 per 100,000 population, as of year-end 2009. CDC estimates that approximately 20% of the LEA applicants will be awarded from Tier 2. LEA Tier 2 applicants include:

Baltimore City Public Schools, Baltimore, MD

Boston Public Schools, Suffolk County, Boston, MA

Cleveland Metropolitan School District, Cuyahoga County, Cleveland, OH

Columbus City School District, Franklin County, Columbus, OH

Dallas Independent School District, Dallas County, Dallas, TX

Denver School District, Denver, CO

Detroit City School District, Wayne County, Detroit, MI

Duval Schools, Duval County, Jacksonville, FL

Fort Worth Independent School District, Tarrant County, Fort Worth, TX

Hillsborough Schools, Hillsborough County, Tampa, FL

Mesa Public Schools, Mesa, AZ

Milwaukee School District, Milwaukee County, Milwaukee, WI

Northside Independent School District, Bexar County, San Antonio, TX

Oakland Unified School District, Alameda County, Oakland, CA

Orange County Public Schools, Orange County, Orlando, FL

San Bernardino City Unified School District, San Bernardino City, San Bernardino, CA

San Diego Unified School District, San Diego County, San Diego, CA

San Juan Department Of Education, San Juan Municipio, San Juan, PR

Santa Ana Unified School District, Orange County, Santa Ana, CA

NGO Limited Eligibility Criteria for Strategy 3:

Eligible NGO applicants must already have the systems in place to transmit the knowledge, skills, expertise, and attitudes that influence adolescent behavior on a national scope. They must have a constituency base that is national in scope and that includes, or has the ability to include, the various education agencies targeted. Finally, they must have extensive experience in adolescent health and HIV/STD prevention, and successful collaborations with STL education and health agencies, CBO, and/or other Federal entities. NGO may apply to work with more than one type of agency (SEA/TEA or LEA), more than one approach (ESHE, SHS, SSE), and more than one Strategy (3 and 4). There is no application limit for NGO.

4. Other:

- Applicants applying for Strategy 1 may be eligible for an additional \$5,000 per year if the site includes at least one of the questions measuring sexual minority status (from the YRBS optional question list in the *Handbook for Conducting Youth Risk Behavior Surveys*) on their 2013 YRBS questionnaire.
- Applicants applying for Strategies 2, 3, and 4 must set aside 10% of the overall award to support evaluation activities.
- Applicants applying for Strategy 4 must set aside 25% of the overall award to support CBO capacity and engagement in program activities. CBO play an important role in the success of project activities, especially for linkage and referral to HIV/STD testing and treatment. This 25% allotted to one or more CBO will assist in fulfilling the outcomes and provide additional resources needed to functionally participate in, and support, program activities as needed and identified by the LEA.
- In the Background section describe burden using epidemiological (e.g., HIV/STD cases/rates, birth rate, vaccine coverage) and social determinants data (e.g., poverty, race/ethnicity, gender, free and reduced lunch rates, and dropout rate) or the need for YRBS and Profiles data (if applying for Strategy 1).

5. Cost Sharing or Matching:

Cost sharing or matching funds are not required for this program. Although there is no statutory match requirement for this FOA, leveraging other resources and related ongoing efforts to promote sustainability is encouraged. Leveraging other federal funding sources including CDC's DHAP, DSTDP, and DRH; DHHS's OAH and ACF/FYSB; the Department of Education and other jurisdictional funding sources should be documented in the budget narrative section.

6. Maintenance of Effort:

Maintenance of effort is not required for this program.

D. Application and Submission Information

- 1. Required Registrations:** Three registrations are needed to submit an application on www.grants.gov.
 - a. Data Universal Numbering System:** All applicant organizations must obtain a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal awards or CAs. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services. An Authorized Organization Representative (AOR) should be consulted to determine the appropriate number. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the internet, obtaining a DUNS number may take one to two days at no charge. If your organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet (fedgov.dnb.com/webform/displayHomePage.do). An AOR should complete the US D&B D-U-N-S Number Request Form online or contact Dun and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. This is an organizational number. Individual Program Directors do not need to register for a DUNS number. If funds are awarded to an applicant organization that includes sub-awardees, sub-awardees must provide their DUNS numbers prior to accepting any sub-awards.
 - b. System Award Management:** All applicant organizations must register in the System for Award Management (SAM). The SAM is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as an awardee. The SAM number must be maintained with current information at all times during which it has an application under consideration for funding by CDC, and if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process requires three to five business days to complete. SAM registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.
 - c. Grants.gov:** Registering your organization through www.grants.gov, the official HHS E-grant Web site, is the first step in submitting an application online. Registration information is located on the “Get Registered” screen of www.grants.gov. All applicant organizations must register with www.grants.gov. The “one-time” registration process will take three to five days to complete. However, it is best to start the registration process as early as possible.

2. **Request Application Package:** Download the application package from www.grants.gov.
3. **Application Package:** Applicants must download the SF-424 application package associated with this funding opportunity from www.grants.gov. If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms online, contact the HHS/CDC Procurement and Grant Office Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 for further instruction. CDC Telecommunications for individuals with hearing loss is available at: TTY 1.888.232.6348.
4. **Submission Dates and Times:** If the application is not submitted by the deadline published herein, it will not be processed by [www.grants.gov] and the applicant will be notified by [www.grants.gov]. If the applicant has received authorization to submit a paper application, it must be received by the deadline provided by PGO TIMS.
 - a. Letter of Intent Deadline Date (must be postmarked by): March 15, 2013
 - b. Application Deadline Date: April 26, 2013, 11:59 p.m. U.S. EST, on www.grants.gov.
5. **CDC Assurances and Certifications:** All applicants are required to sign and submit CDC Assurances and Certifications that can be found on the CDC Web site at www.cdc.gov/od/pgo/funding/grants/foamain.shtm. Applicants must name this file "Assurances and Certifications" and upload as a PDF to www.grants.gov.
6. **Content and Form of Application Submission:** Applicants are required to submit all of the documents outlined below as their application package on www.grants.gov.
7. **Letter of Intent:** The LOI is intended to provide CDC with an estimated number of applicants to anticipate for the competitive process. This LOI is not required but is strongly recommended. **Submit the LOI by March 15, 2013, 11:59 p.m. U.S. Eastern Standard Time. It must be received via express mail, delivery service, fax, or email at dashfoa@cdc.gov.**

Address the LOI to:

Elizabeth Coke Haller, CDC, NCHHSTP, DASH
US Mail Address: 4770 Buford Hwy, NE, MS K-31, Atlanta, GA 30341 USA
Express Mail Address: 2900 Woodcock Blvd., Atlanta, GA 30341
Telephone number: 770-488-6120 (main) or 770-488-6203 (office)
Fax: 770-488-6163
Email address: dashfoa@cdc.gov

8. **Table of Contents (No page limit):** Provide a detailed table of contents including all strategies for the entire submission package that includes all of the documents being submitted in the application and headers in the project narrative section. See section 16.f. Additional Application Instructions for how to title and load documents onto www.grants.gov.
9. **Project Abstract Summary (Maximum of 2 paragraphs for each Strategy for which your agency is applying):** A project abstract must be submitted in the www.grants.gov mandatory documents list. The project abstract should be a self-contained, brief description of the proposed project to include the purpose and outcomes. This summary must not include any proprietary/confidential information. See section 16.f. Additional Application Instructions for how to title and load documents onto www.grants.gov.
10. **Project Narrative (Maximum of 8 pages (Strategy 1), 18 pages (Strategy 2 and 3) and 10 pages (Strategy 4), single spaced, Calibri 12 point, 1-inch margins, number all pages, content beyond**

strategy page limits will not be reviewed): The project narrative must include all the bolded headers outlined under this section. The project narrative should be succinct, self-explanatory, and organized in the order outlined in this section so reviewers can understand the proposed project. The description should address activities to be conducted over the entire project period. See section 16.f. Additional Application Instructions for how to title and load documents onto www.grants.gov.

- a. **Background:** For your jurisdiction or the population to be served, the applicant must describe the core information to understand how the FOA will address the public health problem and supports public health priorities.
- b. **Approach:**
 - i. **Purpose:** The applicant must briefly describe how its application will address the problem statement within its jurisdiction.
 - ii. **Outcomes:** The applicant must clearly identify the outcomes the applicant expects to achieve by the end of the project period. Outcomes are the intended results that are expected as a consequence of the program and its strategies. All outcomes should indicate the direction of desired change (i.e. increase, decrease, maintain).
 - iii. **Program Strategy:** The applicant must provide a clear and concise description of how the program strategy or strategies the applicant intends to apply for to meet the project period outcomes. As applicable, applicants should use and explicitly reference The Community Guide as a source of evidence-based program strategies whenever possible. In addition, applicants may propose additional program strategies to support outcomes. Applicants should select existing evidence-based strategies that meet their needs or describe the rationale for developing and evaluating new strategies or practice-based innovations.

For STL Education Agencies Applying for Strategy 2: Specifically: activities related to ESHE and POLICY that will influence school policies and practices within districts and schools that reach **all** secondary school students within its jurisdiction; TA activities related to ESHE, SHS, SSE, and POLICY in districts and schools to reach **priority**, high-risk secondary schools within the awarded jurisdiction; and activities related to one approach (ESHE, SHS, or SSE) that will be implemented intensively with one YDR group in **selected**, high-risk secondary schools within the awarded jurisdiction.

For NGO Applying for Strategy 3: Specifically describe how the NGO will provide CBA to support one required approach (ESHE, SHS, SSE) that will be implemented with one type of agency (SEA/TEA or LEA) to meet the project period outcomes.

1. Target Populations:

Applicants must describe the specific target population(s) to be addressed in their jurisdiction to allocate limited resources, target those at greatest health risk, and achieve the greatest health impact. Applicants should use data, including social determinants data, to identify communities within their jurisdictions or community served that are disproportionately affected by the public health problem, and plan activities to reduce or eliminate these disparities. Disparities by race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions (e.g., tribal communities) should be considered.

Specifically, LEA applicants applying for Strategy 4 must describe how each of the requirements will be implemented in their jurisdiction to meet the project period outcomes and demonstrate the use of epidemiologic and social determinants data, prioritizing schools to reach YMSM disproportionately affected by HIV infection and other STD.

Specifically, NGO applicants applying for Strategy 4 must describe how they will provide CBA to support HIV/STD prevention activities for YMSM with LEA to meet the project period outcomes.

2. Inclusion:

Applicants should describe how they will include all populations within the education system who can benefit from this work.

3. Collaborations:

Applicants must describe how they will collaborate with CDC funded programs as well as with organizations external of CDC. Strategy 2 applicants must provide MOU/A STL agency applicants should name the file "MOU-Strategy 2 [Site Name]" and upload it as PDF to www.grants.gov. Strategies 2, 3 and 4 applicants must provide a minimum of **three Letters of Commitment (LOC)** STL agency applicants should name the file "LOC-Strategy [#] [Site Name]" and NGO applicants should name the file "LOC-Strategy [#]-Approach[Letter] [Site Name]" and upload it as a PDF to www.grants.gov.

- c. **Organizational Capacity of Awardees to Execute the Approach Statement** (as part of the Project Narrative, included in the aforementioned page limit for each strategy):
Organizational Capacity Statement: Briefly describe how the applicant agency is organized, the nature and scope of its work and/or the capabilities it possesses. Applicants may include a detailed description of the entity's experience, program management components, the entity's readiness to establish contracts in a timely manner, and a plan for long-term sustainability of the project, if applicable. Applicants may describe how they will assess staff competencies and develop a plan to address gaps through organizational and individual training and development opportunities as it relates to the implementation of the requirements outlined in this announcement.

Project Management: Briefly describe the applicant's staffing and project management capacity as it relates to the implementation of the requirements outlined in this announcement. Applicants must clearly delineate the roles and responsibilities of project staff and their qualifications and the elements of project management required to execute the award. Include information about any contractual organization(s) that will have a significant role(s) in implementing program activities and achieving project outcomes. Specify who would have day-to-day responsibility for key tasks. Strategy 2, 3 and 4 applications should address the capacity of the Project Coordinator and other relevant project staff to fully participate in the Orientation in Atlanta, GA, on September 17-20, 2013, and actively participate in a minimum of five DASH-sponsored or approved PD events (e.g., onsite, webinars) annually. See section 16.f. Additional Application Instructions for how to title and load documents onto www.grants.gov.

- d. Evaluation and Performance Measurement:** Evaluation and performance measurement help demonstrate achievement of program outcomes; build a stronger evidence base for specific program interventions, clarify applicability of the evidence base to different populations, settings, and contexts, and drive continuous program improvement. Evaluation and performance measurement also can determine if program strategies are scalable and effective at reaching target populations. Applicants must provide an overall jurisdiction/community specific evaluation and performance measurement plan that is consistent with the CDC evaluation and performance measurement strategy within the Project Narrative. The plan must:
- Describe how key program partners will be engaged in the evaluation and performance measurement planning processes
 - Describe the type of evaluations to be conducted (i.e., process and outcome);
 - Describe key evaluation questions to be answered
 - Describe other information, as determined by the CDC program (e.g., performance measures developed by the applicant) that should be included
 - Describe potentially available data sources (such as programmatic documents, meeting notes, PD records, and TA logs) and feasibility of collecting appropriate evaluation and performance data
 - Describe how evaluation findings will be used for continuous program and quality improvement
 - Describe how evaluation and performance measurement will contribute to development that evidence base, where program strategies are being employed that lack a strong evidence base of effectiveness

Specifically, Strategy 1 applicants must describe how they will review survey implementation activities each cycle to identify what can be improved in the future to increase the quality of data and institutionalization of YRBS and Profiles in their jurisdiction. Specifically, Applicants for Strategies 2, 3, and 4 must describe how they will:

- Use at least 10% of program funding to support an evaluation plan that aligns with DASH's evaluation approach.
- Collect data to report required process and short-term outcome performance measures.
- Use process and short-term outcome performance measures and evaluation data for program improvement and stakeholder engagement.
- Disseminate evaluation results to key stakeholders annually and at the end of the project period.

If awarded funds, awardees must provide a more detailed plan within the first year of programmatic funding, due **by February 1, 2014**. This more detailed evaluation and performance management plan should be developed by awardees with support from CDC as part of first year project activities. This more detailed evaluation plan will build on the elements stated in the initial plan. This plan should be no more than 35 pages. At a minimum, and in addition to the elements of the initial plan, it must:

- Describe the frequency with which evaluation and performance data are to be collected

- Describe how data will be reported
- Describe how evaluation findings will be used for continuous program and quality improvement
- Describe how evaluation findings and performance measurement will yield findings to demonstrate the value of the FOA (e.g., impact on improving public health outcomes, effectiveness of FOA, cost-effectiveness or cost benefit)
- Describe dissemination channels and audiences (including public dissemination)
- Describe other information requested, as determined by the CDC program

In developing evaluation and performance management plans, visit the following link: Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide, www.cdc.gov/eval/guide/index.htm.

11. **Work Plan** (Maximum of 8 pages (Strategy 1), 18 pages (Strategy 2 and 3) and 10 pages (Strategy 4), single spaced, Calibri 12 point, 1-inch margins, number all pages, content beyond strategy page limits will not be reviewed): Applicants must prepare a detailed work plan for the first year of the award and a high-level plan for subsequent years. CDC will provide feedback and TA to awardees to finalize the work plan post-award. A work plan template is available at www.cdc.gov/healthyyouth/foa/1308foa/, but is not required. Refer to Year 1 Required Activities and Work Plan Elements for additional information. See section 16.f. Additional Application Instructions for how to title and load documents onto www.grants.gov.

12. **Budget Narrative:** An itemized budget narrative is required as part of an applicant's submission and will be scored as part of the Organizational Capacity of Awardees to Execute the Approach. When developing the budget narrative, applicants should consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. Each budget must include the following headers:

- Salary and Wages (Personnel)
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel (Note: no out-of-state travel will be supported for Strategy 1)
- Other
- Direct costs
- Indirect costs
- Contractual costs

Guidance on completing a detailed budget is available at:

<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>.

If requesting indirect costs in the budget, a copy of the indirect cost rate agreement is required.

If the indirect cost rate is a provisional rate, the agreement should be less than 12 months of age. See section 16.f. Additional Application Instructions for how to title and load documents onto www.grants.gov.

13. **Tobacco and Nutrition Policies:** Awardees are encouraged to implement tobacco and nutrition policies.

Unless otherwise explicitly permitted under the terms of a specific CDC award, no funds associated with this FOA can be used to implement the optional policies, and no applicants will be evaluated or scored on whether they choose to participate in implementing these optional policies.

The CDC supports implementing evidence-based programs and policies to reduce tobacco use and secondhand smoke exposure, and to promote healthy nutrition. CDC encourages all awardees to implement the following optional, recommended, evidence-based tobacco and nutrition policies within their own organizations. This builds upon the current Federal commitment to reduce exposure to secondhand smoke, which includes The Pro-Children Act, 20 U.S.C. 7181-7184, that prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, or early childhood development services are provided to children.

Tobacco Policies:

- Tobacco-free indoors – no use of any tobacco products (including smokeless tobacco) or electronic cigarettes in any indoor facilities under the control of the awardee.
- Tobacco-free indoors and in adjacent outdoor areas – no use of any tobacco products or electronic cigarettes in any indoor facilities, within 50 feet of doorways and air intake ducts, and in courtyards under the control of the awardee.
- Tobacco-free campus – no use of any tobacco products or electronic cigarettes in any indoor facilities and anywhere on grounds or in outdoor space under the control of the awardee.

Nutrition Policies:

- Healthy food service guidelines should, at a minimum, align with Health and Human Services and General Services Administration Health and Sustainability Guidelines for Federal Concessions and Vending Operations for cafeterias, snack bars, and vending machines in any facility under the control of the awardee and in accordance with contractual obligations for these services
[www.gsa.gov/graphics/pbs/Guidelines for Federal Concessions and Vending Operations.pdf](http://www.gsa.gov/graphics/pbs/Guidelines%20for%20Federal%20Concessions%20and%20Vending%20Operations.pdf).
- The following are resources for healthy eating and tobacco free workplaces:
www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/index.htm
www.thecommunityguide.org/tobacco/index.html
www.cdc.gov/chronicdisease/resources/guidelines/food-service-guidelines.htm

14. **Intergovernmental Review:** The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order 12372. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) as early as possible to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit http://www.whitehouse.gov/omb/grants_spoc/ to get the current SPOC list.

15. **Funding Restrictions:** Restrictions, which must be taken into account while planning the programs and writing the budget, are as follows:

- Applicants may not use funds for research.
- Applicants may not use funds for clinical care.

- Applicants may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual. No out-of-state travel will be allowed for Strategy 1.
- In most cases, awardees may not use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Applicants may not use funds for construction.
- Reimbursement of pre-award costs is not allowed.
- Applicants may not use funds for any kind of impermissible lobbying activity designed to influence proposed or pending legislation, appropriations, regulations, administrative actions, or Executive Orders (“legislation and other orders”). These restrictions include grass roots lobbying efforts and direct lobbying. Certain activities within the normal and recognized executive-legislative relationships within the executive branch of that government are permissible. See Additional Requirement (AR) 12 for further guidance on this prohibition.
- The direct and primary recipient in a CA program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

16. Other Submission Requirements:

- Electronic Submission:** Applications must be submitted electronically at www.grants.gov. Electronic applications will be considered as having met the deadline if the application has been successfully made available to CDC for processing from www.grants.gov on the deadline date. The application package can be downloaded from www.grants.gov. Applicants can complete the application package off-line, and then upload and submit the application via the www.grants.gov Web site. The applicant must submit all application attachments using a PDF file format when submitting via www.grants.gov. Directions for creating PDF files can be found on the www.grants.gov Web site. Use of file formats other than PDF may result in the file being unreadable by staff. Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.grants.gov. If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms on-line, contact the HHS/CDC, PGO TIMS staff at 770.488.2700 or email pgotim@cdc.gov Monday-Friday 7:30 a.m.-4:30 p.m.
- Tracking Number:** Applications submitted through www.grants.gov, are electronically time/date stamped and assigned a tracking number. The Authorized Organization Representative (AOR) will receive an email notice of receipt when www.grants.gov receives the application. The tracking number serves to document submission and initiate the electronic validation process before the application is made available to CDC.
- Validation Process:** Application submission is not concluded until successful completion of the validation process. After submission of the application package, applicants will receive a “submission receipt” email generated by www.grants.gov. The www.grants.gov site will then generate a second email message to applicants which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Applicants are strongly encouraged to check the status of their application to ensure submission of their application package is complete and no submission errors exist. To

guarantee that you comply with the application deadline published in the FOA, applicants are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.

In the event that you do not receive a “validation” email within two (2) business days of application submission, please contact www.grants.gov. Refer to the email message generated at the time of application submission for instructions on how to track the application or the Application User Guide, Version 3.0 page 57.

- d. **Technical Difficulties:** If the applicant encounters technical difficulties with www.grants.gov, the applicant should contact www.grants.gov Customer Service. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of Federal Holidays. You can reach the www.grants.gov Contact Center at 1-800-518-4726 or by email at support@www.grants.gov. Submissions sent by email, fax, CD’s or thumb drives of applications will not be accepted. Please note that www.grants.gov is managed by the U.S. Department of Health and Human Services.
- e. **Paper Submission:** Organizations that encounter technical difficulties in using www.grants.gov to submit their application must attempt to overcome those difficulties by contacting the www.grants.gov Contact Center (1-800-518-4726, support@www.grants.gov). After consulting with the www.grants.gov Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to CDC GMO/GMS for permission to submit a paper application. However, please note that this request may not be approved.
An organization’s request for permission must:
 1. Include the www.grants.gov case number assigned to the inquiry
 2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically
 3. Be submitted to the GMO/GMS at least three (3) calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered. If a paper application is authorized, the applicant will receive instructions from PGO TIMS to submit the original and two hard copies of the application by mail or express delivery service.
- f. **Additional Application Instructions:** ***Each Strategy is a separate application*** submitted on www.grants.gov at the **same time**. All applications must include each of the following documents listed in the chart below for each Strategy for submission to www.grants.gov. Page limits are listed in each section. Any section that exceeds the page limit, only the pages within the limit will be reviewed. Each application should include the following information and title each document the following way:

Required Application Components	Page Limits	Document Title	Upload PDF file on www.grants.gov	Strategy			
				1	2	3	4
Application for Federal Assistance	Completed SF-424 Form	424 St[#] [Site Name] 424 St[#] [Approach] [Site]	Application for Federal Assistance (SF-424) Form; 1 form including all Strategies		x		

STL example: 424 USDOE		NGO example: 424 USNGO					
Table of Contents (TOC)	No page limit	TOC St[#] [Site Name] TOC St[#] [Approach] [Site]	“Add Mandatory Other Attachment”	x	x	x	x
STL example: TOC St1 USDOE		NGO example: TOC St3A USNGO					
Project Abstract Summary (PAS)	2 paragraphs per Strategy	PAS St[#] [Site] PAS St[#] [Approach] [Site]	“Project Abstract Summary” for first and “Add Mandatory Other Attachment” for additional PAS	x	x	x	x
STL example: PAS St2 USDOE		NGO example: PAS St3B USNGO					
Project Narrative (PN) (i.e. background, approach, timeline, organizational capacity, evaluation and performance management, budget narrative)	St1: 8 pages St2: 18 pages St3: 18 pages St4: 10 pages	PN St[#] [Site] PN St[#] [Approach] [Site]	“Add Mandatory Project Narrative” for first and “Add Optional Project Narrative” for additional PN	x	x	x	x
STL example: PN St4 USDOE		NGO example: PN St3C USNGO					
Work Plan (WP)	St1: 8 pages St2: 18 pages St3: 18 pages St4: 10 pages	WP St[#] [Site] WP St[#] [Approach] [Site]	“Add Optional Other Attachment” for all WP	x	x	x	x
STL example: WP St1 USDOE		NGO example: WP St4 USNGO					
Budget Narrative (BN)	No page limit	BN St[#] [Site] BN St[#] [Approach] [Site]	“Mandatory Budget Narrative” for the first and “Add Optional Budget Narrative” for additional BN	x	x	x	x
STL example: BN St2 USDOE		NGO example: BN St3A USNGO					
MOU/MOA	Minimum of 1 with health agency - No page limit	MOU St2 [Site]	“Add Optional Other Attachment”		x		
STL example: MOU St2 USDOE							
LOC	Minimum of 3 LOC - No page limit	LOC St[#] [Site] LOC St[#] [Approach] [Site]	Combine into one document for each Strategy under “Add Optional Other Attachment”		x	x	x
STL example: LOC St4 USDOE		NGO example: LOC St3B USNGO					
Organizational Charts and CV	No page limit	CV-Org St[#] [Site] CV-Org St[#] [Approach] [Site]	Combine into one document for each Strategy under “Add Optional Other Attachment”	x	x	x	x
STL example: CV-Org St2 USDOE		NGO example: CV-Org St3C USNGO					
HIV Materials Review Panel Form	No page limit	HIV St[#] [Site] HIV St[#] [Approach] [Site]	“Add Optional Other Attachment”		x	x	x
STL example: HIV St2 USDOE		NGO example: HIV St4 USNGO					

Additional acceptable attachments are listed in the chart and below for applicants to upload as part of the www.grants.gov application as PDF files. Applicants may not attach other documents. If applicants do so, they will not be reviewed.

- CDC Assurances and Certifications
- Non-profit organization IRS status forms, if applicable
- Indirect cost rate , if applicable
- Bona Fide Agent
- Disclosure of Lobbying Activities
- Budget Information for non-construction programs; on the 424 form under question (6) Object Class Categories – complete the numbered columns based on the Strategies for which your agency/organization is applying. See additional instructions provided. Column (1) Strategy 1; Column (2) Strategy 2; Column (3) Strategy 3; Column (4) Strategy 4; (5) Column (Total)

E. Application Review Information

1. **Criteria:** In the scoring of applications, eligible applications will be evaluated against the following criteria during Phase II review:

Strategy 1 SURV Scoring Criteria; 100 Points - Applicants must:

A. Approach (20 points)	
10	Describe how the applicant will collaborate with other state and local agencies and other critical partners to successfully clear and implement YRBS and/or Profiles.
10	Describe how the applicant will leverage other Federal, state, and local funds to enhance the implementation of YRBS and Profiles and application of results for program improvement.
B. Organizational Capacity (70 points)	
Organizational Capacity (25 points)	
5	Describe how the applicant’s agency is structured and who will have management authority over the project and provide an organizational chart that identifies lines of authority.
5	Describe the applicant’s experience conducting YRBS and Profiles or similar surveys.
5	Describe the applicant’s experience analyzing and effectively communicating and disseminating data from YRBS and Profiles or similar surveys.
5	Describe barriers that exist and how the applicant will overcome the barriers to conduct a successful YRBS and Profiles.
5	Provide a job description for, and qualifications of, the person who will lead the YRBS and Profiles.
Work Plan (35 points)	
10	Provide 5-year project period outcome(s) with a timeline or Gantt chart for the implementation of the YRBS and Profiles.
25	Provide a detailed work plan that describes all work plan requirements for YRBS and Profiles Years 1-5 that includes 5-year goals, SMART objectives, and measures for accomplishing objectives.
Budget (10 points)	
10	Provide an itemized budget that is consistent with implementation of the YRBS and Profiles.
C. Evaluation and Performance Measurement (10 points)	
10	Describe how the applicant will review survey implementation program activities each cycle to identify what can be improved in the future to increase the quality of data and institutionalization of YRBS and Profiles.

100 Total Points for Strategy 1

Strategy 2 SEA/TEA/LEA Scoring Criteria; 100 points – Applicants must:

A. Approach (20 points)	
1	Describe how the agency will address the problem statement and list the outcome(s) to be achieved by the end of the project period.
4	Demonstrate the use of epidemiologic and social determinants data within their jurisdiction and how they used that data to select high-risk priority districts/schools to work with over the project period.
4	Identify program activities that align with the required program strategies that will be implemented to meet the project period outcomes.
3	Identify the one YDR group selected for intensive efforts and explain why it was selected.
4	Describe how program activities will benefit the entire population of students within the education system.
2	Describe how the agency will build and expand collaborative relationships with strategic partners to achieve greater program impact and sustainability.
2	Describe how the agency will leverage other Federal funds to avoid duplication of efforts, and expand working relationships to maximize project outcomes.
REQUIRED	<p>Submit a required, signed MOU/A that identifies implementation priorities; and joint processes related to the HIV Materials Review Panel activities.</p> <hr/> <p>Provide a minimum of three required Letters of Commitment submitted on official letterhead with an original signature, describing specific program activities each agency/organization will collaborate on to achieve outcomes.</p>
B. Organizational Capacity (60 points)	
Organizational Capacity (25 points)	
2	Describe how the agency is structured and who will have management authority over the project; provide an organizational chart that identifies lines of authority.
2	Summarize the agency school health policies related to HIV/STD prevention and their implications for addressing the required activities.
1	Describe any agency/organization barriers that exist and how the agency/organization will overcome the barriers in addressing FOA requirements.
1	Explain the agency’s ability to establish contracts in a timely manner, spend down funding appropriately throughout the year, and provide financial reports.
2	Describe the support the applicant will have from agency/organization leadership in administering the requirements outlined in this announcement.
3	Describe the agency’s support for staff development and the environmental support in place to support FOA requirements (e.g., available technology, staff training).
5	Describe the applicant’s expertise, experience, and/or documented success in planning and administering programs and services; working with, organizing, and/or mobilizing leaders to address FOA issues; collaborating with organizations to influence change; and implementing policy, systems, or environmental methods to inform, educate, and advocate on behalf of, youth.
4	Describe the applicant’s experience in providing high-quality, interactive online workshops and in-person, skills-based trainings and presentations tailored to meet the needs of the target audience; and in delivering innovative teaching techniques for distance learning and innovative Web-based learning opportunities.
2	Include a job description or statement of work, résumé, and a letter of intent [or a position description if to be hired] of the proposed staff person. Successful applicants will provide a minimum of 1.0 FTE for this position.
3	Describe how the applicant’s staff competencies will be assessed and how a plan will be developed to address gaps through organizational and individual training and PD opportunities.

Work Plan (30 points)	
5	Provide 5-year project period outcomes with a timeline or Gantt chart for the implementation of the Strategy 2.
15	Provide a detailed work plan that describes all Year 1 work plan requirements that includes: 5-year goals; SMART objectives related to required strategies including measures and data sources for accomplishing objectives; concise program activities in support of the objectives that align with the logic model and include appropriate process measures or milestones for accomplishing tasks and the person/agency responsible for accomplishing the program activities.
5	Describe administrative roles and functions to support implementation of the award, and assessment processes to ensure successful implementation and quality assurance.
5	Provide a general summary of work plan activities for Years 2-5 in narrative form.
Budget Narrative (5 points)	
4	Provide an itemized budget, including all relevant headings, that is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative.
1	Allocate at least 10% of the overall grant award for evaluation activities.
C. Evaluation and Performance Measurement (20 points)	
5	Describe how the applicant will use at least 10% of program funding to support an evaluation plan that aligns with DASH's evaluation approach.
5	Describe how the applicant will collect data to report required process and short-term outcome and performance measures.
5	Describe how the applicant will use process and short-term outcome performance measures and evaluation data for program improvement and stakeholder engagement.
5	Describe how the applicant will disseminate evaluation results to key stakeholders annually and at the end of the project period.

100 Total Points for Strategy 2

Strategy 3 CBA Scoring Criteria; 100 points - Applicants must:

A. Approach (15 points)	
1	Describe how the agency will address the problem statement and list the outcome(s) to be achieved by the end of the project period.
3	Identify program activities that align with proposed strategies.
4	Describe how program activities will benefit the entire population of students the program is aimed to serve.
4	Describe how the agency will build and expand collaborative relationships with strategic partners to achieve greater program impact and sustainability.
3	Describe how the agency will leverage other Federal funds to avoid duplication of efforts, and expand working relationships to maximize project outcomes.
Required	Provide a minimum of three required Letters of Commitment submitted on official letterhead with an original signature, describing specific program activities each agency/organization will collaborate on to achieve outcomes.
B. Organizational Capacity (65 points)	
Organizational Capacity (30 points)	
2	Describe how the organization is structured and who will have management authority over the project; provide an organizational chart that identifies lines of authority.
1	Describe any organizational barriers that exist and how the organization will overcome the barriers in addressing FOA requirements.
2	Explain the organization's ability to establish contracts in a timely manner, spend down funding

	appropriately throughout the year, and provide financial reports.
1	Describe the support the applicant will have from organization leadership in administering the requirements outlined in this announcement.
1	Describe the organization's support for staff development and the environmental support in place to support FOA requirements (e.g., available technology, staff training).
5	Describe the applicant's expertise, experience, and/or documented success in planning and administering programs and services; working with, organizing, and/or mobilizing leaders to address FOA issues; collaborating with organizations to influence change; and implementing policy, systems, or environmental methods to inform, educate, and advocate on behalf of, youth.
5	Describe the applicant's experience in providing high-quality, interactive online workshops and in-person, skills-based trainings and presentations tailored to meet the needs of the target audience; and in delivering innovative teaching techniques for distance learning and innovative Web-based learning opportunities.
1	Describe the applicant's experience working with schools.
1	Include a job description or statement of work, résumé, and a letter of intent [or a position description if to be hired] of the proposed staff person. Successful applicants will provide a minimum of 1.0 FTE for this position.
1	Describe how the applicant's staff competencies will be assessed and a plan developed to address gaps through organizational and individual training and PD opportunities.
4	Demonstrate historical credibility and influence in addressing one or more of the required approaches: ESHE, SHS, and SSE.
3	Demonstrate ability to influence a national dialogue.
2	Provide evidence of past success in convening meetings, trainings, and other related events at a national level.
1	Document a charge from Articles of Incorporation, bylaws, or a resolution from an executive board or governing body to operate nationally within the United States and territories.
Work Plan (30 points)	
5	Provide 5-year project period outcomes with a timeline or Gantt chart for the implementation of Strategy 3.
15	Provide a detailed work plan that describes all Year 1 work plan requirements that includes: 5-year goals; SMART objectives related to required strategies including measures and data sources for accomplishing objectives; concise program activities in support of the objectives that align with the logic model and include appropriate process measures or milestones for accomplishing tasks and the person/agency responsible for accomplishing the program activities.
5	Describe administrative roles and functions to support implementation of the award, and assessment processes to ensure successful implementation and quality assurance.
5	Provide a general summary of work plan activities for Years 2-5 in narrative form.
Budget Narrative (5 points)	
4	Provide an itemized budget, including all relevant headings, that is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative.
1	Allocate at least 10% of the overall grant award for evaluation activities.
C. Evaluation and Performance Measurement (20 points)	
5	Describe how the applicant will use at least 10% of program funding to support an evaluation plan that aligns with DASH's evaluation approach.
5	Describe how the applicant will collect data to report required process and short-term outcome and performance measures.
5	Describe how the applicant will use process and short-term outcome performance measures and evaluation data for program improvement and stakeholder engagement.

5	Describe how the applicant will disseminate evaluation results to key stakeholders annually and at the end of the project period.
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100 Total Points for Strategy 3

Strategy 4 YMSM Scoring Criteria; 100 points – Applicants must:

A. Approach (20 points)		
LEA	NGO	
1	1	Describe how the agency will address the problem statement and list the outcome(s) to be achieved by the end of the project period.
5		Demonstrate the use of epidemiologic and social determinants data within their jurisdiction and how they will use the data to select high-risk priority districts/schools to work with over the project period.
4	4	Identify program activities that align with the required program strategies that will be implemented to meet the project period outcomes.
4	5	Describe how program activities will benefit the entire population of students within the education system.
4	5	Describe how the agency will build and expand collaborative relationships with strategic partners to achieve greater program impact and sustainability.
2	5	Describe how the agency will leverage other Federal funds to avoid duplication of efforts, and expand working relationships to maximize project outcomes related to adolescent HIV, STD, and unintended pregnancy prevention.
REQUIRED		Provide a minimum of three required Letters of Commitment submitted on official letterhead with an original signature, describing specific program activities each agency/organization will collaborate on to achieve outcomes.
B. Organizational Capacity (60 points)		
LEA	NGO	Organizational Capacity (25 points)
2	1	Describe how the agency/organization is structured and who will have management authority over the project; provide an organizational chart that identifies lines of authority.
2	1	Describe any agency/organization barriers that exist and how the agency/organization will overcome the barriers in addressing FOA requirements.
3	1	Explain the ability of the agency/organization to establish contracts in a timely manner, spend down funding appropriately throughout the year, and provide financial reports.
3	1	Describe the support the applicant will have from agency/organization leadership in administering the requirements outlined in this announcement.
3	1	Describe the support the agency/organization will have for staff development and the environmental support in place to support FOA requirements (e.g., available technology, staff training).
5	3	Describe the applicant’s expertise, experience, and/or documented success in planning and administering programs and services; working with, organizing, and/or mobilizing leaders to address FOA issues; collaborating with organizations to influence change; and implementing policy, systems, or environmental methods to inform, educate, and advocate on behalf of, youth.
3	5	Describe the applicant’s experience in providing high-quality, interactive online workshops and in-person, skills-based trainings and presentations tailored to meet the needs of the target audience; and in delivering innovative teaching techniques for distance learning and innovative Web-based learning opportunities.
	1	Describe the applicant’s experience working with schools.

1	1	Include a job description or statement of work, résumé, and a letter of intent [or a position description if to be hired] of the proposed staff person. Successful applicants will provide a minimum of 1.0 FTE for this position.
3	1	Describe how the applicant's staff competencies will be assessed and a plan developed to address gaps through organizational and individual training and PD opportunities.
	4	Demonstrate historical credibility and influence in addressing one or more of the required approaches: ESHE, SHS, and SSE.
	3	Demonstrate ability to influence a national dialogue.
	1	Provide evidence of past success in convening meetings, trainings, and other related events at a national level.
	1	Document a charge from Articles of Incorporation, bylaws, or a resolution from an executive board or governing body to operate nationally within the United States and territories.
LEA	NGO	Work Plan (30 points)
5	5	Provide 5-year project period outcomes with a timeline or Gantt chart for the implementation of Strategy 4.
15	15	Provide a detailed work plan that describes all Year 1 work plan requirements that includes: 5-year goals; SMART objectives related to required strategies including measures and data sources for accomplishing objectives; concise program activities in support of the objectives that align with the logic model and include appropriate process measures or milestones for accomplishing tasks and the person/agency responsible for accomplishing the program activities.
5	5	Describe administrative roles and functions to support implementation of the award, and assessment processes to ensure successful implementation and quality assurance.
5	5	Provide a general summary of work plan activities for Years 2-5 in narrative form.
LEA	NGO	Budget Narrative (5 points)
4	4	Provide an itemized budget, including all relevant headings, that is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative.
1	1	Allocate at least 10% of the overall grant award for evaluation activities.
C. Evaluation and Performance Measurement (20 points)		
LEA	NGO	
5	5	Describe how the applicant will use at least 10% of program funding to support an evaluation plan that aligns with DASH's evaluation approach.
5	5	Describe how the applicant will collect data to report required process and short-term outcome and performance measures.
5	5	Describe how the applicant will use process and short-term outcome performance measures and evaluation data for program improvement and stakeholder engagement.
5	5	Describe how the applicant will disseminate evaluation results to key stakeholders annually and at the end of the project period.
100	100	Total Points for Strategy 4

2. Review and Selection Process

- a. **Phase I Review:** all eligible applications will be initially reviewed for completeness by the CDC's Procurement and Grants Office (PGO) staff. In addition, eligible applications will be jointly reviewed for responsiveness by the CDC NCHSTP and PGO. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance to Phase II review. Applicants will be notified that the application did not meet eligibility and/or published submission requirements.

- b. Phase II Review:** An objective review panel will evaluate complete and responsive applications according to the criteria listed in the criteria section of the FOA for Strategy 1, Tier 2, and all tiers within Strategy 2 and Strategy 3, and 4. CDC established that the objective review process be waived for the Strategy 1 SEA/SHA and TEA/THA and Strategy 1 LEA-Tier 1 applicants only. This requirement would be replaced with a streamlined structured approach to review proposals to be submitted by recipients. All applications submitted for Strategy 1 SEA/SHA and TEA/THA and Strategy 1 LEA-Tier 1 applicants in response to this FOA will undergo a structured review due to the fact that all applicants will receive funding amounts based on a known methodical calculation and funding is available for all applicants. This review will consist of a programmatic and budget assessment to ensure that the proposed project is technically and scientifically sound and the awarded entity is capable of performing the project. Applicants will be provided a copy of the technical, scientific, and budget assessment of their application.
- c. Phase III Review:** All applications deemed eligible and technically acceptable by the review panel will be awarded in order of score and rank **within their funding tier**. In addition, the following factors may affect the funding decision: availability of funds and geographic diversity. Strategy 2 will be awarded after awards have been determined for the LEA awarded in Strategy 1-Tier 2. Strategy 4 will be awarded after awards have been determined for Strategy 2. It is anticipated that a variety of NGO will be awarded in Strategy 3. CDC will provide justification for any decision to fund out-of-rank order; factors such as geographical distribution and organizational diversity will be taken into consideration when making final funding decisions.

- 3. Anticipated Announcement and Award Dates:** Successful applicants will anticipate notice of funding by June 21, 2013, with a start date of August 1, 2013.

F. Award Administration Information

- 1. Award Notices:** Awardees will receive an electronic copy of the Notice of Award (NoA) from the CDC PGO. The NoA shall be the only binding, authorizing document between the awardee and CDC. The NoA will be signed by an authorized GMO and emailed to the awardee program director.

Any application awarded in response to this FOA will be subject to the DUNS, SAM Registration and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements. Unsuccessful applicants will receive notification of the results of the application review by email with delivery receipt or by mail.

- 2. Administrative and National Policy Requirements:** Awardees must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate. To view brief descriptions of relevant provisions visit the CDC Web site at: [\[www.cdc.gov/od/pgo/funding/grants/additional_reg.shtm\]](http://www.cdc.gov/od/pgo/funding/grants/additional_reg.shtm).

The following administrative requirements apply to this project:

Generally applicable administrative requirements (ARs):

- AR-7: Executive Order 12372
- AR-9: Paperwork Reduction Act
- AR-10: Smoke-Free Workplace
- AR-11: Healthy People 2010

- AR-12: Lobbying Restrictions
- AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-14: Accounting System Requirements
- AR-16: Security Clearance Requirement
- AR-21: Small, Minority, And Women-owned Business
- AR-24: Health Insurance Portability and Accountability Act
- AR-25: Release and Sharing of Data
- AR-26: National Historic Preservation Act of 1966
- AR-29: Compliance with EO13513, “Federal Leadership on Reducing Text Messaging while Driving,” October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR- 32: Executive Order 131410: Promoting Quality and Efficient Health Care in Federal Government (*If applicable applicants should be aware of the program’s current business needs and how they align with nationally adopted Public Health Information Network (PHIN) standards, services, practices, and policies when implementing, acquiring, and updating public health information systems.*)
- AR-33: Plain Writing Act of 2010
- AR-34: Patient Protection and Affordable Care Act (e.g. a tobacco-free campus policy and a lactation policy consistent with S4207)

ARs applicable to HIV/AIDS Awards:

- AR-4: HIV/AIDS Confidentiality Provisions
- AR-5: HIV Program Review Panel
- AR-6: Patient Care

For more information on the Code of Federal Regulations, visit the National Archives and Records Administration at <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

3. Reporting

a. Reporting allows for continuous program monitoring and identifies successes and challenges that awardees encounter throughout the award. Reporting is also necessary for applicants to apply for yearly continuation of funding. In addition, reporting is helpful to CDC and awardees because it:

- Helps target support to awardees, particularly for cooperative agreements;
- Provides CDC with periodic data to monitor awardee progress towards meeting the project outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous program improvement throughout the project period and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables the assessment of the overall effectiveness and impact of the FOA.

As described below, awardees must submit one report per year; ongoing performance measures data, administrative reports, and a final performance and financial report.

b. **Annual Performance Report:** The applicant must submit the annual Performance Report via www.grants.gov 120 days before the end of the budget period.

- **Performance Measures (including outcomes)** – Awardees must report on performance measures for each budget period and update measures, if needed

- **Evaluation Results** – Awardees must report evaluation results for the work completed to date (including any impact data)
 - **Work Plan** (Maximum of 8 pages (Strategy 1), 18 pages (Strategy 2 and 3) and 10 pages (Strategy 4)) – Awardees should update work plan each budget period
 - **Successes**
 - ✓ Awardees must report progress on completing program activities outlined in the work plan
 - ✓ Awardees must describe any additional successes (e.g., identified through evaluation results or lessons learned) achieved in the past year
 - ✓ Awardees must describe success stories
 - **Challenges**
 - ✓ Awardees should describe any challenges that hinder achievement of both annual and project period outcomes, performance measures, or their ability to complete the program activities in the work plan
 - ✓ Awardees must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year
 - **CDC Program Support to Awardees**
 - ✓ Awardees should describe how CDC could assist them in overcoming any challenges to achieve both annual and project period outcomes and performance measures, and complete program activities outlined in the work plan
 - **Administrative Reporting** (not subject to page limits)
 - ✓ SF-424A Budget Information-Non-Construction Programs
 - ✓ Budget Narrative – Must use the format outlined in Section IV. Content and Form of Application Submission, Budget Narrative Section
 - ✓ Indirect Cost Rate Agreement
- c. Performance Measure Reporting:** CDC programs must require awardees to submit performance measures at least annually. CDC may require more frequent reporting of performance measures. Performance measure reporting should be limited to the collection of data. CDC programs should specify reporting frequency, required data fields, and format for awardees at the beginning of the award. CDC/DASH will require reporting at least semi-annually, due 120 days before the end of the budget period as part of the APR and 90 days after the end of each budget period. Information will be provided to awardees during Orientation and guidance templates will be provided.
- d. Federal Financial Reporting:** The Annual Federal Financial Report (FFR) SF 425 is required and must be submitted through eRA Commons within 90 days after the end of each budget period. The FFR should only include those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to submit a letter explaining the reason and date by which the Grants Management Officer will receive the information.

- e. **Final Performance and Financial Report:** At the end of the project period, awardees should submit a final report to include a final financial and performance report. This report is due 90 days after the end of the project period. This report should not exceed 40 pages.

At a minimum, this report must include the following:

- Performance Measures (including outcomes) – Awardees should report final performance data for all performance measures for the project period.
- Evaluation results – Awardees should report final evaluation results for the project period
- Impact/Results – Awardees should describe the impact/results of the work completed over the project period, including success stories.
- FFR (SF-425)

4. **Federal Funding Accountability and Transparency Act of 2006:** Federal Funding Accountability and Transparency Act Of 2006 (FFATA), Public Law 109-282, the Federal Funding Accountability and Transparency Act Of 2006 as amended (FFATA) requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, <http://www.USASpending.gov>. Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by awardees: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards, subcontracts, and/or consortiums over \$25,000. For the full text of the requirements under the FFATA, go to: http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_bills&docid=f:s2590enr.txt.pdf.

G. Agency Contacts

CDC encourages inquiries concerning this announcement.

For **programmatic technical assistance**, contact:

Elizabeth Coke Haller, School Health Team Leader

Department of Health and Human Services

Centers for Disease Control and Prevention

4770 Buford Hwy, NE, MS K-31, Atlanta, GA 30341 USA

Telephone: 770-488-6203

Email: ehaller@cdc.gov

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

Manal Ali,, Grants Management Specialist

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS E-15

Atlanta, GA 30341

Telephone: 770-488-2757

Email: mali@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact:

www.grants.gov Contact Center: 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week. Closed on Federal holidays.

For all other **submission** questions, contact:

Technical Information Management Section

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS E-15

Atlanta, GA 30341

Telephone: 770-488- 2706

Email: mali@cdc.gov

CDC Telecommunications for individuals with hearing loss is available at:

TTY 1.888.232.6348

H. Glossary

Administrative and National Policy Requirements, Additional Requirements (ARs): outline the Administrative requirements found in 45 CFR Part 74 and Part 92 and other requirements as mandated by statute or CDC policy. CDC programs must indicate which ARs are relevant to the FOA. All ARs are listed in the template for CDC programs. Awardees must then comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions visit the CDC Web site at:

www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.

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

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

Authority: legal authorizations that outline the legal basis for FOA. A CDC Office of the General Council (OGC) representative may assist in choosing the authorities appropriate to any given program.

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

Budget Period/Year: the duration of each individual funding period within the project period. Traditionally, budget period length is 12 months or 1 year. The budget period for the 13-1308 program announcement will run August 1 through July 31.

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

Cadre of Trainers: a designated, highly proficient core group of individuals who provide professional development to others on particular programs, topics, methods, or skills.

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

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

Carryover: unobligated Federal funds remaining at the end of any budget period that, with the approval of the Grants Management Official (GMO) or under an automatic authority, may be carried forward to another budget period to cover allowable costs of that budget period (whether as an offset or additional authorization). Obligated, but unliquidated, funds are not considered carryover.

Catalog of Federal Domestic Assistance (CFDA): a catalog published twice a year which describes domestic assistance programs administered by the federal government. This government-wide compendium of Federal programs lists projects, services, and program activities which provide assistance or benefits to the American public
www.cfda.gov/index?s=agency&mode=form&id=0bebbc3b3261e255dc82002b83094717&tab=programs&tabmode=list&subtab=list&subtabmode=list.

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

Central Contractor Registry (CCR): the primary vendor database for the U.S. Federal Government. CCR validates applicant information and electronically shares the secure and encrypted data with the Federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). The CCR stores organizational information, allowing www.grants.gov to verify your identity and to pre-fill organizational information on grant applications.

Catalog of Federal Domestic Assistance (CFDA) Number: a unique number assigned to each program/FOA throughout its lifecycle that enables data and funding tracking and transparency.

Collaborate: to actively engage with one or more partners in planning, implementing, or evaluating programs, practices, and policy activities with defined roles and responsibilities for each partner.

Competency: an integrated set of knowledge, skills, and attitudes that supports successful performance.

Competing Continuation Award: an award of financial assistance which adds funds to a grant and extends one or more budget periods beyond the currently established project period.

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

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

Contracts: an award instrument establishing a binding legal procurement relationship between CDC and a recipient obligating the latter to furnish a product.

Cooperative Agreement: an award of financial assistance that is used to enter into the same kind of relationship as a grant; and is distinguished from a grant in that it provides for substantial involvement between the Federal agency and the awardee/grantee in carrying out the activity contemplated by the award.

Coordinated School Health (CSH): an approach to improving the health and well-being of young people by bringing together school administrators, teachers, other staff, students, families, and community members (i.e., through a School Health Advisory Council) to assess health needs; set priorities; and plan, implement, and evaluate school health activities.

Cost Sharing or Matching: refers to program costs not borne by the Federal government but required of awardees. It may include the value of allowable third-party in-kind contributions, as well as expenditures by the awardee.

Cultural Competence: knowledge and skills that allow individuals to increase their understanding and appreciation of cultural differences and similarities within, among, and between groups.

Decision Maker: a person or group of individuals having the responsibility or authority for assessing information, weighing choices, and making final decisions among alternative choices related to activities, policies, practices, procedures, etc.

Direct Assistance: assistance given to an applicant such as federal personnel or supplies.

District: refers to an education agency at the local level that exists primarily to operate public schools or to contract for public school services. Synonyms include local basic administrative unit, local education agency, parish, and independent school district.

Division of Adolescent and School Health (DASH): a Division of the Centers for Disease Control and Prevention's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. The mission of DASH is to prevent HIV infection, other STD, and teen pregnancy and promote lifelong health among youth.

Electronic Aggression: bullying that occurs through email, a chat room, instant messaging, a Web site, text messaging, or videos or pictures posted on Web sites or sent through cell phones.

eRA Commons: Electronic Research Administration, sponsored by the National Institutes of Health, is an online interface where signing officials, principal investigators, trainees, and post-docs at

institutions/organizations can access and share administrative information relating to research grants (<https://commons.era.nih.gov/commons>).

Evidence-Based (EB) Approaches: ways of addressing disease prevention and health promotion by using best practices in the field as determined through the use of research and scientific studies.

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

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

Exemplary Sexual Health Education (ESHE): a systematic, evidence-informed approach to sexual health education that includes the use of grade-specific, evidence-based interventions, but also emphasizes sequential learning across elementary, middle, and high school grade levels. ESHE provides adolescents the essential knowledge and critical skills needed to avoid HIV infection, other STD, and unintended pregnancy. ESHE is delivered by well-qualified and trained teachers, uses strategies that are relevant and engaging, and consists of elements that are medically accurate, developmentally and culturally appropriate, and consistent with the scientific research on effective sexual health education. For more information: www.cdc.gov/healthyouth/sher/characteristics/index.htm and [www.cdc.gov/healthyouth/hecat/pdf/HECAT Module SH.pdf](http://www.cdc.gov/healthyouth/hecat/pdf/HECAT_Module_SH.pdf).

Federal Funding Accountability And Transparency Act Of 2006 (FFATA): requires information on Federal awards, including awards, contracts, loans, and other assistance and payments, be made available to the public on a single Web site at www.USAspending.gov.

Fiscal Year: the year that budget dollars are allocated to fund program activities. The Federal fiscal year starts October 1 and goes through September 30. The fiscal year for the 13-1308 program announcement is August 1 through July 31.

Funding Opportunity Announcement (FOA): a publicly available document by which a Federal agency makes known its intentions to award discretionary grants or cooperative agreements, usually as a result of competition for funds. Funding opportunity announcements may be known as requests for application (RFAs), program announcements (PAs), notices of funding availability, solicitations, or other names depending on the agency and type of program. Funding opportunity announcements can be found at www.grants.gov and on the Internet at the funding agency's or program's Web site.

Grant: a legal instrument used by the Federal government to enter into a relationship, the principal purpose of which is to transfer anything of value to a recipient to carry out a public purpose of support or stimulation authorized by statute. The financial assistance may be in the form of money, or property in lieu of money. The term does not include: a Federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to individuals. The main difference between a grant and a cooperative agreement is that there is no anticipated substantial programmatic involvement by the Federal Government under an award.

Grants.gov: a "storefront" Web portal for use in electronic collection of data (forms and reports) for Federal grant-making agencies through the www.grants.gov site (www.grants.gov).

Harassment: Threatening, harmful, or humiliating conduct based on race, color, national origin, sex, religion or disability. Harassment may result in a hostile environment that interferes or limits a student's ability to participate in or benefit from the services, activities, or opportunities offered by a school. Harassment, unlike bullying, does not have to include intent by the perpetrator to harm, be directed at a specific person, or involve repeated incidents.

Health Disparities: preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations. Populations can be defined by factors such as race or ethnicity, gender, education or income, disability, geographic location (e.g., rural or urban), or sexual orientation. Health disparities are inequitable and are directly related to the historical and current unequal distribution of social, political, economic, and environmental resources <http://www.cdc.gov/healthyyouth/disparities/index.htm>.

Health Education Curriculum Analysis Tool (HECAT): a tool for state, regional, and local education agencies to assist with the selection or development of health education curricula, containing guidance, analysis tools, scoring rubrics, and resources for carrying out a clear, complete, and consistent examination of health education curricula (<http://www.cdc.gov/healthyyouth/hecat/index.htm>).

Health Equity: the quality of fairness and impartiality experienced when all people have the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstance.

Healthy People 2020: provides national health objectives for improving the health of all Americans by encouraging collaborations across sectors, guiding individuals toward making informed health decisions, and measuring the impact of prevention activities (<http://www.healthypeople.gov/2020/default.aspx>).

High-Risk Secondary Schools: schools that serve students who are at high risk for HIV infection and other STD as a result of high community prevalence rates for HIV/AIDS and STD, drug use, poverty,

stigma, discrimination, and a lack of access to health services such as mental health services and HIV/STD testing, counseling, and treatment.

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

Homeless Children and Youths: (A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and (B) includes—(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C)); (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and (iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii). Per Subtitle B of Title VII of the McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act).

Human Immunodeficiency Virus (HIV): a virus that kills the body's "CD4 cells." CD4 cells (also called T-helper cells) help the body fight off infection and disease. HIV can be passed from person to person if someone with HIV infection has sex with or shares drug injection needles with another person. It also can be passed from a mother to her baby when she is pregnant, when she delivers the baby, or if she breastfeeds her baby (www.cdc.gov/hiv/resources/brochures/at-risk.htm).

Human Papillomavirus (HPV) Vaccine: a vaccine that protects against HPV infection and HPV-related disease. HPV, the most common sexually transmitted infection, is easily spread by skin-to-skin contact during sexual activity with another person. It is possible to have an HPV infection without knowing it, so it is possible to unknowingly spread HPV to another person. HPV infections are now recognized as the major cause of cervical cancer and may play a role in other types of cancer (e.g., cancers of the vulva, vagina, penis, anus, and oropharynx) (www.cdc.gov/vaccines/vpd-vac/hpv/vac-faqs.htm).

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

Indirect Costs: costs incurred for common or joint objectives that cannot be identified readily and specifically with a particular sponsored project, program, or activity but are nevertheless necessary to

the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries are generally treated as indirect costs.

Key Sexual Health Services (SHS): for the purpose of this FOA, key SHS include anticipatory guidance for prevention, including delaying the onset of sexual activity; promoting HIV and STD testing, counseling, and treatment, and the dual use of condoms and highly effective contraceptives among sexually active adolescents; HIV and STD testing, counseling, and referral; pregnancy testing; and HPV vaccinations.

Lesbian, Gay, Bisexual, Transgender (LGBT) Youth:

- **Lesbian:** Females who are attracted to other females, identify as lesbian or gay, or have sexual relationships with other females.
- **Gay:** Males who are attracted to other males, identify as gay, or have sexual relationships with other males.
- **Bisexual:** A person who is sexually attracted to or has sexual relationships with both men and women
- **Transgender:** Individuals whose gender, identity, expression, or behavior is not traditionally associated with their birth sex. Some transgender individuals experience gender identity as incongruent with their anatomical sex and may seek some degree of sex reassignment surgery, take hormones, or undergo other cosmetic procedures. Others may pursue gender expression (masculine or feminine) through external presentation and behavior. Transgender people may identify as female-to-male (FTM) or male-to-female (MTF).

Linkage: for the purpose of this FOA, linkage describes an organizational partnership, whether formal or informal, between schools and adolescent-friendly providers to improve student access to preventive health services.

Lobbying: direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions or Executive Orders (“legislation or other orders”), or other similar deliberations at all levels of government through communications that directly express a view on proposed or pending legislation or other orders and which are directed to members of staff, or other employees of a legislative body or to government officials or employees who participate in the formulation of legislation or other orders. Grass Roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the Federal, State or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

Maintenance of Effort: a requirement contained in authorizing legislation, regulation stating that to receive Federal grant funds a recipient must agree to contribute and maintain a specified level of financial effort for the award from its own resources or other non-Federal sources. This requirement is typically given in terms of meeting a previous base-year dollar amount.

Memorandum of Understanding (MOU)/Memorandum of Agreement (MOA): a document describing a bilateral or multilateral agreement between parties. It expresses a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where parties either do

not imply a legal commitment or in situations where the parties cannot create a legally enforceable agreement.

Mentoring: refers to a youth-supportive practice that matches youth or “mentees” with responsible, caring “mentors,” usually adults. Components of a mentoring relationship include creating caring, empathetic, consistent, and long-lasting relationships, often with some combination of role modeling, teaching, and advising.

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

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP): a Center within the Centers for Disease Control and Prevention that serves to maximize public health and safety nationally and internationally through the elimination, prevention, and control of disease, disability, and death caused by HIV/AIDS, viral hepatitis, STD, and TB.

New FOA: Any FOA that is not a continuation or supplemental award.

Non-Governmental Organization: any non-profit, voluntary citizens' group which is organized on a local, national or international level.

Notice of Award (NOA): the only binding, authorizing document between the recipient and CDC confirming issue of award funding. The NOA will be signed by an authorized Grants Management Officer and provided to the recipient fiscal officer identified in the application.

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

Office of the General Counsel (OGC): the legal team for the Department of Health and Human Services (HHS), providing representation and legal advice on a wide range of national issues. OGC supports the development and implementation of HHS's programs by providing legal services to the Secretary of HHS and the organization's various agencies and divisions.

Outcome: the observable benefits or changes for populations and/or public health capabilities that will result from a particular program strategy.

Parent engagement in schools: refers to parents and school staff working together to support and improve the learning, development, and health of children and adolescents.

Partnership: a relationship among a group of individuals or organizations that agree to work together to address common goals. Partnerships involve mutual respect, coordination of administrative responsibility, establishment of reciprocal roles, shared participation in decision-making, mutual accountability, and transparency.

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

Plain Writing Act of 2010: legislation requiring Federal agencies to communicate with the public in plain language to make information and communication more accessible and understandable by intended users, especially people with limited health literacy skills or limited English proficiency, www.plainlanguage.gov.

Professional Development (PD): a systematic process used to strengthen the knowledge, skills, and attitudes of a particular professional workforce. PD for those who serve adolescents is intended to help improve the health, education, and well-being of youth. This type of PD is consciously designed to actively engage learners and includes the planning, design, marketing, delivery, evaluation, and follow-up of training offerings (events, information sessions, and technical assistance).

Prosocial behaviors: Positive actions that benefit others, prompted by empathy, moral values, and a sense of personal responsibility rather than a desire for personal gain.

Program Collaboration and Service Integration (PCSI): a mechanism for organizing and blending interrelated health issues and prevention activities to facilitate comprehensive service delivery. Through PCSI, CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) is working to strengthen collaborative work across disease areas and integrate services that are provided by related programs, especially prevention activities related to HIV/AIDS, viral hepatitis, other STD, and tuberculosis (TB) at the client level.

Program Strategies: public health interventions or public health capabilities.

Program Official: the person responsible for developing the FOA – whether a project officer, program manager, branch chief, division leadership, policy official, center leadership, or similar role.

Project Period Outcome: an outcome that will result by the end of the FOA period of funding.

Public Health Accreditation Board (PHAB): the national accrediting organization for public health departments. A non-profit organization, PHAB is dedicated to advancing the continuous quality improvement of Tribal, state, local, and territorial public health departments by advancing the quality and performance of all public health departments in the United States through national public health department accreditation.

Referral: for the purpose of this FOA, the term “referral” is used to describe a process of assisting students in obtaining preventive health services through a variety of activities, including, but not limited to, connecting students to adolescent-friendly providers on the basis of an identified need.

Safe and Supportive Environment (SSE): an environment characterized by the absence of discrimination, intimidation, taunting, harassment, and bullying. Creating SSEs at schools involves school personnel, leaders of community organizations, parents, and youth building positive, supportive, and healthy environments that promote acceptance and respect. Schools can assist by implementing clear policies, procedures, and activities designed to prevent bullying and violence and promote health and safety.

School-Based Activity: any activity or project that is conducted or completed in schools or on school grounds.

School-Based Health Center (SBHC): according to 42 USCS § 1397jj; Title 42. The Public Health and Welfare; Chapter 7. Social Security Act; Title XXI. State Children's Health Insurance Program], school-based health center means “a health clinic that -- (i) is located in or near a school facility of a school district or board or of an Indian tribe or tribal organization; (ii) is organized through school, community, and health provider relationships; (iii) is administered by a sponsoring facility; (iv) provides through health professionals primary health services to children in accordance with State and local law, including laws relating to licensure and certification; and (v) satisfies such other requirements as a State may establish for the operation of such a clinic.”

School-Centered Collaboration: a school-initiated partnership that includes the school, community-based organizations, health-care providers, health agencies, non-governmental organizations, and other partners.

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

School Engagement: a process of events and opportunities that lead to students gaining the skills and confidence to cope and feel safe in the school environment. These events and opportunities include relationships, respect for diversity and school participation.

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

School Health Advisory Council (SHAC): a group of individuals representing segments of the community, appointed by the school district to serve at the district level, to provide advice to the district on coordinated school health programming and its impact on student health and learning.

School-Linked Health Centers (SLHC): youth-focused health care programs (e.g., clinics, health service providers) commonly characterized by the following attributes: are located off school grounds; often

serve more than one school; have established methods of referral, communication, and follow-up with SBHC partners; often have extended hours beyond the school day; and often provide a broader scope of services than those available through SBHC.

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

Sexual Harassment: unwanted and unwelcomed advances of a sexual nature (e.g., a touch, written note, joke, picture, etc.) Sexual harassment can be intentional or unintentional.

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

Social Determinants of Health: the complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities. These social structures and economic systems include the social environment, physical environment, health services, and structural and societal factors. Social determinants of health are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world.

Social Marketing: the application of commercial marketing technologies to influence social behaviors and improve the personal welfare of target audiences and general society.

Stakeholders: individuals or organizations that have an interest in, or are affected by, your program or activity, or its results. Engaging a range of stakeholders with different perspectives can help build both internal and external buy-in and support for a program or activity. More information is available at http://www.cdc.gov/std/program/pupestd/Step1_0215.pdf.

Statute: an act of a legislature that declares, proscribes, or commands something; a specific law, expressed in writing. A statute is a written law passed by a legislature on the state or federal level. Statutes set forth general propositions of law that courts apply to specific situations.

Statutory Authority: a legal statute that provides the authority to establish a Federal financial assistance program or award.

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

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

Technical Assistance (TA): the providing of advice, assistance, and training pertaining to the development, implementation, maintenance, and/or evaluation of programs.

The Community Guide: provides information about systematic review and economic evaluation methods for the development of recommendations. More information is available at <http://www.thecommunityguide.org/index.html>.

Training of Trainers: professional development provided to individuals who are, in turn, responsible for the professional development of others.

Youth: individuals in the 15-24 years age group.

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

Youth at Disproportionate Risk (YDR): youth aged 10-19 who are most likely to be infected with HIV or other STD or become pregnant as a result of social environments where youth are exposed to multiple risk factors and have limited exposure to protective factors. They include:

- youth in communities and/or families already at higher risk as a result of poverty, HIV/AIDS, drug abuse, mental illness, stigma, discrimination, violence, and lack of access to services (e.g., rural areas);
- youth who live outside of the protective influences of supportive family or school environments (e.g., youth on the street, homeless and runaway youth, youth in foster care, incarcerated youth, youth in gangs, youth subjected to abuse or neglect); and
- youth who represent the current or emerging face of the HIV epidemic in the U.S. (e.g., young men who have sex with men and youth living in the South).

For the purpose of this FOA, YDR for HIV infection and other STD will focus primarily on lesbian, gay, bisexual, and transgender (LGBT) youth, with an emphasis on young men who have sex with men (YMSM); homeless youth; and youth enrolled in alternative schools.

Young Men who have Sex with Men (YMSM): adolescent or young adult males who have engaged in sexual activity with partners of the same sex. For the purpose of this FOA, activities designed to meet the HIV/STD prevention needs of 13-19 year-old YMSM also will aim to meet those needs for teenage males who have not engaged in sexual activity with partners of the same sex but are attracted to others of the same sex; or who identify as gay or bisexual or have another non-heterosexual identity.

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