

FY21

Sexual Risk Avoidance Education RFA - Guidance

INDIANA DEPARTMENT OF HEALTH
Division of Maternal and Child Health

APPLICATION DUE DATE

Friday, June 18, 2021
6:00 PM EST

Please use this
document as guidance
to complete the **Sexual
Risk Avoidance
Education: RFA**

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FUNDING OPPORTUNITY DESCRIPTION

PURPOSE

The purpose of this Request for Applications (RFA) is to fund competitive grants for nonprofit organizations, local health departments, and health care education entities within Indiana for the implementation or expansion of evidence-based teen pregnancy prevention programs. Projects will start 10/1/2021 and end 9/30/2023, contingent upon federal funding. Programs should exclusively implement sexual risk avoidance education to provide messages to youth that normalizes the optimal health behavior of voluntarily refraining from non-marital sexual activity while emphasizing the benefits associated with self-regulation, success sequencing, healthy relationships, goal setting, and other youth risk behaviors using a Positive Youth Development framework.

SUBMISSION INFORMATION

To be considered for funding, applications must be received by IDOH no later than **Friday, June 18, 2021 at 6:00 PM EST.**

Applicants are **required** to submit applications electronically. No paper applications will be accepted.

Submit applications to ISDHMCH@ISDH.IN.GOV

BACKGROUND OF FUNDING

The Title V Sexual Risk Avoidance Education funds are intended to provide teen pregnancy prevention programs that emphasize how to voluntarily refrain from non-marital sexual activity, and, where appropriate, mentoring, counseling, and adult supervision, with a focus on those groups which are most at-risk, such as youth in or aging out of foster care, children of teen parents, youth in the care of the child welfare system, idle youth (those who are not currently working or in school), school dropouts, youth living in poverty, and youth living in a single-parent household. All recipients receiving this funding must incorporate and utilize a Positive Youth Development framework.

PRIORITY AREAS

Applicants will be required to:

- Provide teen pregnancy prevention programs and, where appropriate, mentoring, counseling, and adult supervision to voluntarily refrain from sexual activity through a Positive Youth Development approach.
- Provide youth with the skills needed to actively avoid risk behaviors and explain how alcohol and drug use increases vulnerability to risk.
- Teach young people the definition of “consent” and “active consent” while emphasizing the importance of respect for others and that only “yes” means “yes”.
- Teach the importance of attaining self-sufficiency before engaging in sexual activity.

Priority Programs: Funding will be used to implement and/or expand evidence-based or promising practice teen pregnancy prevention programs that emphasize sexual risk avoidance with a Positive Youth Development approach.

The IDOH MCH Division is requiring that all programming, whether evidence-based or promising practice:

- Be based on sound theoretical frameworks (e.g. social cognitive theory, theory of reasoned action, theory of planned behavior, etc.).
- Contain intense, high dosage (at least 14 hours) programming implemented over a long period of time.
- Foster peer support of decisions to delay sexual activity.
- Select educators with desired characteristics (whenever possible), train them, and provide monitoring, supervision, and support.
- Involve multiple people with expertise in theory, research, and sex and STD/HIV education for curriculum development.

Priority Enrollment: Priority should be given to serve eligible clients who are:

- Youth in or aging out of foster care
- LGBTQIA+ youth
- Youth aged 10-15 years old
- Children of teen parents
- Youth in the care of the child welfare system
- Idle youth (those who are not currently working or in school)

- School dropouts
- Youth living in poverty
- Youth living in a single-parent household
- Youth living in counties with the highest rates of out-of-wedlock pregnancies to adolescent females

Priority Measurements and Expected Reporting: Applicants will be required to report quarterly, biannually, and annually on specific performance criteria outlined in this RFA. Applicants must also participate in a rigorous continuous quality improvement process, performed by the adolescent health administrator. Applicants will be required to track and report on the following objective efficiency measures every three months:

- Unduplicated number of service recipients served for each program year.
- Total number of class hours provided to adolescents and/or adults aged 10 to 20 years.
- Total number of all service recipients who complete the program. Data should be recorded for each program.
- Geographical areas in which the applicant has provided services.

Applicants will also be required to track progress towards the following objective performance measures:

- *Measure 1:* After completion of the program, at least 75% of program participants will increase their knowledge on avoiding non-marital sexual activity as the means of preventing teen pregnancy, birth, and STIs. This change in knowledge will be determined by implementing a pretest-posttest evaluation design.
- *Measure 2:* After completion of the program, at least 75% of program participants will increase their knowledge regarding the consequences of teen pregnancy. This change in knowledge will be determined by implementing a pretest-posttest evaluation design.
- *Measure 3:* After completion of the program, at least 75% of program participants will be able to identify at least two ways to prevent contracting HIV and other STIs that can be transmitted by engaging in sexual activity. This change in knowledge will be determined by implementing a pretest-posttest evaluation design.
- *Measure 4:* After completion of the program, at least 75% of program participants will be able to identify at least 4 ways to reject sexual advances and increase knowledge on how alcohol and drug use increase vulnerability to sexual

advances. This change in knowledge will be determined by implementing a pretest-posttest evaluation design.

- *Measure 5:* After completion of the program, at least 75% of program participants will increase their knowledge regarding attaining self-sufficiency before engaging in sexual activity. This change in knowledge will be determined by implementing a pretest-posttest evaluation design.

Other priority areas include:

- Supporting effective implementation and expansion of evidence-based programs with fidelity to the evidence-based model selected.
- Supporting the development of statewide abstinence education programs.
- Reaching high-risk and hard-to-engage populations.
- Supporting a family-centered approach to abstinence education.
- Reaching families in rural or frontier areas.
- Support fiscal leveraging strategies to enhance program sustainability.

Applicants must consider the needs of lesbian, gay, bisexual, transgender, and questioning youth and how their programs will be inclusive of and non-stigmatizing toward such participants. If not already in place, applicants must establish and publicize policies prohibiting harassment based on race, sexual orientation, gender, gender identity (or expression), religion, and national origin. **The submission of an RFA constitutes an assurance that applicants have or will have such policies in place prior to receiving the award.** Applicants should ensure that all youth serving staff are trained to prevent and respond to harassment or bullying in all forms. Programs serving youths should be prepared to monitor claims, address them seriously, and document their corrective action(s) so that all participants are assured that programs are safe, inclusive, and non-stigmatizing by design and in operation.

AWARD INFORMATION

SUMMARY OF FUNDING

Applicants should thoroughly describe the scope of the proposed project and justify the budget request for each category of allowable services for which they are applying. Grant awards will be contingent upon federal funding and competitiveness of applications with an anticipated start date of October 1, 2021.

Applicants should request funding for two fiscal years in their grant application submission. Funding for future fiscal years beyond the current year of the grant is

contingent upon the availability of funds, satisfactory progress of the project, and adequate stewardship of grant funds.

MCH is focused on building systems of care. Rather than funding isolated programs and services, MCH will give preference to provide funds for organizations that collaborate and build integrated systems, especially those that enhance service capacity.

ELIGIBILITY & REQUIREMENTS

Applicant organization:

- Must be a non-profit organization (as defined by IRS Tax Determination), health department, hospital, school, or other health care related entity.
- Must collaborate with traditional and nontraditional agencies or organizations.
- Must comply with contractual and financial requirements as listed in the [Budget Instructions](#).
- Must address all Required Priority Areas.
- Must implement or expand an evidence-based program or promising practice.

BUDGET INSTRUCTIONS

Applicants must submit completed budget template as a separate attached Excel spreadsheet. PDF documents and/or any alterations to the budget format will **not** be accepted.

Applicants that do not submit a completed budget template per instructions will be considered unresponsive and will not be reviewed.

Please use the budget justification directions outlined below to calculate the amounts entered on the Budget Template spreadsheet.

Tab 1. Budget Summary

- Enter the sum of the projected expenses for Fiscal Years 21 and 22 for each of the Budget Categories.
- This total is to include all known and anticipated costs required to provide the services described in the proposal.
- All line items must be supported within budget narrative details on subsequent tabs in the spreadsheet.
- Round each line item to the nearest whole dollar.

Projected Number of Individuals Served

- Indicate the proposed program(s) for each projection.
- Indicate the county and/or catchment area for the projection for each proposed service.
 - If proposing to provide service in more than one county and/or catchment area, list the projected caseload of client slots and cumulative number of clients served per county and/or catchment area.
- The number of individuals served is the highest number of clients that could potentially be enrolled at any given time if the service were operating with a full complement of hired and trained staff.

Tabs 2 and 3. Fiscal Year 21 and 22

Personnel & Fringe:

Complete for each position that will support the proposed services:

- Indicate the proposed program each position will support.
- Indicate the position title for each position supporting proposed program.
- List the name of employee assigned to each position.
 - If an individual employee will support more than one proposed service, list the employee separately for each proposed service supported. For example, if Jane Doe will support Love Notes part-time Teen Outreach Program part-time, she will be listed twice, once for Love Notes and once for Teen Outreach Program.
 - If a proposed position is currently vacant, list the name of the employee as "VACANT".
- FTE Equivalent is a standard measurement used for analytical purposes. Please use 2080 hours/52 weeks a year as the basis to calculate the appropriate FTE's for the identified position.
- Indicate the average number of hours per month for the service that the employee is estimated to be dedicated to the proposed service.
- Indicate the total projected salary/wages per month for service personnel calculated on the budget justification worksheet.
- Indicate the number of months (1-12) that the employee is estimated to be dedicated to the proposed service.
- Indicate the fringe benefit rate and fringe benefit cost for the employee.
- Calculate the total cost for each proposed position.
- Calculate the dollar amount requested.

After entering details for all positions that will support the proposed services, calculate TOTALS for the Total Proposed Cost and \$ Amount Requested in the last row of the spreadsheet tab.

Full-Time Equivalents by Position:

- List each type of proposed position and calculate the number of full-time equivalents by position.
- An FTE is a standard measurement used for analytical purposes. Please use 2080 hours as the basis to calculate the appropriate FTE's for the identified position. Example: Jane Doe and John Smith are both program coordinators for Love Notes. Jane works 1,040 hours per year and John works 2,080. To calculate the total FTE for Love Notes program coordinators, add $1,040 + 2,080 = 3,120$. Then divide $3,120$ by $2,080 = 1.5$ FTE.

Consultants & Contracted Services:

Enter all consultant and contracted services that will be purchased by applicant to provide the proposed programs. Calculate at cost without fringe benefits.

- Indicate the name of consultant/organization. For each consultant and organization listed in the budget, the applicant must attach a letter of support to the application indicating a current or conditional commitment from the proposed contracted consultant and/or contractor to provide the proposed services.
- Clearly summarize the proposed scope of work and justification for the proposed contracted consultant and/or services.
- Justification must include detailed calculations used to determine total cost.
- Calculate the total cost for each proposed consultant/contracted service.
- Calculate the dollar amount requested.

After entering details for all contracted consultants and/or services that will support the proposed services, calculate TOTALS for the Total Proposed Cost and \$ Amount Requested in the last row of the spreadsheet tab.

Supplies:

Enter the total projected expenses for consumable supplies and printing as calculated on the budget justification worksheet.

Travel:

Enter the total projected staff travel expenses for this program as calculated on the budget justification worksheet. Please budget for one annual all-grantee meeting at IDOH for up to two staff members.

Rent/Utilities:

Enter the total projected expenses for space costs as calculated on the budget justification worksheet.

Enter the total projected expenses for the rental/lease/prorated share of purchased equipment as calculated on the budget justification worksheet.

Communications:

Enter the total projected expenses for communication as calculated on the budget justification worksheet.

Marketing/Outreach:

Enter the total projected expenses for marketing/outreach as calculated on the budget justification worksheet.

Other Program Costs:

Enter the total projected expenses for other specified costs as calculated on the budget justification worksheet.

- Provide a description of other program cost.
- Justification must include detailed calculations used to determine total cost.
- Calculate the total cost for each proposed cost.
- Calculate the dollar amount requested.
- Calculate TOTALS for the Total Proposed Cost and \$ Amount Requested.

EXAMPLES OF EXPENDITURE ITEMS THAT WILL NOT BE ALLOWED

The following may not be claimed as project cost for MCH projects and may not be paid for with MCH funds:

1. Construction of buildings, building renovations;
2. Depreciation of existing buildings or equipment;
3. Contributions, gifts, donations;
4. Entertainment, food;
5. Automobile purchase;
6. Interest and other financial costs;
7. Costs for in-hospital patient care;
8. Fines and penalties;
9. Fees for health services;
10. Accounting expenses for government agencies;

11. Bad debts;
12. Contingency funds;
13. Executive expenses (car rental, car phone, entertainment);
14. Client travel;
15. Legislative lobbying.

The following may be claimed as project cost for MCH projects and may only be paid for with specific permission from the director of MCH:

1. Equipment;
2. Out-of-state travel;
3. Dues to societies, organizations, or federations.

All equipment costing \$1,000 or more that is purchased with MCH funds, shall remain the property of the state and shall not be sold or disposed of without written consent from the state.

