INDIANA STATE DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH DIVISION

Request for Applications to provide Abstinence Education Grant Program (AEGP) Version 2: Updated May 5, 2017

The Indiana State Department of Health (ISDH) Division of Maternal and Child Health (MCH) is requesting applications to fund and/or expand abstinence education, and, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity.

APPLICATIONS MUST BE RECEIVED BY TUESDAY, MAY 30, 2017 AT 9:00AM EST

Request for Application Packet Table of Contents:

I. Eligibility Criteria

All public or private non-profit organizations, agencies, faith-based organizations, and academic institutions are eligible to apply. Applicants must demonstrate a clear understanding of the requested services and program requirements. Competitive grants will be awarded to applicants who demonstrate the capability and capacity to provide the proposed services, and the commitment to participate in the statewide ISDH MCH Abstinence Education Grant Program efforts. Partnerships among applicants from the same geographical area are strongly encouraged in order to limit duplication of efforts and maximize service coverage.

Applicants must be in a position to operate on a cost-reimbursement basis, accept electronic funds transfer (EFT) and become an Indiana registered vendor prior to billing for services. Individuals not operating within an established organization, agency, business or other entity are not eligible to apply for this grant opportunity.

In order to enter into a legal agreement to do business with the state, organizations are required to complete the following:

a. Completion of these forms for Indiana Auditor of State vendor registration
   i. W-9 Form, located here: http://www.irs.gov/pub/irs-pdf/fw9.pdf
   ii. Direct Deposit Form, located here: https://forms.in.gov/Download.aspx?id=11695

b. Completion of Indiana Department of Administration bidder registration, located here: http://in.gov/idoa/2464.htm
c. Completion of a Business Entity Report with the Indiana Secretary of State, located here: https://inbiz.in.gov/BOS/Home/Index

II. Purpose

The Indiana State Department of Health seeks to fund local agencies to provide abstinence education, and, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity. Applicants awarded funding are required to implement and/or expand evidence-based or promising practice abstinence education programs, based on sound theoretical frameworks, to foster peer support of decisions to delay sexual activity in adolescents and young adults, as described in the Administration of Children and Families (ACF) Family and Youth Services Bureau (FYSB) 2016 Title V State Abstinence Education Grant Program Funding Opportunity Announcement (FOA) available online at https://ami.grantsolutions.gov/files/HHS-2016-ACF-ACYF-AEGP-1131_1.pdf.

Five bonus priority points will be given to applicants implementing and/or expanding evidence-based programs. The following abstinence education programs have been determined to be evidence-based by the United States Department of Health and Human Services (https://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/tpp-searchable.html): Promoting Health among Teens! (PHAT) Abstinence-Only Intervention, Making a Difference! (MAD), and Heritage Keepers Abstinence.

The ISDH 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.)
- Foster peer support of decisions to delay sexual activity
- Select educators with desired characteristics (whenever possible), train them, and provide monitoring, supervision, and support
- Curriculum development involved multiple people with expertise in theory, research, and sex and STD/HIV education (Kirby, D.2007. Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy.)

a. ISDH MCH Priorities

The mission statement of the Indiana State Department of Health (ISDH) is to "promote, protect, and provide for the public health of people in Indiana". The ISDH vision statement affirms, The Indiana State Department of Health is committed to facilitation of efforts that will enhance the health of people in Indiana. To achieve a healthier Indiana, ISDH will actively work to promote integration of public health and health care policy, strengthen partnerships with local health departments, and collaborate with hospitals, providers, governmental agencies, business, insurance, industry, and other health care entities. ISDH will also support locally-based responsibility for the health of the community.

Similar to many other states, Indiana is facing a major drug/opioid epidemic. In addition to the current efforts the ISDH has undertaken to combat this high priority health issue, the ISDH is advocating for local and statewide risk reduction and prevention programs to support drug exposed newborns. As a top priority for Indiana, drug exposure prevention will continue to be a key consideration in all MCH health promotion and risk prevention programs.

In order to fulfill our mission, the ISDH MCH and CSHCS divisions continue to strive to meet the performance goals established by national initiatives such as MCHB's National Performance Measures as well as State initiatives, based on the latest needs assessment. The State Selected Priorities identified for the 2015-2020 Needs Assessment are:

- Infant Mortality

- Smoking
- Obesity
- Access to Care
- Injury Prevention
- Breastfeeding
- Alcohol and Drug Use

More information regarding ISDH MCH Priorities can be found in Indiana's Title V Block Grant Application, State Snapshot and State Action Plan all of which are available online at the following links:

- http://www.in.gov/isdh/22448.htm
- https://mchb.tvisdata.hrsa.gov/uploadedfiles/StateSubmittedFiles/2017/stateSnapshots/IN_StateSnapshot.pdf
- https://mchb.tvisdata.hrsa.gov/uploadedfiles/statesubmittedfiles/2017/IN/IN_stateActionplan_printversion.pdf

b. Infant Mortality

According to Indiana's 2015 Infant Mortality data:

- 613 Hoosier babies died before their 1st birthday
- Over 50 babies EVERY month
- Nearly 12 babies EVERY week
- Over 3,000 infant lives lost in the last 5 years
- Nearly 42 school buses at maximum capacity

Source: Indiana State Department of Health, Maternal & Child Health Epidemiology Section [January 24, 2017]
Indiana Original Source: Indiana State Department of Health, PHPC, ERC, Data Analysis Team

Indiana has been consistently worse than the U.S. and the national goals:

- IN = 7.3 deaths per 1,000 live births
- U.S. = 5.9 deaths per 1,000 live births
- Healthy People 2020 Goal = 6.0 deaths per 1,000 live births
- Black infants die 2.1 times more often than White infants in Indiana.

In 2017, ISDH MCH has developed a strategic plan to intentionally focus on initiatives with a demonstrated ability to reduce infant mortality and its related quality metrics. All funding allocation decisions will be evaluated through the lens of their ability to reduce infant mortality and will focus on the specific needs of individual counties throughout the state. In addition, ISDH MCH 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.) and demonstrate a shared commitment to the development of family centered, community-based and culturally competent systems of care (described in section IV. Commitment to the Development of Family Centered, Community-Based and Culturally Competent Systems of Care below).

As such, successful applicants must demonstrate an understanding the of the unique risks and needs identified within the communities and counties they propose to serve and link those to targeted action plans that will improve the likelihood of reducing infant mortality rates in the identified target population.

To assist local organizations in identifying and understanding the unique needs and opportunities to develop action plans to address risk factors within the communities they serve, the ISDH MCH Epidemiology Team worked closely with the Indiana Perinatal Quality Improvement Collaborative (IPQIC) to develop Infant Mortality and Birth Outcomes Fact Sheets, MCH County Health Profiles, Natality (Birth) Reports, Morality (Death) Reports and the MCH Outcomes and Performance Measures Data Book, all of which are available online at the following links:

- https://www.in.gov/isdh/26292.htm
- http://in.gov/isdh/27281.htm
- http://www.in.gov/isdh/23506.htm

III. Description of Requested Services

ISDH MCH seeks to fund local agencies to provide abstinence education, and, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity.

Applicants awarded funding are required to implement and/or expand evidence-based or promising practice abstinence education programs (priority will be given to applicants implementing and/or expanding evidence-based programs), based on sound theoretical frameworks, to foster peer support of decisions to delay sexual activity in adolescents and young adults, as described in the 2016 Title V State Abstinence Education Grant Program Funding Opportunity Announcement (FOA): https://ami.grantsolutions.gov/files/HHS-2016-ACF-ACYF-AEGP-1131_1.pdf.

The following programs have been determined to be evidence-based by the United States Department of Health and Human Services (https://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/tpp-searchable.html): Promoting Health among Teens! (PHAT) Abstinence-Only Intervention, Making a Difference! (MAD), and Heritage Keepers Abstinence.

Refer to RFA Appendix A, Abstinence Education Grant Program Service Standards, for complete description of service requirements.

IV. Commitment to the Development of Family-Centered, Community-Based and Culturally Competent Systems of Care

ISDH MCH is committed to the development of Family Centered, Community-base, Trauma-Informed and Culturally Competent Systems of Care. Refer to RFA Definitions below for details of each.

Successful applicants must respect the unique culture of the children and families with which it provides services. All staff persons who come in contact with clients must be aware of and sensitive to their cultural, ethnic, and linguistic differences. All staff also must be aware of and sensitive to the sexual and/or gender orientation of the client, including lesbian, gay, bisexual, transgender or questioning children/youth.

Efforts must be made to employ or have access to staff and/or volunteers who are representative of the community served in order to minimize any barriers that may exist. Successful applicants must have a plan for developing and maintaining family-centered, community-based, trauma-informed and culturally competent programs, including the recruitment, development, and training of staff, volunteers, and others as appropriate to the program or service type; treatment approaches and models; and the use of appropriate community resources and informal networks that support cultural connections.

a. Applicants must ensure that the program and all services and materials included therein, are medically accurate, age appropriate, culturally and linguistically appropriate, inclusive of all populations including LGBTQ youth, and implemented in a safe and supportive environment.

b. Inclusivity
   i. Programs should be inclusive and non-stigmatizing toward the entire population served, including LGBTQ youth.
   ii. Grantees should establish and publicize policies prohibiting discrimination and harassment based on race, sexual orientation, gender, gender identity/expression, religion, and national origin. Title IX policies are particularly relevant to gender equity in educational institutions.

iii. If not already in place, applicants should establish and publicize policies prohibiting harassment based on race, sexual orientation, gender, gender identity (or expression), religion, and national origin.
iv. Staff members should be trained to prevent and respond to harassment or bullying in all forms.
v. Grantees should be prepared to monitor reports of harassment or bullying, and document their corrective action(s) so program participants are assured that programs are safe, inclusive, and non-stigmatizing by design and in operation.
vi. ISDH expects that all grantees will ensure that services are widely accessible by not discriminating on the basis of sexual orientation or gender identity.

c. Providers will build trust-based relationships with families and partners by exhibiting empathy, professionalism, genuineness and respect.
   i. Provider must respect the culture of the children and families with which it provides services. All staff persons who come in contact with the family must be aware of and sensitive to the child's cultural, ethnic, and linguistic differences.
   ii. Efforts must be made to employ or have access to staff and/or volunteers who are representative of the community served in order to minimize any barriers that may exist.
   iii. Providers must have a plan for developing and maintaining the cultural competence of their programs, including the recruitment, development, and training of staff, volunteers, and others as appropriate to the program or service type; treatment approaches and models; and the use of appropriate community resources and informal networks that support cultural connections

d. Grantees must review all program materials and services for age appropriateness, cultural and linguistic appropriateness, and inclusivity all populations including LGBTQ youth prior to use in the grant.
   i. The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards), 78 Fed. Reg. 58539, 58543 (HHS Office of Minority Health, 2013, www.gpo.gov/fdsys/pkg/FR-2013-09-24/pdf/2013-23164.pdf), provides a practical framework for grantees to provide quality health care and services to culturally and linguistically diverse communities, including persons with limited English proficiency.
   ii. This review should be prior to program implementation.
   iii. ISDH MCH expects grantees to inform ISDH MCH of the review process, results, and changes made to ensure that all program materials and services are age appropriate, culturally and linguistically appropriate, and inclusive of all populations including LGBTQ youth

V. Reporting Requirements

All ISDH MCH funded programs will collect data for quality assurance, quality improvement, evaluation, reporting, and monitoring purposes.

a. Data Collection Methods: Providers are required to implement a standardized process for data collection that meets the requirements for data reporting.
   i. The expected number of participants enrolled will be a stated objective and monthly and quarterly reporting will be used to measure ongoing performance.
   ii. Please refer to RFA Appendix A AEGP Service Standards and RFA Attachment A Quarterly Report template for specific requirements regarding data that needs to be reported to ISDH MCH

b. Expected Outcomes
   Please refer to RFA Appendix A, AEGP Service Standards for Performance measures and their corresponding data illustrating how program success will be assessed.

c. Quality Assurance is essential and performance statistics must be communicated to ISDH MCH.
   i. The grantee will provide quarterly reports to ISDH. A management and quality assurance plan shall include, but is not limited to, methods used to ensure timeliness and quality of data collection,

communication strategies with ISDH, and contingency plans for enrollment and retention barriers. This plan should be included in application.

i. The grantee(s) shall be required to participate in bi-annual site visits with the ISDH MCH Adolescent Health Team and AEGP Training and Technical Assistance provider for implementation observation and to discuss progress reports and resolve any outstanding issues or concerns.
ii. The grantee(s) shall be prepared to provide documentation for auditing purposes as needed to ensure compliance with requirements outlined in the grant application.
iii. Applicants will be required to report the unduplicated number of individuals served each year.

d. Quality Improvement

Applicants will be required to submit a plan for Quality Improvement (QI) at the conclusion of the first project quarter and update it each quarter thereafter. The QI Plan is a guidance document that details the direction, timeline, activities, and importance of quality and QI for the program/organization. The QI Plan is a living document and needs to be revised on a regular basis to reflect accomplishments, lessons learned, and changing organizational priorities. It is not a one-time static document but one that should constantly describe the current state and future state of quality in the applicant organization as it relates to the proposed program.

An effective Quality Improvement Plan includes the following elements:

i. A description of quality improvement goals and objectives
ii. A description of the activities designed to meet the quality improvement goals and objectives
iii. A description of how quality initiatives will be managed and assessed/measured
iv. A description of any training and/or support that will be developed and implemented, based on the quality improvement process
v. A description of the communication plan for quality improvement activities and processes, including how updates will be communicated to all staff on a regular basis
vi. A description of evaluation/quality assurance activities that will be used to determine the effectiveness of the plan's implementation

e. Evaluation

Applicants will be expected to continuously collect and report annually on a common set of performance measures to assess program implementation and whether the program is achieving intended outcomes. Please refer to Performance Measures under the section on "Expected Outcomes" in attached Service Standards for more details.

i. All AEGP-funded programs will be required to conduct an evaluation to determine whether the evidence-based interventions and activities are having an impact on SMART objectives and goals.
ii. Details on the requirements for the evaluation plan are found below in Applications Instructions/Guidance, Section XI, d.

VI. Summary of Funding

a. Funding Information

i. Approximately $1,200,000 is expected to be available annually for the budget periods of October 1, 2017-September 30, 2018 and October 1. 2018-September 30, 2019.
ii. ISDH MCH anticipates having the capacity to fund up to 10 organizations through this RFA. The above amount is an estimate based on the current fiscal year's funding level and is subject to change based on an increase or decrease of funding from FYSB.
    a. Note: The applicant must match at least 45% of the project's total cost with non-Federal resources while ISDH MCH will fund no more than 55% of the project's total cost.
iii. Budget Periods: October 1, 2017 – September 30, 2018 and October 1, 2018 - September 30, 2019
iv. Awards under this announcement are authorized and appropriated by section 510 of the Social Security Act (42 U.S.C. § 710), as amended by section 214 of the Medicare Access and Children's Health Insurance Program Reauthorization Act of 2015 (Public Law No. 114-10).

b. Funding Limitations
   i. The above funding is expected to be available for the budget periods of October 1, 2017- September 30, 2018 and October 1, 2018 - September 30, 2019 but is subject to change based on an increase or decrease of funding from FYSB.
   ii. After the two-year project period, a new RFA will be issued or non-competitive renewal applications will be requested.
   iii. All awards and disbursement of funds under this RFA are contingent upon availability of funds to ISDH MCH and are at the discretion of this agency.
   iv. Under this RFA, ISDH MCH reserves the right to re-allocate funds to established priority areas at its discretion if such funds are un-awarded, returned or unobligated in any way.
   v. ISDH MCH reserves the right to reject or to partially fund any proposal applying for this RFA.

VII. RFA Technical Assistance Email Forum

To ensure fair and equitable consideration to all applicants to this RFA, all questions about the RFA requirements or the application process must be submitted in writing via email to ISDHMCH@isdh.IN.gov. The questions will be compiled into a single "Email Forum" document that will be posted online for all applicants and will provide answers to the proposed questions following the schedule listed below in Section VIII. Applicants are encouraged to submit questions by the designated due dates. As this is a competitive RFA process, no questions will be accepted after the answers are released for the second email forum on 5/18/2017.

VIII. Application Submission Schedule

APPLICATIONS MUST BE RECEIVED BY **TUESDAY, MAY 30, 2017 AT 9:00AM EST**

Event:	Date:	Time (if applicable):
1. RFA released	4/24/2017	
3. Email Forum #1 RFA questions due	5/2/17	9:00 am EST
4. Email Forum #1 RFA answers posted	5/5/17	
5. Email Forum #2 RFA questions due	5/15/17	9:00 am EST
6. Email Forum #2 RFA answers posted	5/18/17	
7. **Application due date**	**5/30/17**	**9:00 am EST**
8. Preliminary notice of awards provided	7/1/17	
9. Revised application and budget revisions due	7/15/17	
10. Proposed contract start date	10/1/17	

IX. Application Instructions

a. **General Submission Requirements**
   b. Grant applications must be completed using The Application Cover Page (Attachment B) as the first page and following the instructions provided in the sections below. Grant applications that are missing any of these sections or that do not include the completed application cover page as the first page, with the rest of the application completed in the order outlined will not be considered.
   c. The application must be typed (12pt font) and single-spaced. Each page must be numbered sequentially beginning with Attachment B, the Applicant Cover page.
   i. Applications exceeding page limits for any section will be considered non-responsive and will not be entered into the review process.
   ii. All applications must provide complete citations, for all sources used in the development of the application. Facts and information used as supporting evidence in the application that is not properly cited will not be considered during the application review process.
   iii. The application must follow the format and order presented in this guidance. Applications that do not follow this format and order will not be reviewed.

iv. All sections of the application must be submitted. Applications missing required sections will not be reviewed.
v. Submit application electronically to: ISDHMCH@isdh.IN.gov
vi. Complete applications must be submitted no later than **Tuesday, May 30, 2017 AT 9:00 AM EST. Applications submitted after May 30, 2017 at 9:00 am EST will not be reviewed.**

d. **Application Cover Page (1 page)**
   i. **Complete all items on the Application Cover Page provided (Refer to RFA Attachment B)**
   ii. The Project Director and the individual authorized to make legal and contractual agreements for the applicant organization must sign and date this document. Typed signatures will be accepted when both the Project Director and Authorized Individual are included in the email when the application is submitted electronically.

e. **Application Abstract (1 page)**
   i. The abstract will provide the reviewer a succinct and clear overview of the proposed program. The abstract should be the last section written and reflect the narrative. Please include a brief description of the proposed project with the following:
      - Needs to be addressed
      - Proposed Services
      - Brief description of the target population (e.g. race, ethnicity, age, socioeconomic status, geography) and community(ies) to be served

f. **Application Narrative (**All required headings are listed. Please do not alter the format of the document.)
   i. Organization Background & Capacity (maximum 2 pages)
   This section will enable the reviewers to gain a clear understanding of your organization and its ability to carry out the proposed project—in collaboration with local partners.
      - Provide a brief history of the organization and capability, experiences, and major accomplishments implementing the same or similar projects as those proposed in this application
      - Describe the administrative structure of the organization within which the project will function, including an organizational chart for the applicant organization as well as one specific to proposed project that clearly identifies all proposed services
      - If you are partnering with any other organizations, please explain the history of this partnership.
      - Discuss the applicant organization's previous or current work related to the proposed service(s).
      - Describe organizational capacity and plans to provide services that are Family Centered, Community-Based, Trauma-Informed and Culturally Competent
      - Applicants must include a statement certifying all participants receive education and services that is culturally and linguistically appropriate (attends to racial, ethnic, religious and language domains) and how this will be addressed.
      - If not already in place, applicants should establish and publicize policies prohibiting harassment based on race, sexual orientation, gender, gender identity (or expression), religion, and national origin.
      - Describe resources available (within the applicant agency and its partner organizations) for the proposed project (e.g., facilities, equipment). Identify project locations and discuss how they will be an asset to the project.
      - Assure that project facilities will be smoke, tobacco, alcohol, and drug-free at all times.
      - Explain how the facilities are compliant with the Americans with Disabilities Act (ADA) and amenable to the population(s) of focus. If the ADA does not apply to applicant organization, explain why.

   ii. Statement of Need (2 pages maximum per each proposed service)

This section must describe the specific problem(s) and/or need(s) to be addressed by the proposed project and significance of this program in the specific community of population as it relates to the program goals. It is intended to help reviewers understand the need for the specific proposed strategies within the context of the community in which the strategies will be implemented. With respect to the primary purpose and goals of the grant program, please:

- Describe and justify the population of focus (demographic information on the population of focus, such as race, ethnicity, age, socioeconomic status, and geography, must be provided).
- Describe and justify the geographic area(s) to be served.
- Use data to describe the need and extent of the need (e.g. current prevalence or incidence rates) for the population(s) of focus.
- Provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data.
- Cite all references. (do not include copies of sources)
- Describe how the needs were identified.
- Describe resources currently available and identify gaps in services.
- Describe the target population(s) and numbers to be served and identify catchment areas (if applicable).
- Describe the system of care and how successfully the project fits into the system;
- Describe barriers to access to care and how those barriers will be addressed.
- Address disparities if the county has significant minority populations and how disparities will be addressed.
- Demonstrate how the applicant agency and its partner organization(s) have linkages to the population(s) of focus and ties to grassroots/community-based organization that are rooted in the culture(s) of the population(s) of focus.
- Documentation of need may come from a variety of reliable and valid sources including both qualitative and quantitative sources. Quantitative data can come from local epidemiologic data, State data (e.g. from state needs assessment), and/or national data

iii. SMART Objectives (2 pages maximum per each proposed service)

This section must describe how your program intends to achieve the proposed goals and objectives. Refer to specified service standard attachments to ensure alignment with all service specific requirements.

- Applicants are required to implement program activities that contribute to the following program goals:
    1. Goal 1: Increase the number of abstinence education programs in Indiana for adolescents ages 10-15.
    2. Goal 2: Increase the delivery of positive messages regarding the choice for sexual abstinence among the target population.
    3. Goal 3: Positively impact the adolescent pregnancy and birth rates and the incidence of sexually transmitted diseases among the target population.
- Applicants should also describe all activities that will be involved in supporting the goals of the project and achieving the SMART objectives. These supporting activities must reflect a comprehensive plan to achieve the SMART objectives.
- For each supporting activity described, the applicant must also indicate: a method to measure and document the progress of the activity, what documentation will be used, and what staff position will be responsible for implementing, measuring, and documenting that activity.
- All grantees are required to collect data to monitor progress on each SMART objective and supporting activity.
    1. This data must be submitted to ISDH in Quarterly Performance Reports for FY 2018 and FY 2019.

2. In the Quarterly Performance Reports, applicants will be expected to list the supporting activities for each SMART objective as outlined in the grant application, and state the activity's status (initiated, ongoing, completed, or other; if other, please elaborate), the staff member responsible for completing the activity, and how progress on this activity is documented, and any comments or adjustments to supporting activities.
3. The ISDH MCH Adolescent Programs Team will make contact with the grantee(s) in-person or by phone quarterly to monitor progress, discuss submitted reports and to provide technical assistance. If goals are not met, a work improvement plan may be enforced at the discretion of ISDH MCH. If a work improvement plan is enforced and is unsuccessful within a specified timeframe, the grant may be terminated.

iv. Proposed Services and Activities (5 pages maximum)

This section must describe the proposed services and activities of the project. Refer to specified service standard attachment to ensure alignment with all service specific requirements. Proposed services and activities must tie directly to the proposed goals and objectives.

- Identify the evidence based service(s) or promising practice(s) to be implemented and discuss how it addresses the purpose, goals and objectives of the proposed project. Please cite all sources of evidence.
- Identify and justify any modifications or adaptations to the evidence-based or promising practice that are proposed (or have already been made) to the proposed practice(s) to meet the goals of the project and why it is believed the changes will improve the outcomes.
- Discuss the evidence that shows that this practice is effective with the population(s) of focus.
- If the evidence is limited or non-existent for the population(s) of focus, provide other information to support the selection of the intervention(s) for the population(s).
- Identify and justify any modifications or adaptations to the evidence-based or promising practice that are proposed (or have already been made) to the proposed practice(s) to meet the goals of the project and why it is believed the changes will improve the outcomes.
- Describe how the proposed service(s) or practice(s) will be implemented or expanded.
- Briefly identify and describe the geographic area and community in which the proposed services and activities will be provided.
- Identify the target population for the project, including estimated number of individuals to be involved with or reached by the project.
- Describe how the populations of interest will be identified, recruited and retained. Using knowledge of beliefs, norms and values, and socioeconomic factors of the population of focus, discuss how the proposed approach addresses these issues in outreaching, engaging, and delivering programs to this population (e.g. collaborating with community gatekeepers).
- Identify the risk and/or protective factors that the selected approach(es) will address and describe how the selected strategy/strategies will address them. Provide citations where appropriate.
- Explain how you will reach the target population. Note how program participants will be identified and/or invited to participate, and how many people your organization hopes to reach.
- Describe efforts to address disparate populations and equitable access to services/resources
- Summarize what your agency hopes to achieve through implementation of your selected strategy/strategies.
- Describe how proposed activities fit into the broader network of programs and services in the community.
- Describe current conditions/culture/partners that support or are barriers to doing injury prevention in the geographic area or target population.
- Summarize an assessment of the community's resources, assets and willingness/readiness to receive the proposed service

- Describe how ongoing input from the target population will be gathered, documented and considered in program planning, implementation and evaluation. Provide a rationale to demonstrate why your organization is the most appropriate organization to coordinate injury prevention activities in your region.
- Describe how your organization will partner and coordinate proposed activities with existing agencies/organizations that provide services/resources to children and families in the identified geographic area.
- Identify and describe your relationships with collaborative partners.
- Describe how collaborative relationships are utilized (goals, activities) and maintained.
- Identify key staff and/or collaborative partners that will be responsible for implementing the proposed activities and their knowledge, skills, and expertise. Identify the organization(s), agency(ies), or program(s) that will be involved in the proposed project. For each identified entity, specify the type of involvement, such as sharing resources, conducting joint activities, collaboration with training, or additional funding source.
- Identify any other organization that will participate in the proposed project. Describe all roles and responsibilities and demonstrate the commitment of these entities to the project.
- Show that the necessary groundwork (e.g. planning, development of memoranda of agreement, identification of potential facilities) has been completed or near completion so that the project can be implemented and service delivery begin as soon as possible and no later than 3 months after the grant award.
- Describe the potential barriers to success of the proposed project and how these barriers will be addressed.
- Describe how program continuity will be maintained when there is a change in the operational environment (e.g. staff turnover, change in project leadership) to ensure stability over time.
- Provide a rationale to demonstrate why your organization is the most appropriate organization to coordinate injury prevention activities in your region.

v. Staffing Plan

This section must describe the staff currently available and staff to be hired to conduct the project activities.

- List and describe all staff positions that will work on the project (within the applicant agency and its partner organizations), including the Project Director and other key personnel. For each staff member, include name, job title, primary duties, and number of hours per week.
  NOTE: The number of staff hours in this list should agree with the staff hours total on the Budget Summary page.
- Describe the relevant education, training, and work experience of the staff that will enable them to successfully develop, implement, and evaluate the project.
- Copies of current professional licenses and certifications must be on file at the organization. In this section you must show that:
- Staff is qualified to operate proposed program;
- Staffing is adequate; and
- Please be sure the Staffing Plan matches the personnel listed in the Bio-Sketches and positions listed in Job Descriptions.

vi. Quality Assurance, Quality Improvement and Evaluation Plans (5 pages maximum)

All applicants are required to collect data for reporting and monitoring purposes. This information must be collected on an on-going basis and reported quarterly and annually. In this section, the applicant organization must document its ability to collect and report on the required priority measurements.

For each of the bullets below; please list responsible staff and frequency:

- Describe plan for data collection. Specify all measures or instruments to be used; specifically, describe current collection efforts and plans to expand (as needed) to priority measurements.
- Describe plan for data management including plan for protection of client privacy, following HIPAA requirements.
- Describe plan for data management.
- Describe plan for data analysis.
- Describe plan for data reporting; specifically, describe current reporting efforts and plans to expand these efforts (as needed) to meet the measures.
- Describe methods to ensure continuous quality improvement, including consideration of disparate outcomes for different racial/ethnic groups (activities may include: client surveys, observations).
- Describe the plan for maintenance of fidelity to the evidence-based model(s).
- Clearly state outcome measures that you will use to evaluate progress toward meeting each of your stated objectives. Describe how those measures will be monitored.
- Describe plan of action if outcomes are not meeting or exceeding expectations during a quarterly or annual evaluation.
- Describe how outcome data will be used to guide applicant's programs in the future.
- Describe how outcomes will be disseminated to stakeholders within the applicant agency, its partnering agencies, and throughout local and statewide communities.
- Evaluation methods reflected in the SMART Objectives and Supporting Activities section should be included in the overall Evaluation Plan.
- An evaluation plan to determine whether the evidence-based interventions and activities are having an impact on SMART objectives and general goals.
- Please discuss the methodology for measuring achievement of activities, including intermediate (e.g. monthly, quarterly) measures of activities as well as assessment at the end of the funding period. An effective evaluation requires that:
- Project-specific activities to meet objectives are clear, measurable, and related to improving health outcomes;
- Plan explains how evaluation methods reflected in the SMART Objectives and Supporting Activities section will be incorporated into the project evaluation;
- Staff member(s) responsible for the evaluation is/are identified;
- Plan explains what data will be collected and how it will be collected;
- Plan lists how and to whom data will be reported;
- Appropriate methods are used to determine whether measurable objectives and supporting activities are on target for being met; and
- If activities and objectives are identified as off-target during an intermediate or year-end evaluation and improvement is necessary to meet goals, staff member(s) responsible for revisiting activities to make changes which may lead to improved outcomes is/are identified.

vii. Sustainability Plan (1 page maximum)

Outline a plan for how the program activities will be sustained at the conclusion of this funding. This may include, but is not limited to:

- Describe plans to continue or expand project activities after the ISDH funding expires. Include other organizations, agencies, or programs to be involved in continuation, as well as possible sources of future funding.
- Anticipated contributors of sustained funding (e.g., Medicaid, private funder)
- Plans to ensure dedicated staff after the conclusion of grant funding.
- Plans to continue collaborating partnerships.

viii. Citations (Only cite sources that are clearly referenced in the body of the application, no page limit) In this section, please list complete citations for all references cited, including (American Psychological Association [APA] style is recommended):
- Document title
- Author
- Agency
- Year
- Website (if applicable)

X. Budget Justification Instructions

Refer to Attachment C, Budget Summary and Justification Instructions and template for required template and instruction details.

XI. Application Attachments

a. Required Attachments:
   i. Organizational Chart
   ii. Bio-Sketches of Key Staff (no more than 1 pager per key staff person)
   iii. Budget (Includes Budget Narrative/Justification required template attached)
   iv. Letters of Commitment and/or MOU's
      1. Each application must include at least three letters of support from or memoranda of understanding (MOU) with relevant agencies (includes schools committed to implementing your program).
      2. MOUs must clearly delineate the roles and responsibilities of the involved parties in the delivery of program services.
      3. Letters of support/MOUs must be current (no more than 1 year old) and from organizations able to effectively coordinate programs and services with the applicant agency.
   v. Complete Curriculum/Program Materials
      1. Must be submitted electronically along with application in compressed (zipped) folder (can be in separate e-mail if needed for size restrictions).
      2. Must include all program materials for every grade/age group, including presentations and videos.

b. Optional Attachments
   i. Work Plan
   ii. Logic Model
   iii. Letters of Intent/Support
   iv. MOU's

XII. Application Review Process

The application review process will be conducted by ISDH MCH staff. Each application will be scored for technical merit and evaluated within the parameters set forth in this RFA. All applications will receive a point score of up to 100 points, based on how clearly and concisely the categories and requirements of RFA are addressed. The applications with the highest scores will be considered for funding under this grant opportunity. The point categories and potential scores are listed below:

Application Component	Maximum Points
Adherence to Mandatory Requirements	Pass/Fail
Application Cover Page	2.5
Application Abstract	2.5
Organizational Background & Capacity	10

Statement of Need	15
SMART Goals & Objectives	10
Proposed Services and Activities (Programs proposing to support one of the evidence-based curriculum, as defined above in this RFA, will receive 5 bonus points in this category, allowing for a maximum potential of 20 points for this Application Component and 105 points total)	15
Staffing Plan	5
Quality Assurance, Quality Improvement and Evaluation Plans	10
Sustainability Plans	10
Citations	2.5
Required Attachments	2.5
Budget Summary and Narrative	15
Total	**100**

XIII. Contract Award Process

a. Any contracts resulting from this RFA will be based upon a competitive review and award process.

b. ISDH MCH will select agencies and organizations to fund with RPE funds based upon the results of the review process.

c. ISDH MCH will strive to provide the most appropriate level of funding for awarded agencies based on the proposed scopes of work, evaluation plans and each agency's organizational capacity.

d. Award amounts are not negotiable.

e. Applicants will be notified directly of their award status by July 1, 2017 (see Section 14).

f. If an applicant fails to finalize a contract, ISDH MCH reserves the right to fund another application.

g. During the course of the contract, if unanticipated changes occur that modify the Service Standards or budget in any way, all changes must be approved prior to implementing changes by submitting a written request via email to ISDH MCH.

h. Approval from the federal funding agency and/or a formal contract amendment may be necessary based on the scope of changes proposed.

XIV. Contract Period and Ethical Considerations

a. Following an award notification, applicants may be required to submit an amended Application and Budget in accordance with ISDH MCH requirements. These documents will be utilized to develop the formal contract. A contract will then be established between ISDH MCH and each funded organization. . The resulting contract will be of no force or effect until it is signed by both parties and approved by the State of Indiana. The contractor is hereby advised not to commence performance of propose activities until all approvals have been obtained and the contract has been executed. Should performance commence before all approvals are obtained, said services may be considered to have been volunteered. The contract period will begin on October 1, 2017 and will end on September 30, 2019. The contract term may change if ISDH MCH cannot execute the agreement in a timely manner due to unforeseen delays.

b. Upon contract execution, organizations and agencies must agree to abide by all ethical requirements that apply to persons who have a business relationship with the State. If an organization or agency is not familiar with these requirements, questions can be referred to the Indiana State Ethics Commission, or can be found on the Inspector General's website at http://www.in.gov/ig/.

c. Any entity entering into a contract with the State must certify that neither it, nor it principal(s) is presently arrears in payment of taxes, permit fees or other statutory, regulatory or judicially required payments to the State of Indiana. In addition, a contracting organization must warrant that it has no current, pending or outstanding criminal, civil or enforcement actions initiated by the State, and agrees that it will notify the State immediately of any such actions.

XV. Definitions

(Sourced from 2016 Title V AEGP FOA, at https://ami.grantsolutions.gov/files/HHS-2016-ACF-ACYF-AEGP-1131_1.pdf unless otherwise stated.)

a. **Adult Supervision**: Consistent monitoring and appropriate structure provided in community programs by competent and caring adults. Adult supervised programs and activities are conducted in a safe environment and provide consistent and appropriate boundaries and behavioral expectations for participating youth.

b. **Client/participant**: A recipient of services that are supported by program expenses funded in whole or in part by ISDH MCH dollars

c. **Community-based**: Services are provided in community-based settings that are easily accessible to the target population to be served, involve community organizations, parents and residents in their design and delivery, and are accountable to the community and the client's needs (adapted from Indiana Department of Child Services Principles at http://www.in.gov/dcs/files/Attachment_F_Principles_of_Child_Welfare_Services.pdf)

d. **Counseling:** Guidance to individuals, families, groups, and communities by such activities as giving advice, offering decision alternatives, helping to articulate goals, and providing needed information.

e. **Cultural competence**: A defined set of values, principles, behaviors, attitudes, policies and structures that enable organizations to work effectively cross-culturally. To be culturally competent, an organization must have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to diversity and the cultural contexts of the communities they serve. Organizations must incorporate this in all aspects of policy-making, administration, practice, and service delivery, and involve consumers, key stakeholders, and communities. Cultural competence is a developmental process that evolves over an extended period. Both individuals and organizations are at various levels of awareness, knowledge and skills along the cultural competence continuum. (Adapted from: Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1989). *Towards a culturally competent system of care, volume 1*. Washington, D.C.: Georgetown University Child Development Center, CASSP Technical Assistance Center.)

f. **Evidenced-based practices:** Replicates practices that have been evaluated using rigorous evaluation design such as random controlled or high-quality quasi-experimental trials and that have demonstrated positive impacts for youth, families, and communities.

g. **Family Centered**: Services are focused on the family as a whole; families are partners in identifying and meeting individual and family needs; and family strengths are identified, enhanced, respected, and mobilized to help families solve the problems which compromise their functioning and well-being (adopted from Indiana Department of Child Services Principles at http://www.in.gov/dcs/files/Attachment_F_Principles_of_Child_Welfare_Services.pdf)

h. **Goal:** A general statement of what the project expects to accomplish.

i. **Medical Accuracy:** Medical accuracy means that medical information must be verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals where applicable, or be comprised of information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete.

j. **Mentoring:** Provide young people with safe and trusting relationships; healthy messages about life and social behavior; appropriate guidance from a positive adult role model; and opportunities for increased participation in education, civic service, and community activities.

k. **Objectives*:*** The specific, measureable changes expected as a result of the program, project or service.

l. **Program expense**: Any expense included in the budget to be funded by ISDH MCH (staff, supplies, space costs, etc.)

m. **SMART goals**: SMART is an acronym for Specific, Measurable, Attainable, Relevant, and Time-based. SMART goals take each of these into account. For example: "During FY 2019, the organization will distribute the ISDH Sickle Cell Trait Educational Packet to at least 98% of all clients (or their families) with sickle cell trait or trait of another that are seen in person at my facility." This goal is:

   i. Specific: Detailed

   ii. Measurable: "at least 98%"

   iii. Attainable: It is reasonable to hand out packets to almost all patients.

   iv. Relevant: It has to do with the activities outlined in this grant application packet.

   v. Time-based: This is to occur during FY 2018, which has a specific start and end date.

- **System of Care**: "A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life." (Stroul, B., Blau, G., & Friedman, R., 2010). Updating the system of care concept and philosophy. Washington, D.C.: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.)

- **Trauma Informed Care**: As defined by the National Center for Trauma Informed Care—SAMHSA (http://www.samhsa.gov/nctic/): Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. NCTIC facilitates the adoption of trauma-informed environments in the delivery of a broad range of services including mental health, substance use, housing, vocational or employment support, domestic violence and victim assistance, and peer support. In all of these environments, NCTIC seeks to change the paradigm from one that asks, "What's wrong with you?" to one that asks, "What has happened to you?" When a human service program takes the step to become trauma-informed, every part of its organization, management, and service delivery system is assessed and potentially modified to include a basic understanding of how trauma affects the life of an individual. Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization Trauma Specific Interventions: (modified from the SAMHSA definition). The services will be delivered in such a way that the clients/families feel respected, informed, connected, and hopeful regarding their own future. The provider must demonstrate an understanding, through the services provided, of the interrelation between trauma and symptoms of trauma (e.g., substance abuse, eating disorders, depression, and anxiety). The provider will work in a collaborative way with child/family and other human services agencies in a manner that will empower child/family (adapted from Indiana Department of Child Services Community-Based Service Standards at http://www.in.gov/dcs/files/effective_3_1_17_Community_Based_Service_Standard.pdf)

XVI. RFA Attachments

Attachment A: Quarterly Report Template
Attachment B: RFA Application Cover Page
Attachment C: RFA Budget Narrative Form and Instructions

XVIII. RFA Appendices

Appendix A: AEGP Service Standards