REQUEST FOR APPLICATION (RFA) 19-10004
Information and Education (I&E) Program

November 15, 2018

California Department of Public Health

Center for Family Health

Maternal, Child and Adolescent Health Division

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PART I. FUNDING OPPORTUNITY DESCRIPTION

A. Overview

The purpose of this Request for Application (RFA) is to solicit applications from eligible agencies for funding as one of up to nine (9) agencies to implement the Information and Education (I&E) Program, administered by the California Department of Public Health (CDPH), Maternal, Child and Adolescent Health (MCAH) Division.

The I&E Program was appropriated in the 1973 Budget Act and is authorized by California Welfare and Institution Code Section 14504.3. The Program is funded through the State General Fund (SGF). For over 40 years, the I&E Program has offered innovative sexual health and life skills education in diverse settings, serving youth with the greatest need throughout California.

Section 14504.3 of the Welfare and Institution Code (WIC) states the goal of I&E is to decrease adolescent pregnancies through educational programs that equip high-need youth "with the knowledge, understanding, and behavioral skills necessary to make responsible decisions." I&E aims to empower and equip youth with knowledge and skills to make informed decisions about their sexual and reproductive health to help prevent adolescent pregnancies and sexually transmitted infections (STIs). The program also aims to engage parents or other caring adults in the community in an effort to provide them with information and effective tools to support youth regarding responsible, healthy behaviors and help them thrive.

I&E provides youth with comprehensive*, medically accurate, unbiased sexual health education and clinical linkages to sexual and reproductive health services. I&E activities include, but are not limited to: adolescent pregnancy prevention, including providing information on abstinence and contraceptive methods such as long acting reversible contraceptives (LARCs); education on how to prevent transmission of STIs including Human Immunodeficiency Virus (HIV); promotion and referrals for STI screening and treatment; and education on life skills and healthy relationships.

All funded agencies will operate in areas designated as high-need for adolescent sexual and

*High-quality comprehensive sexual health education programs include "age, developmentally, and culturally appropriate, science-based, and medically accurate information on a broad set of topics related to sexuality, including human development, relationships, personal skills, sexual behaviors, including abstinence, sexual health, and society and culture. These programs provide students with opportunities for learning information, exploring their attitudes and values, and developing skills." (1)

reproductive health services based on the California Adolescent Sexual Health Needs Index (CASHNI). See Appendix 1 for a description of the CASHNI. For the purposes of this RFA, eligible counties will be limited to those with a demonstrated need for services in rural areas, although implementation will not be restricted to rural areas alone. This is to support program targeting to high need areas that are not served by other state adolescent sexual health education programs.

This program is managed under the direction of CDPH/MCAH. Cooperative agreements will be awarded for two fiscal years, beginning July 1, 2019 and ending June 30, 2021. CDPH/MCAH expects to make awards under the Cooperative Agreement Act, Health & Safety Code (Sections 38070-38081.1). A cooperative agreement is an agreement between the department and a unit of local government, any other unit of State government, or a non-profit organization.

Applicants must comply with the instructions contained in this document to submit an application to provide I&E services. Details pertaining to I&E services are described in Part II. Program Requirements. Applicants must meet the minimum qualification requirements set forth in Part I. E, Eligibility Criteria.

Applications are due to CDPH/MCAH on **January 11, 2019 by 4:00 PM Pacific Time (PT)**. Applicants must adhere to the due dates in the RFA Key Action Dates.

B. Public Health Significance

The adolescent birth rate in the United States decreased significantly over the past decades, reaching a record low of 20.3 live births per 1,000 female youth aged 15 to 19 in 2016. In California, the decline has been even more substantial, reaching a rate of 15.7 per 1,000 females between the ages of 15 and 19 in 2016. [(2)] Nationally, the reduction in adolescent births is linked primarily to improvements in contraceptive use, including increased use of any contraceptive method, increased use of the most effective contraceptives such as LARC methods, and increases in dual use of condoms and other methods. [(3)] [(4)] California's success also likely relates to a multifaceted approach including policy support for comprehensive sexual health education, accessible family planning services for youth, and a long history of providing effective adolescent pregnancy prevention programs.

While great progress has been made, in 2016 alone, nearly 6,000 children were born to California mothers age 17 and under. In the same year, almost 16,000 children were born to California mothers 18-19 years old with nearly 1 in 5 births of those births being a second or subsequent child born during adolescence. [(2)] Additionally, STI rates are dramatically

increasing in California and there are substantial disparities in rates of adolescent childbearing and STIs based on race, ethnicity, geography, and other social and demographic characteristics. Gonorrhea incidence rates are going up for females across age groups, especially for adolescents (15-19 years) and young adults (20-24 years). Compared to white females, African-American females have rates 11 times higher among age 15-19 year olds. Males rates are also increasing and disproportionately impacting African-American adolescents ages 15-19 and young men ages 20-24. The chlamydia rate has been increasing for many years in California and even exceeds the national rate. There were 198,503 total chlamydia cases in California in 2016, of which approximately 40% were among adolescent and young adult females age 15-24 years old. [5]

Pertaining to adolescent births, nearly three out of four adolescent births in CA are to Hispanic mothers. Though adolescent birth rates have declined, racial disparities in these rates persist, with Black and Hispanic young women (aged 15-19) nearly 3 and 4 times as likely, respectively, to give birth compared with White females of the same age. [2] Compared with births to adult women, infants born to adolescents are at greater risk for preterm birth, low birthweight, and death during infancy. [6] Childbearing in adolescence has been associated with decreased likelihood of school completion and post-secondary education, decreased likelihood of future employment, and greater dependence on public assistance. [7] It is important to note that while early childbearing is associated with these negative life course outcomes, research suggests that much of the negative effects are not directly caused by childbearing but rather result from other background factors. [8] [9] [10] Working as a community to provide youth in high need areas access to education and services and equip them with skills and opportunities to make healthy decisions is important to help improve life course options for California families.

There are also other specific populations that are in great need of sexual health education services. Youth with special health care needs (YSHCN), including those with developmental and physical disabilities, are a frequently overlooked population in need of tailored sexual health education. Evidence suggests that youth with intellectual disabilities have a higher risk of becoming adolescent parents, becoming sexually active earlier, and experiencing sexual abuse in childhood compared with their peers. [11] Due to the heterogeneity of conditions and needs among adolescents in this group, it can be challenging to ensure that all YSHCN receive effective sexual health instruction. A priority of I&E is to increase the provision of sexual health education that is accessible to and inclusive of YSHCN.

A number of youth populations who have higher rates of early pregnancy, childbearing, and STIs, including HIV, than other adolescents are also priority populations for targeted and tailored services. These populations with high rates include: youth in foster care and juvenile

justice systems, homeless/runaway youth, female adolescents with a major mental illness, male youth who identify as gay or bisexual and/or have same-sex sexual partners and female youth who identify as bisexual and/or have same and other-sex sexual partners. [12] [13] [14] [15] [16] Female youth who identify as lesbian and have sex with other-sex partners are also at a heightened risk for adolescent pregnancy. [17] [18] This paradoxical finding underscores the complexities of adolescent sexual behavior, development and identity—further highlighting the importance of inclusive adolescent sexual and reproductive health education. One important consideration is how best to deliver services to these youth in targeted settings, beyond traditional schools, such as in foster care, out-of-home care, alternative schools or juvenile justice facilities. These efforts may yield reaching more youth in need and may yield even more positive outcomes. [19]

Geographic disparities between rural and urban areas also exist for adolescent birth rates. In the United States, adolescent birth rates are higher in rural counties than in urban centers and suburban counties, regardless of race/ethnicity. [20] In 2010, the adolescent birth rate in rural counties was nearly one-third higher than the rest of the country (43 versus 33 births per 1,000 females aged 15 to 19 years). Rural adolescent females were significantly more likely to report they have ever had sex compared to metropolitan adolescent females (55% vs. 40%), and significantly more likely to report they have had sex in the past three months (41% vs. 29%). In addition, a significantly smaller percentage of rural adolescent females used contraception the first time they had sex compared to metropolitan adolescent females (71% vs. 81%). [21] Similar to trends in the US, the aggregated 2014-2016 California birth records demonstrated that adolescent birth rates (ABR) in rural areas[†] were higher (20.8 per 1,000 females aged 15-19) than they were urban areas (14.9 per 1,000 females aged 15-19). This translates into about 5.9 more births per 1,000 in rural as compared to urban areas. [2] Due to the higher rates and other challenges in rural areas, such as barriers to access to health care services and limited employment opportunities, youth in rural areas are considered high need for increased reproductive and sexual health services.

With the increased likelihood for hardship and stress facing high-need youth populations, programming that is based on positive youth development (PYD) and promotes resilience is essential. PYD holds that all youth have strengths, benefit from high expectations and supportive relationships, and are capable of making meaningful contributions to their lives, families and communities. PYD focuses on building protective factors and promoting healthy development, rather than on fixing problems. PYD approaches are strengths-based, give young people a voice

[†] Rural areas in California are defined as Medical Service Study Areas with population densities of less than 250 persons per square miles while urban areas are those with population densities ranging from 251 to 31,000 persons per square miles.

and choice in their lives and communities, help them to build their skills and networks of support, and are culturally responsive and inclusive. Research supports the effectiveness of positive youth development strategies in improving academic engagement and achievement, [22] [23] preventing adolescent pregnancies, [24] [25] [26] and improving health and wellbeing. [27] Strength-based approaches, tailored to adolescents' unique needs, support them in pursuing healthy and successful futures for themselves, their communities, and future generations. Organizations should work to incorporate key PYD approaches in all interactions with youth.

In addition, family engagement is an important component of the I&E program. Family engagement has recently been defined as "a reciprocal partnership between parents and programs that reflects a shared responsibility to foster…children's development and learning." [28] A key feature of family engagement involves parents and providers actively working in a collaborative manner to improve outcomes for children and youth. Parents or a caring adult have a role to play in supporting adolescent development and responsible sexual health decision-making. Adolescents also look to their parents for guidance when it comes to sexual health. A recent survey by Power To Decide, The Campaign to Prevent Unplanned Pregnancy, revealed that both younger (age 12-15) and older (age 16-19) adolescents report that their parents most influence their decisions about sex (52% and 32%), followed by friends (17% and 28%). Research has shown that good parent-child communication positively influences adolescents' sexual behaviors. One study found that adolescents with positive relationships characterized by caring and open communication with a parent or other caring adult had lower levels of risky sexual behaviors. [29] Another study found that maternal condom discussions that occurred prior to first sexual debut were associated with an increase in later condom use. [30] These research studies highlight the importance of engaging parents or a caring adult in adolescent sexual health programs in order to equip parents and other adults to positively support youth and promote healthy and responsible decision-making.

Providing high-need adolescents with the knowledge, skills and motivation to make informed decisions around their sexual and reproductive health, including formation of healthy relationships, is an important tool in addressing the health disparities faced by youth and communities across the State and assisting youth in becoming healthy and successful adults. Adolescent sexual and reproductive health is a key component of preconception health, and an essential first step in promoting healthy outcomes across the life course, including healthy birth outcomes if and when young people choose to start a family. By continuing the progress made to date and supporting adolescent sexual health through comprehensive education, family engagement and linkage to services and supports, more California youth will have the opportunity to build a strong and healthy foundation for the future.

C. Program Description

The main goals of I&E are to reduce rates of adolescent births and STIs including HIV among high-need youth populations by replicating or substantially incorporating elements of Evidence-Based Program Models (EBPMs) or Evidence-Informed Program Models (EIPMs) for sexual health education, engaging parents/caring adults, and linking youth to clinical services.

Evidence-based programs for adolescent pregnancy prevention are programs that have been proven through rigorous evaluation to reduce either adolescent births, behavioral risks underlying adolescent pregnancy, or other associated sexual risk-taking behaviors. (31)

If the intervention chosen is not evidence-based, it must be evidence-informed. Evidence-informed interventions are those that use the best available knowledge and research to guide program design and implementation. (32)

Key components of I&E include:

- Implementation of EBPMs/EIPMs, in compliance with California Health & Safety and Education Codes, when applicable
- Parent/caring adult engagement activities
- Community outreach and engagement activities
- Linkage to clinical services, including dissemination of information about Family Planning, Access, Care and Treatment (PACT) and other youth services
- Participation in required evaluation and monitoring activities

The Welfare and Institution Code emphasizes that I&E service providers should aim to reduce adolescent birth and STI rates for youth populations with the greatest need for sexual and reproductive health education and services. A complete list of youth populations considered high-need by I&E is available in Part II, Program Requirements.

I&E funds shall be primarily used to replicate or substantially incorporate elements of EBPM or EIPMs. CDPH/MCAH has approved five (5) models for I&E implementation. Four (4) of these models are EBPMs that have been shown to change behaviors including delaying sexual activity and increasing use of condoms and/or contraception among sexually active youth and one (1) is an EIPM that is based on best available knowledge and practices for the target population. See Part II, B, Evidence-Based or Evidence-Informed Program Models section for details.

Additional activities to be supported by I&E funds include: developing, maintaining and/or joining a coalition of local stakeholders around adolescent sexual health; outreach to parents

of I&E youth and community members; building partnerships with local Family PACT and other sexual and reproductive health care providers; and participation in required data collection, continuous quality improvement, and evaluation activities.

D. Authorizing Legislation

The I&E Program was appropriated in the 1973 Budget Act and is authorized by California Welfare and Institution Code Section 14504.3.

E. Eligibility Criteria

1. Organizational Type and Required Experience

   The following entities and organizations in counties of priority need (see Part I. E, 3 below for eligible counties) are invited to apply for this RFA:

   - Units of local government including, but not limited to, cities, counties, and other government bodies or special districts
   - State and/or public colleges or universities, also referred to as institutions of higher education
   - Public and/or private nonprofit organizations classified as 501(c)(3) tax exempt under the Internal Revenue Code

   Applicants that are school districts, nonprofit organizations, or corporations will be required to submit additional documentation as described in Part III. E., Instructions for Preparation and Submission of Applications.

2. Applicants must have, at a minimum:

   - Three (3) years of experience providing adolescent pregnancy, STI prevention services to high-need adolescents and engaging parents/caring adults in the community
   - Three (3) years of experience in program monitoring, including data collection and reporting of performance measures
   - Three (3) years of experience developing community linkages and/or participating in and maintaining stakeholder groups
   - Organizational capacity to fulfill I&E program and administrative contract requirements

3. Eligible Counties

The I&E program is designed to help fill gaps in reproductive and sexual health services in the state and target areas with greatest need. The eligible counties are defined as those counties with the highest localized need for rural area adolescent sexual and reproductive health programs. While I&E implementation is not restricted to rural areas, there are no other state programs in California that target rural areas to provide sexual health education and there is significant need. To increase services to rural areas, I&E will include a focus on reaching youth in these areas.

In recognition of the geographic disparities in sexual and reproductive health outcomes across the State, CDPH/MCAH developed a method (the California Adolescent Sexual Health Needs Index - CASHNI) to determine geographic eligibility for service sites. The CASHNI was developed at the Medical Service Study Area (MSSA). An MSSA is a sub-city and sub-county geographical units used to organizes and display population, demographic and physician data. The process for the CASHNI is described below:

- Six indicators of community risk were standardized and summed to form an index of overall community risk. The six indicators were: adolescent birth rate, percentage of repeat births, gonorrhea incidence rate, percentage of youth living in concentrated areas of poverty, percentage of youth living in racially isolated areas of African-Americans, Hispanics or American Indian/Alaskan Natives, and the percentage of 18-24 year olds without a high school diploma or equivalent.
- Overall community risk was ranked from one (1) to five (5) based on the distribution of sums; rankings were multiplied by three (3) for rural MSSAs.
- Resulting values (range 1 – 15) were multiplied by the 2012-2014 weighted average annual numbers of live births to females ages 15 – 19.

Rural CASHNI scores range from 0 to 5257 across California's 542 MSSAs. See Appendix 1 for more detail and a list of 2014 CASHNI scores by MSSA.

Eligible counties for this RFA are those in which the sum of the CASHNI scores of all rural MSSAs is above 400.

No more than two (2) agencies will be awarded funding per county.

Based on these criteria, the following counties are eligible to apply for funding:

2019 I&E Eligible Counties

County	Number of Rural MSSAs	2014 CASHNI Sum of All Rural MSSAs
Fresno	8	5257
Tulare	6	5161
Kern	10	4434
Madera	3	2869
Imperial	5	2743
San Bernardino	12	2733
Merced	5	2544
Monterey	6	2436
Stanislaus	5	961
Kings	2	851
Santa Barbara	5	788
Riverside	4	665
Butte	7	639
Ventura	2	608
Yuba	3	588
Lake	5	556
Mendocino	12	496
Los Angeles	7	486
Humboldt	5	465
Shasta	7	408

F. Proposed Award Distribution

1. Available Funding

    a. State General Fund and Award Period

    Up to $1,122,393 in State General Fund allocations will be allocated statewide annually through this RFA. The minimum award given to all applicants chosen for funding will be $124,710 per year.

    CDPH/MCAH expects to award cooperative agreements to eligible and qualified applicants with the greatest capacity to achieve the program goals. Cooperative agreements (from this point forward referenced as Agreements) will be for a two-year period (July 1, 2019 – June 30, 2021).

CDPH/MCAH reserves the right to determine the level of funding to be awarded.

b. Title XIX Federal Financial Participation (Optional)

To supplement the State General Funds, Awardees may participate in Title XIX Federal Financial Participation (FFP), which allows eligible entities to draw down federal reimbursement for activities related to Medi-Cal when non-federal funding is available for this purpose. Refer to Attachment 7, Title XIX, Federal Financial Participation Program (Optional) for details about FFP, and Part VIII. B, Required Budget Detail, for information about the required budget details..

The available funding for Title XIX draw down for all I&E funded agencies is up to $558,026 annually. This is subject to the annual Title XIX allocation process at the state. Distribution of Title XIX funds is based on invoices submitted in an accurate and timely manner as per DHCS and CDPH guidance.

CDPH/MCAH provides the option for awardees to participate in the Title XIX, Federal Financial Participation Program (FFP). Awardees choosing to participate in the program are eligible to receive up to 50% federal match of state funding for activities that meet the following two objectives:

i. Assisting Medi-Cal eligible individuals to enroll in Medi-Cal

ii. Assisting individuals on Medi-Cal to access Medi-Cal and/or Family PACT services

Awardees who participate in the FFP Program are required to participate for the entire award/contract period (July 1, 2019 - June 30, 2021). A written certification electing to participate in the Title XIX Program will be required by the agency and submitted as part of the agency's application. In order to receive Title XIX reimbursement, agencies must adhere to Title XIX requirements, including, but not limited to quarterly FFP time studies documenting staff time spent on program activities captured in the I&E budget.

2. Budget Contingency Clause

a. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds

whatsoever to Contractor or to furnish any other considerations under this Agreement and Contractor shall not be obligated to perform any provisions of this Agreement.

b. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State, or offer an agreement amendment to Contractor to reflect the reduced amount.

G. Agreement Term

The term of the Agreement is expected to be a two-year term and is anticipated to be effective from July 1, 2019 through June 30, 2021.

The resulting Agreement will be of no force or effect until signed by both parties and approved by CDPH or the Department of General Services (DGS), whichever is applicable. The Awardee is cautioned not to commence performance until all approvals are obtained. Should performance commence before all approvals are obtained, said services may be considered to have been volunteered without State reimbursement.

CDPH/MCAH reserves the right to modify the term of the resulting Agreement via a formal Contract amendment process. CDPH/MCAH offers no assurance that an extension will occur or that funding will be continued at the same level in future years.

H. RFA Key Action Dates

Event	Date	Time, if applicable
RFA Release	November 15, 2018	
I&E Informational Webinar	November 27, 2018	10:00 AM PT
Deadline to Submit RFA Questions Submit via e-mail at: ASH_ED_RFA@cdph.ca.gov Subject Line: I&E RFA 19-10004 Questions	November 28, 2018	4:00 PM PT
Q&A Responses Published	December 7, 2018	
Application Due	**January 11, 2019**	**4:00 PM PT**
Public Notice of Intent to Award	March 4, 2019	
Dispute Filing	March 8, 2019	4:00 PM PT
Cooperative Agreements Commence	July 1, 2019	

CDPH/MCAH reserves the right to adjust any key action date and/or time as necessary. Date and time adjustments will be posted at: https://www.cdph.ca.gov/Programs/CFH/DMCAH/IE/Pages/IE-RFA-2019.aspx. It is the Applicant's responsibility to check the website frequently for any adjustments made to the timeline.

PART II. PROGRAM REQUIREMENTS

A. Target Population, Reach, and Setting

Awardees must serve high-need youth ages 10-19. CDPH/MCAH defines high-need youth based on geography as well as certain social and demographic characteristics. See details below.

The target reach for each agency is to provide services to at least 250 youth per fiscal year. Awardees must implement program activities in at least one site in a rural MSSA, aiming to serve twenty (20) percent of the total youth served per fiscal year in a rural MSSA.

If awardees are unable to meet the target reach for youth to be served, they are required to provide detailed justification within their application, which will be considered through the review process and, if awarded, must be approved by CDPH/MCAH prior to the start of implementation.

Youth are considered high-need and are eligible to be served by I&E if they meet one or more of the following criteria:

- Reside or attend school in a high-need MSSA (see Appendix 1 for a list of all high-need MSSAs in the eligible counties and information on how to check the MSSA of potential sites)*
    - a rural MSSA (see Table 1 in Appendix 1), and/or
    - an urban MSSA with a 2014 CASHNI score above 200 (see Table 2 in Appendix 1)
- Receive services at a reproductive health clinic in a high-need MSSA
- Are homeless and/or runaway youth
- Have dropped out of school
- Attend an alternative or continuation school
- Are in or emancipated from the foster care system
- Are incarcerated in a juvenile justice facility, or are in the probation system
- Identify as lesbian, gay, bisexual, transgender, or queer/questioning (LGBTQ)

- Reside in or receive outpatient services from a mental health or substance abuse treatment facility or group home
- Have special health care needs, defined as youth who "have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally" (33)
- Are or live in families that are migrant farmworkers, defined as individuals who are "required to be absent from a permanent place of residence for the purpose of seeking remunerated employment in agricultural work" (34)
- Are expectant or parenting youth

B. Evidence-Based and Evidence-Informed Program Models

I&E awardees will replicate EBPM/EIPMs with fidelity or substantially incorporate elements that have been proven through rigorous scientific research to have significant, positive behavioral outcomes related to adolescent sexual health, unplanned pregnancy prevention, and STI/HIV prevention. CDPH/MCAH has selected four (4) EBPM that have been shown to change behaviors including delaying sexual activity and increasing use of condoms and/or contraception among sexually active youth. An additional EIPM has been selected to support YSHCN.

1. EBPM/EIPM Selection

   The five (5) CDPH/MCAH-pre-approved EBPM/EIPMs are identified in **the table below. *I&E Approved Evidence-Based or Evidence-Informed Program Models*. Applicants choose at least one (1) of the EBPM/EIPMs listed in the table below.** ***I&E Approved Evidence-Based or Evidence-Informed Program Models*** that best suits the needs of their target population(s). Applicants serving more than one target population (for example, youth in juvenile justice and youth in alternative high schools), may select different EBPM/EIPMs for each population.

   EBPM/EIPMs have typically been designed for specific populations (e.g., race/ethnicity, age, and gender) in specific settings (e.g., schools, clinics, juvenile justice facilities).

   Appropriate model selection and implementation with fidelity, increases the likelihood of achieving the desired outcomes. Not all EBPM/EIPMs are appropriate for all adolescents, organizations, and communities. Selecting an EBPM/EIPM based on the needs of the target population(s) increases the chance it will be appropriate for and accepted by participating adolescents. Additionally,

EBPM/EIPMs that reflect the culture, language, and values of the target population(s) increase the chances of improving outcomes. [35]

Awardees are able to propose alternative curriculum other than the five (5) approved by MCAH. Applicants must be able to certify that the proposed curriculum: complies with all I&E requirements; complies with California laws listed below in item 5, when applicable; meets a well-defined need of the target population; and is an evidence-based or evidence-informed model. Awardees will be required to provide detailed justification within their application, which will be considered through the review process. After the time of application, if an agency wants to change or select a curriculum other than the five approved, they will need to submit detailed justification for approval by CDPH/MCAH prior to implementation.

After the Final Notice of Award, CDPH/MCAH will review the selected program model(s) with the agency to ensure that it will meet the needs of the target population(s) and setting(s). Implementation may not begin until CDPH/MCAH approves the program models and implementation plans.

Awardees may add supplemental information and/or activities (such as an activity on puberty and physical development, or a course on healthy relationships) to EBPM/EIPM with prior approval from CDPH/MCAH.

Please note that all curricula include a demonstration of condom use skills. Individual participants may opt out of this activity if they choose.

I&E Approved Evidence-Based or Evidence-Informed Program Models

1. *Cuídate!* 2nd Edition, 2012, 2nd Printing
   - Designed for Latino/Spanish-speaking youth
   - Not aligned with the California Healthy Youth Act
   - Available in Spanish and English
2. Sexual Health and Adolescent Risk Prevention (SHARP), also known as HIV Risk Reduction Among Detained Adolescents 1st Edition, 2010
   - Primarily used with juvenile justice youth and in community-based settings.
   - Not aligned with the California Healthy Youth Act
3. Making Proud Choices! California Edition, 2016
   - School or Community-based versions/Out-Of-Home Youth
   - Aligned with the California Healthy Youth Act
   - Available in Spanish and English
4. Power Through Choices
   - Training for this curriculum can only be provided by the curriculum developer; CDPH/MCAH is not able to provide training on this model. Awardees interested in implementing this curriculum should contact the curriculum developer for training details and should include the cost of training in their budget proposal.
   - Designed for youth who reside in group homes, foster homes, kinship foster care, juvenile justice or other out-of-home care
   - Has not been assessed for alignment with the California Healthy Youth Act
   - Contact: Janene Fluhr [jfluhr@oica.org]
5. Teen Talk Adapted for All Abilities
   - Training for this curriculum can only be provided by the curriculum developer; CDPH/MCAH is not able to provide training on this model. Awardees interested in implementing this curriculum should contact the curriculum developer for training details and should include the cost of training in their budget proposal.
   - Designed for YSHCN
   - Designed specifically to help educate young people with various special learning needs and challenges
   - Designed to offer flexibility and support for instructors during implementation
   - Aligned with the California Healthy Youth Act
   - Middle school and high school versions available
   - Contact: training@health-connected.org

2. EBPM/EIPM Training

Awardees will be required to attend training provided by CDPH/MCAH or the program developer as directed for their selected EBPM/EIPM(s) prior to implementation. Awardees will ensure program staff hired to implement EBPM/EIPM(s) are able to meet the EBPM/EIPM core components and implement

the EBPM/EIPM(s) with fidelity. In addition, staff hired shall be able to implement the EBPM/EIPM(s) in a culturally and linguistically appropriate manner for the target population(s).

3. Cultural and Linguistic Context

   Information and activities must be provided in the cultural and linguistic context that is most appropriate for the target population(s). Awardees will agree to provide services in a manner that respects the beliefs, privacy, and dignity of the individual. Individuals have the right to accept or reject services and their participation must be voluntary.

4. Fidelity

   Awardees will be required to maintain fidelity, where required per the SOW, to the core components of the EBPM/EIPMs. Implementing a program model with fidelity requires implementing the EBPM/EIPM with the core components of each model delivered as intended. All awardees will attend training on how to implement a selected EBPM/EIPM. Awardees are permitted to adapt EBPM/EIPMs to meet the needs of their target population(s) and/or setting(s) as long as they do not alter the internal logic or change core components of the intervention. Planned adaptations must be submitted for review and approval by CDPH/MCAH prior to implementation. Unplanned adaptations will occur and should be documented.

   Training and technical assistance will be provided to awardees to consider whether adaptations are necessary for their selected EBPM/EIPM. Awardees will also be provided with fidelity monitoring tools to track EBPM/EIPMs implementation.

5. California Laws

   I&E awardees are required to comply with the following California laws, as applicable, including the following:

   - In all settings:
     - Sexual Health Education Accountability Act (SHEAA); California Health and Safety Code (H&S) sections 151000-151003
   - In school settings:
     - California Healthy Youth Act (CHYA); Education Code sections 51930-51939

- Health Education Content Standards for California Public Schools: Kindergarten through Grade Twelve

6. Changing EBPM/EIPMs After Award

   Awardees must submit any changes to the selection of their EBPM/EIPM(s) or approved implementation plan for CDPH/MCAH approval.

C. Parent/Caring Adult Engagement Activities

Awardees will plan activities to engage parents and caring adults in the community to support youth in their sexual health education, build parents/caring adults' confidence in promoting open conversation, etc. Activities may include, for example, a preview of the intended curriculum prior to EBPM/EIPM implementation, informational events for supporting parent-youth communication around sexual health, healthy relationships, and other relevant topics, distribution of resources, and/or partnership building with parent/community groups.

Some suggested topic/resource areas to support parents and caring adults include:

- Adolescent Development
  - Sexual Health/Sexuality
  - Identity
- Healthy Life Skills
- Healthy Relationships
- Consent (Active/Passive)
- Educational and Career Success
- Parent-Child Communication
- Youth Rights and Access to Reproductive and Sexual Health Services

D. Local Stakeholder Coalition

I&E awardees will develop/maintain and/or join an existing Local Stakeholder Coalition (LSC) to raise awareness around and improve adolescent sexual and reproductive health in the community. Awardees will be required to facilitate and/or participate in regular meetings with a LSC to collaborate with community representatives that work to support the local youth. Engaging local stakeholders can result in sustainable efforts to improve the community environment for adolescents and reduce early pregnancy, childbearing, STI, and HIV rates.

1. Local Stakeholder Coalition Key Activities

   The purpose of the LSC is to:

- Develop relationships with members of the community to contribute to the success and sustainability of I&E;
- Identify strategies to seek and maintain community support for I&E services;
- Educate members of the community on risk and protective factors associated with adolescent pregnancy, STIs, and HIV, and identify strategies to overcome risk factors;
- Identify opportunities for youth input and community involvement; and
- Increase awareness of the importance of providing adolescents access to health care services, including family planning and reproductive health services.

Applicants must collaborate with coalition members to identify:

- Target population(s): high-need population(s) within the county
- MSSAs: areas(s) to provide services within the county
- EBPM/EIPM(s): the program curriculum best suited to meet the needs of target population(s)
- Implementation sites: specific service location(s)

2. Local Stakeholder Coalition Key Members

   At a minimum, the local stakeholder coalition must include diverse representatives from the following:

   - Family PACT providers
   - Foster care – county/state agencies and/or private organizations/providers
   - Social service providers (e.g., those who provide high-need adolescents with services related to homelessness, substance use/abuse, intimate partner violence, mental health)
   - Schools and educators (e.g., school board member, administrator, teacher)
   - Local Maternal, Child and Adolescent Health Director or their public health designee
   - Current or potential I&E service delivery site(s) serving the awardee's target population(s)

   In addition, awardees are strongly encouraged to include additional representatives from the following:

   - Youth from the target population(s)
   - Alumni from the program, if applicable, or young adults that were parenting adolescents

- Parents or caregivers of youth in the community
- Law enforcement
- Pregnant and parenting youth service providers (e.g., the Adolescent Family Life Program, Cal-SAFE, Cal-Learn)
- Youth-service and/or youth-focused organizations
- Local government representative(s) or designee(s)
- The local business community (e.g., businesses that serve and/or employ youth, Chamber of Commerce)
- Parks and recreation
- Faith-based organizations
- Service organizations

Awardees are required to meet at least once per quarter with the local stakeholder coalition and present on I&E progress and successes to the community at least once annually.

E. Clinical Linkages

I&E awardees will be required to establish formal partnerships with Family PACT providers within their local communities to promote youth awareness of and access to family planning, sexual and reproductive health care, and other youth support services. Awardees will promote awareness of, and provide information about, the availability, confidentiality, and cost of services to all I&E youth. Activities shall include, but are not limited to, incorporating information about Family PACT and other services into EBPM/EIPM implementation, and dissemination of promotional materials to create awareness about local Family PACT providers and other local youth services, including crisis counseling for youth experiencing sexual and/or dating violence. Applicants are encouraged to propose additional activities, such as on-site youth tours of Family PACT or other reproductive health care clinics.

F. Staffing

Awardees must hire a sufficient number of staff to complete all I&E program and contract requirements in order to fulfill the scope of work (SOW)(Exhibit A). Staff hired to implement EBPM/EIPMs should meet the EBPM/EIPM specific core competencies as well as the Adolescent Sexual Health Workgroup (ASHWG) Core Competencies for Adolescent Sexual Health Programs and deliver the program in a culturally and linguistically appropriate manner for the target population(s). Core competencies generally include qualities such as knowledge and understanding of the chosen EBPM/EIPM, ability and willingness to engage youth in the program, comfort and accuracy with discussing sexual health information, and a caring, non-

judgmental attitude. Applicants should refer to the Core Competencies for Adolescent Sexual and Reproductive Health Program/Services Manual (Guiding Principles and Assumptions are in Appendix 2).

Standard I&E staffing includes a designated Project Director whose responsibility is ensuring the viability and success of I&E activities as well as overall responsibility for supervising, coordinating, and documenting project activities; and one (1) or more facilitator(s) to conduct and implement I&E program activities. It is beneficial to structure staffing such that facilitators have a sufficient percentage of their time devoted to I&E that they are able to implement frequently and build investment and skill in delivering the program.

While staffing structures vary by agency size and planned implementation activities, CDPH/MCAH requires, at a minimum, one (1) Full Time Equivalent (FTE) Health Educator and .25 FTE Project Director. The Health Educator FTE may be split between up to two individual employees at .50 FTE each.

G. Monitoring, Evaluation, and Continuous Quality Improvement

Awardees will participate in the I&E monitoring, evaluation activities, and continuous quality improvement (CQI) described in the five categories below. Awardees are not required to hire an outside evaluator to perform or meet evaluation requirements outlined in this RFA.

1. Implementation Monitoring

   I&E services are targeted towards youth in high-need areas who historically have been provided fewer resources, such as the populations listed in Part II, Program Requirements. Awardees are required to provide documentation that programming matches youth characteristics and program delivery settings. Awardees are also required to maintain an online calendar on SharePoint of planned implementation.

2. Fidelity Monitoring

   Awardees are required to collect and report fidelity data for each cohort of youth served using an evidence-based curriculum. A cohort is defined as a group of youth participating in one cycle of I&E implementation. At a minimum, this will include collection of youth demographic and attendance information, completion of a fidelity tracking log, and completion of internal observations of program delivery. Awardees are also required to participate in any requested site visits, interviews, and external observations of program delivery.

3. Facilitator Competencies

   I&E facilitators should possess knowledge in adolescent development, sexual health, family planning, and the program model(s) selected. Effective facilitators should also have the attitudes and skills to help youth succeed and achieve behavioral change. CDPH/MCAH will monitor these competencies through required surveys of facilitators and program directors at regular intervals following training activities. Awardees will be required to conduct at least two (2) observations of each facilitator, observing two (2) different lessons/modules/activities per year.

4. Youth Experiences and Outcomes

   I&E services should be interactive, engaging, respectful, and culturally sensitive so participants can become invested in the program and feel safe in their learning environments. Awardees are required to administer surveys to participants served at program entry and exit, as required by CDPH/MCAH. Entry and exit surveys are Institutional Review Board approved and provided to awardees by CDPH/MCAH. I&E agencies must work with their local school districts and other sites to ensure that they will be allowed to administer the surveys. The surveys cover topics such as sexual activity, healthy relationships, knowledge of reproductive health and services, and opinions about the program.

5. Other Evaluation Activities

   Awardees are required to participate in any evaluation activities that improve the quality or demonstrate the effectiveness of I&E programming. These activities may include participation in a rigorous longitudinal evaluation and/or CQI. CDPH/MCAH will provide further instructions on other evaluation activities after award.

H. Reporting and Other Administrative Requirements

Awardees will comply with all reporting and administrative requirements as directed by CDPH/MCAH.

1. Reporting Requirements

   a. Semi-Annual Progress Reports - Awardees shall complete Semi-Annual Progress Reports. Progress Reports shall be received on or before the due date as outlined in the SOW.

2. Meetings, Trainings and Site Visits

    a. Awardees shall attend all trainings, workshops, and conferences as directed by CDPH/MCAH.

    b. Awardees shall participate in regular program discussions and meetings as determined by CDPH/MCAH.

    c. CDPH/MCAH may perform formal and/or informal site visits. The site visits may be conducted as part of program monitoring to ensure compliance and/or to provide technical assistance and support the continuous quality improvement process.

3. Material Development, Use, and Approval process

    a. All documents (e.g., print, video, audio, radio or television public service announcements) produced, reproduced or purchased under the contract shall be approved by CDPH/MCAH before printing, production, distribution, or use.

    b. All products, journal articles, public reports or publications that are developed using funds provided from CDPH/MCAH must acknowledge the support of CDPH/MCAH with a written statement printed on the materials. This statement must also be included on any curriculum, educational materials, programs, program documentation, videotapes, and/or other audio-visual materials resulting from the use of CDPH/MCAH allocation. The written statement/credit should include:

        i. A statement identifying funding support on the title page of public reports or publications

        ii. A statement identifying funding support on the first page of any journal articles

    Sample statement/credit: “This project is/was supported by funds received from the California Department of Public Health, Maternal, Child and Adolescent Health Division. All analyses, interpretations, and conclusions reached are those of the presenter/author, not the State of California.”

For any changes to this credit language, awardees should contact their Program Consultant.

CDPH/MCAH will retain copyright ownership for any and all original materials produced with CDPH/MCAH contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports.

PART III. APPLICATION SUBMISSION PROCESS

A. RFA Delivery Methods

Application packages must be **received or postmarked** by January 11, 2019 at 4:00 PM PT. Applications that are e-mailed or faxed **WILL NOT BE ACCEPTED**. Applications received or postmarked after the date and time listed in the RFA Key Action Dates will be considered late and will not advance to the review process.

Applications must be labeled and submitted by U.S. Mail or Express Mail, or may be hand-delivered to CDPH/MCAH staff. U.S. Mail and Express Mail must be postmarked by the certifying carrier company by the RFA submission due date listed in the RFA Key Action Dates. Applications must be hand-delivered by the date and time listed in the RFA Key Action Dates.

CDPH/MCAH is not responsible for delayed or lost mail or failure to submit timely.

RFA Submission Delivery Methods

U.S. Mail	Express Mail	Hand Delivery
ATTN: I&E RFA 19-10004 California Department of Public Health Maternal, Child and Adolescent Health Division P.O. Box 997420, MS 8305 Sacramento, CA 95899-7420	**ATTN: I&E RFA 19-10004** California Department of Public Health Maternal, Child and Adolescent Health Division 1615 Capitol Avenue Suite 73.560, MS 8305 Sacramento, CA 95814	**ATTN: I&E RFA 19-10004** California Department of Public Health Maternal, Child and Adolescent Health Division 1615 Capitol Avenue Suite 73.560, MS 8305 Sacramento, CA 95814 Telephone: 1 (866) 241-0395

B. RFA Questions

CDPH/MCAH will accept questions related to the RFA until the deadline, November 28, 2018, which is outlined in the RFA Key Action Dates. Questions may include but are not limited to the services to be provided for the RFA and/or its accompanying materials, instructions, or requirements. All questions should include the name of the organization and the name of the individual submitting the question. Please submit a topic and reference the application page number or attachment/appendix number, if applicable, to the question. Applicants must adhere to the due dates in the RFA Key Action Dates.

C. Voluntary RFA Informational Webinar

CDPH/MCAH will hold a voluntary RFA informational webinar. On the call, CDPH/MCAH staff will review the RFA process, eligibility, and funding, and provide a program overview.

Attending the Webinar:

1. Prospective Applicants should thoroughly review and be familiar with this RFA prior to the webinar.

2. Prospective Applicants are invited to join the voluntary RFA informational webinar on the date listed on the RFA Key Action Dates.

3. The log-in/call-in information will be available at: https://www.cdph.ca.gov/Programs/CFH/DMCAH/IE/Pages/IE-RFA-2019.aspx.

Questions and answers will be posted on the I&E program website at: https://www.cdph.ca.gov/Programs/CFH/DMCAH/IE/Pages/IE-RFA-2019.aspx by the due date listed in the RFA Key Action Dates. CDPH/MCAH reserves the right to seek clarification of any inquiry received, and to answer only questions considered relevant to this RFA. At its discretion, CDPH/MCAH may consolidate and/or paraphrase similar or related inquiries.

D. Internet Access for RFA Documents and Addendums

All documents related to this RFA can be downloaded at: https://www.cdph.ca.gov/Programs/CFH/DMCAH/IE/Pages/IE-RFA-2019.aspx. It is the applicant's responsibility to visit the CDPH/MCAH website on a regular basis for current postings and any addenda that may occur. This includes but is not limited to:

- RFA Document
- Attachments

- Appendices
- Exhibits, including sample forms
- Cooperative Agreement Award Announcement
- Important notifications concerning the RFA and process

Please send an email to ASH_ED_RFA@cdph.ca.gov to report any problems with the CDPH/MCAH website or documents published.

E. Instructions for Preparation and Submission of Applications

1. General Instructions

   Develop applications by following all RFA instructions and/or clarifications issued by CDPH/MCAH, including in the form of question and answer notices, clarification notices, or RFA addenda.

   Before submitting an application, seek timely written clarification of any requirements or instructions that seem unclear or that are not fully understood following the RFA Key Action Dates.

   Use the Program Narrative Template (see Attachment 3) provided for completing the program narrative portion of the application.

   Arrange for the timely delivery of the application package(s) to the address specified in this RFA.

2. Submission Content

   Submit one (1) original and two (2) copies of the application (paper copy with signatures) and an electronic submission containing all application documents on either a CD or a .zip file sent to the I&E email address ASH_ED_RFA@cdph.ca.gov.

   Each application set must include the following:

   a. Application Cover Sheet (Attachment 1)
   b. Application Checklist (Attachment 2)
   c. Program Narrative Template (Attachment 3), including components 1-5 as described in Part IV
   d. Local Stakeholder Coalition Roster (Attachment 4)
   e. Budget Template (Attachment 5-1) (Attachment 5-2)

f. Agency Information Form (Attachment 6)

g. Certification to select Title XIX Program (Attachment 7) (Optional)

h. Certification of Indirect Cost Rate Methodology (Attachment 8)

i. If applicable: Proof of Nonprofit status

- Nonprofit organizations must prove they are legally eligible to claim "nonprofit" and/or tax-exempt status by submitting a copy of an IRS determination letter indicating nonprofit or 501(c)(3) tax-exempt status

j. If applicable: Proof of Corporate status

- If the Applicant is a Corporation, a copy of the organization's current and active Certificate of Status issued by State of California, Office of the Secretary of State. Do not submit copies of the organization's Bylaws or Articles of Incorporation.

k. If applicable: Applicants who represent a school district must submit proof of tax-free transactions by the Internal Revenue Service.

Application materials that are submitted, including CDs, will not be returned to the applicant.

The person legally authorized to bind the applicant must sign each RFA attachment that requires a signature. RFA attachments that require a signature must be signed in blue ink. Signature stamps are not acceptable.

After completing and signing the applicable attachments, assemble them in the order directed above. Remember to place all originals in the application package marked "Original" and photocopies in other required application sets marked as "Duplicate."

The RFA attachments and other documentation placed in the "Duplicate" sets may have photocopied signatures. Signatures may be omitted from the accompanying CD.

3. Submission Process

Mail or arrange for hand delivery of your application to the California Department of Public Health, Maternal, Child and Adolescent Health Division.

Applications must be postmarked or hand-delivered by **4:00 PM PT on January 11, 2019**. **Please note: Late applications will not be reviewed or scored**.

4. Applicant Costs

   Applicants are responsible for all costs of developing and submitting an application. Such costs cannot be charged to CDPH/MCAH or included in any cost element of an applicant's proposed budget.

5. Applicant Warning

   CDPH's internal processing of U.S. mail may add 48 hours or more to the delivery time.

   Consider using certified or registered mail and request a receipt upon delivery. If hand delivery is chosen, allow sufficient time to locate on-street metered parking and to sign in at the security desk. Be prepared to give security personnel the main CDPH/MCAH telephone number, 1 (916) 650-0300.

PART IV. PROGRAM NARRATIVE AND CORRESPONDING ATTACHMENTS

Applicants should provide a detailed narrative describing the need for I&E services in their area and their capacity and plan for effectively reaching high-need youth. Applications will be scored based on adequacy, thoroughness, and the degree to which it complies with the RFA requirements and meets CDPH/MCAH program needs as described in the RFA. Weighting of application scores by section is as follows:

A. Background, Agency Experience, and Organizational Capacity: 25%
B. Implementation Plan: 50%
C. Community Engagement: 10%
D. Clinical Linkages: 10%
E. Budget Detail and Justification: 5%

Applicants should follow the following program narrative instructions.

Applicants should complete the narrative following the requirements for each section below using the Program Narrative Template, Attachment 3. Please ensure that responses are complete, concise, follow the instructions provided in the template, and respond directly to the information requested.

Please note that all applicants selected for award will work collaboratively with their CDPH/MCAH Program Consultant prior to the start of the cooperative agreement to ensure the feasibility and success of their I&E activities, including revising proposed activities, if needed.

A. Background, Agency Experience, and Organizational Capacity (Maximum 25 points)

1. Describe any recent changes (i.e., in the past three years) in local trends in adolescent birth rates, STI/HIV rates, and adolescent pregnancy prevention efforts, using citations where appropriate. Include any relevant information on high-need populations, health disparities, and any other geographic and/or demographic factors, such as rurality or migration. *(5 points)*
2. Describe the availability of sexual health education programming, sexual and reproductive health care, and other youth-serving resources and services in the applicant's service area. Highlight gaps, needs, and the capacity of the organization to address those. *(5 points)*
3. Describe the applicant's experience administering adolescent sexual health education programming, including implementation of EBPMs or EIPMs, data collection, program monitoring, and continuous quality improvement efforts. *(5 points)*
4. Describe the applicant's experience with engaging parents/caring adults in the community in program activities. This could include: strategies for effective outreach to parents, innovative approaches to reach parents, a description of types of engagement, topics covered and outcomes from the activities. *(5 points)*
5. Describe the applicant's organizational capacity and structure as it relates to successfully meeting the sexual and reproductive health needs of youth in its local service area. Include the organization's ties to the community and other local youth-serving agencies. Include the applicant's organizational chart. *(5 points)*

B. Implementation Plan (Maximum 50 points)

1. Describe the applicant's plan for implementing and administering Evidence-Based Program Models/Evidence-Informed Program Models including justification for model selection, target area and proposed strategies and successes for reaching high-need youth. Please describe how past experience will support the proposal, including lessons learned and best practices for recruitment, retention and ensuring quality implementation. *(10 points)*

2. Describe the applicant's plan for parent/caring adult engagement activities (e.g. curriculum preview to parents/caring adults as well as sharing resources or educating parents and care givers about topics such as adolescent development, healthy life skills, healthy relationships, education and career success, and parent-child communication). Please describe how past experience will support the proposed activities. *(10 Points)*
3. Describe the applicant's experience with and plan for reaching rural populations. Please describe how past experience will support the proposed activities. *(10 points)*
4. Complete Table 1 in Attachment 3, Target Population and Program Setting, capturing plans to serve primary target populations, program settings, proposed EBPM/EIPMs, and estimations of number of youth to be reached. *(10 points)*
5. Describe the number and classification of proposed program staff positions, including project director and facilitator(s). Address the proposed structure of supervision and staff support, and how staffing will support optimal delivery of I&E services. *(10 points)* See Part II, F, Staffing.

C. Plan for Community Outreach (Maximum 10 points)

1. Describe the applicant's past efforts regarding joining or forming a Local Stakeholder Coalition (LSC) per the I&E SOW, including the process of identifying stakeholders and partners, coalition goals, activities conducted, and efforts to engage communities in the applicant's local service area. *(5 points)*
2. Describe plans for community outreach during FYs 2019-21, including activities conducted by the applicant, as well as by the LSC. Complete the required Attachment 4, Local Stakeholder Coalition Roster. *(5 points)*

D. Plan for Clinical Linkages (Maximum 10 points)

1. Describe the applicant's relationship and history of partnering with local Family PACT and other youth-friendly sexual and reproductive health service providers, and explain the applicant's plan for creating links between I&E implementation and access to Family PACT services. *(5 points)*
2. Describe additional activities to promote use and awareness of youth-friendly sexual and reproductive health services in their community. *(5 points)*

E. Budget Detail and Justification (Maximum 5 points)

1. Complete a budget template for FYs 2019-21, including the justification.

   Required Attachments: Attachment 5-1, and Attachment 5-2 Budget Template FYs 2019-21.

   Applicants may, but are not required to, attach a written budget justification beyond the descriptions included in the template if more explanation is needed. Please see Part VIII. C, 2, Operating Expenses, for more information on creating the budget proposal.

PART V. EVALUATION AND SELECTION

A. First Stage

Applicants must meet the eligibility criteria in the Eligibility Information section in order to enter the evaluation process. Please see Part I. C, Program Description, for a list of eligible counties.

B. Second Stage

Evaluation of the application will be based on the completeness of all required elements along with the quality and appropriateness of the responses in the Part IV, Program Narrative and Corresponding Attachments. Scores will be based on the application's adequacy, thoroughness, and the degree to which it complies with the RFA requirements, meets CDPH/MCAH's program needs, and demonstrates capacity to implement I&E.

1. Non-Responsive Applications

   In addition to any condition previously indicated in this RFA, the following occurrences **may** cause CDPH/MCAH to deem an application non-responsive.

   a. An applicant submits an application that is materially incomplete or contains material defects, alterations or irregularities of any kind.

   b. An applicant supplies false, inaccurate or misleading information or falsely certifies compliance on any RFA attachment.

   c. CDPH/MCAH discovers, at any stage of the selection process or upon Agreement award, that the applicant is unwilling or unable to comply with the contractual terms, conditions and exhibits cited in this RFA or the resulting agreement.

2. Scoring System

Points for each program narrative component described below will be based on the following scoring system:

Point Scoring System for Responses Worth 5 points

Points	***Interpretation***	***General Basis for Point Assignment***
0	***Missing***	*Response is missing entirely.*
1	***Inadequate***	*Response (i.e. content and/or explanation offered) does not meet CDPH/MCAH's needs/requirements or expectations. The omission(s), flaw(s), or defect(s) are significant and unacceptable.*
2	***Barely Adequate***	*Response barely meets CDPH/MCAH's needs/requirements or expectations. The omission(s), flaw(s), or defect(s), are substantial.*
3	***Adequate***	*Response mostly meets CDPH/MCAH's requirements/ expectations but is not fully developed. The omission(s), flaw(s), or defect(s) are inconsequential and acceptable.*
4	***Fully Adequate***	*Response fully meets CDPH/MCAH's needs/requirements or expectations. The omission(s), flaw(s), or defect(s), if any, are inconsequential and acceptable.*
5	***Excellent or Outstanding***	*Response is above average or exceeds CDPH/MCAH's needs/requirements or expectations. Applicant offers one or more enhancing features, methods or approaches that will enable performance to exceed CDPH/MCAH's basic expectations.*

Point Scoring System for Responses Worth 10 points

Points	***Interpretation***	***General Basis for Point Assignment***
0	***Missing***	*Response is missing entirely.*
1-2	***Inadequate***	*Response (i.e. content and/or explanation offered) does not meet CDPH/MCAH's needs/requirements or expectations. The omission(s), flaw(s), or defect(s) are significant and unacceptable.*

Points	*Interpretation*	*General Basis for Point Assignment*
3-4	***Barely Adequate***	*Response barely meets CDPH/MCAH's needs/requirements or expectations. The omission(s), flaw(s), or defect(s), are substantial.*
5-6	***Adequate***	*Response mostly meets CDPH/MCAH's requirements/ expectations but is not fully developed. The omission(s), flaw(s), or defect(s) are inconsequential and acceptable.*
7-8	***Fully Adequate***	*Response fully meets CDPH/MCAH's needs/requirements or expectations. The omission(s), flaw(s), or defect(s), if any, are inconsequential and acceptable.*
9-10	***Excellent or Outstanding***	*Response is above average or exceeds CDPH/MCAH's needs/requirements or expectations. Applicant offers one or more enhancing features, methods or approaches that will enable performance to exceed CDPH/MCAH's basic expectations.*

3. Score Sheet

The below section describes the value of each question and rating factors to be used in the review. The total possible score is **100 points.**

Background, Agency Experience, and Organizational Capacity (Maximum 25 points)

Question Number	Rating Factors	Points Possible	Points Earned
A1	The extent to which the applicant describes changes in local trends in adolescent sexual health, including but not limited to, adolescent birth rates, STI/HIV rates, and adolescent pregnancy prevention efforts, using citations where appropriate. The extent to which the applicant describes any relevant information on high-need populations, health disparities, and any other geographic and/or demographic factors, such as rurality or migration.	5	
A2	The extent to which the applicants describes the availability of sexual health education programming, sexual and reproductive health care, and other youth-serving resources and services in the applicant's service area. Highlight gaps, needs, and the capacity of the organization to address those.	5	

Question Number	Rating Factors	Points Possible	Points Earned
A3	The extent to which the applicant describes their experience administering adolescent sexual health education programming, including implementation of EBPMs or EIPMs data collection, program monitoring, and continuous quality improvement efforts.	5	
A4	The extent to which the applicant describes their experience with engaging parents/caring adults in the community in program activities. This could include: strategies for effective outreach to parents, innovative approaches to reach parents, a description of types of engagement, topics covered and outcomes from the activities.	5	
A5	The extent to which the applicant describes their organizational capacity and structure as it relates to successfully meeting the sexual and reproductive health needs of youth in their local service area. Applicant should also include the organization's ties to the community and other local youth-serving agencies as well as an organizational chart.	5	
Total score for section		**25**	

Implementation Plan (Maximum 50 points)			
Question Number	**Rating Factors**	**Points Possible**	**Points Earned**
B1	The extent to which the applicant describes their experience with implementing and administering Evidence-Based Program Models/Evidence-Informed Program Models including justification for model selection, target area and proposed strategies and successes for reaching high-need youth. The extent to which the applicant describes how past experience will support the proposal, including lessons learned and best practices for recruitment, retention and ensuring quality implementation.	10	
B2	The extent to which the applicant describes their experience with implementation of parent/caring adult engagement activities (e.g. curriculum preview to parents/caring adults as well as sharing resources or educating parents and care givers about topics such as adolescent development, healthy life skills, healthy relationships, education and career success, and parent-child communication). The extent to which past experience will support the proposed activities.	10	
B3	The extent to which the applicant describes their experience with and plan for reaching rural populations. The extent to which past experience will support the proposed activities.	10	
B4	The extent to which Table 1 in Attachment 3, provides the primary target population, program setting, proposed EBPM/EIPM, estimated number of cohorts, anticipated cohort size, and number of you to be served is complete and meets the needs and requirements as outlined in the RFA.	10	
B5	The extent to which the applicant describes their staffing model, including the number and classification of proposed program staff positions. Applicant should also address the proposed structure of supervision and staff support, and how staffing will support optimal delivery of I&E services.	10	
Total score for section		**50**	

Plan for Community Outreach (Maximum 10 points)

Question Number	Rating Factors	Points Possible	Points Earned
C1	The extent to which the applicant describes their past efforts regarding joining or forming a LSC per the I&E SOW, including the process of identifying stakeholders and partners, coalition goals, activities conducted, and efforts to engage communities in the applicant's local service area.	5	
C2	The extent to which the applicant describes their plan for community outreach during FYs 2019-21, including activities conducted by the applicant, as well as by the LSC. Attachment 4, the Local Stakeholder Coalition Roster, should be completed in addition to the relevant questions in Attachment 3.	5	
Total score for section		**10**	

Plan for Clinical Linkages (Maximum 10 points)

Question Number	Rating Factors	Points Possible	Points Earned
D1	The extent to which the applicant describes their relationship and history of partnering with local Family PACT and other youth-friendly sexual and reproductive health service providers, and explains the applicant's plan for creating links between I&E implementation and access to Family PACT services.	5	
D2	The extent to which the applicant describes any additional activities to promote use and awareness of youth-friendly sexual and reproductive health services in their community.	5	
Total score for section		**10**	

Budget Detail and Justification (Maximum 5 points)

Question Number	Rating Factors	Points Possible	Points Earned
E1	The extent to which the applicant successfully completes Attachment 5-1, and Attachment 5-2 Budget Template FYs 2019-21, including clear justification.	5	
Total score for section		**5**	

PART VI. AWARD ADMINISTRATION INFORMATION

A. Notice of Awards

Upon successful completion of the review process, CDPH/MCAH will post a Notice of Intent to Award funds at https://www.cdph.ca.gov/Programs/CFH/DMCAH/IE/Pages/IE-RFA-2019.aspx. Note: the term of the resulting cooperative agreements is expected to be 24 months and is anticipated to be effective from July 1, 2019 through June 30, 2021, contingent on availability of State general funds. The agreement term may change if CDPH/MCAH cannot execute the agreement in a timely manner due to unforeseen delays. The resulting cooperative agreements will not be in force or effect until signed by both parties. The applicant is cautioned not to commence performance until all approvals are obtained. Should performance commence before all approvals are obtained, said services may be considered to have been volunteered.

Upon written request to CDPH/MCAH, applicants will receive their review rating sheet. Requests are to be sent to: ASH_ED_RFA@cdph.ca.gov

After any disputes are resolved, CDPH/MCAH will formally notify the successful applicants individually in writing.

B. Dispute Process

There is no dispute or appeal process for late or substantially incomplete applications or for applications failing to pass first stage of the review (i.e., applications from ineligible entities). Only non-funded applicants that comply with the RFA instructions may file a dispute. Disputes are limited to the grounds that CDPH/MCAH failed to correctly apply the standards for reviewing applications in accordance with this RFA. Disagreements with the content of the review committee's evaluation are not grounds for dispute. Applicants may not dispute solely on the basis of funding amount. Only timely and complete disputes that comply with the dispute process stated herein will be considered.

The written appeal shall fully identify the issue(s) in dispute, the practice that the applicant believes CDPH/MCAH has improperly applied in making its award decision(s), the legal authority or other basis for the applicant's position, and the remedy sought. Written disputes to CDPH/MCAH final award selections must be received by CDPH/MCAH no later than 4:00 PM PT on March 8, 2019 as shown in the Key Action Dates Table. Submit a written dispute signed by an authorized representative of the organization. Label and submit the dispute using one of the following methods:

Dispute Submission Methods	
U.S. Mail	**Hand Delivery or Overnight Express**
ATTN: Dispute I&E RFA 19-10004 California Department of Public Health Maternal, Child and Adolescent Health Division P.O. Box 997420, MS Code 8305 Sacramento, CA 95899-7420	ATTN: Dispute I&E RFA 19-10004 California Department of Public Health Maternal, Child and Adolescent Health Division 1615 Capitol Avenue, Suite 73.560, MS 8305 Sacramento, CA 95814

NOTE: Applicants hand-delivering a dispute must have the building lobby security officer call CDPH/MCAH at 1 (916) 650-0300 between 8:00 AM and 4:00 PM PT and ask to have a CDPH/MCAH representative receive the document. CDPH/MCAH will provide a proof of receipt at the time of delivery.

The Chief of CDPH/MCAH or her designee shall review each timely and complete dispute and will resolve the dispute by considering the contents of the written dispute letter. At its sole discretion, CDPH/MCAH reserves the right to collect additional facts or information to aid in the resolution of any dispute.

The decision of the Chief of CDPH/MCAH or her designee shall be final and there will be no further administrative appeal. Applicant will be notified of the decisions regarding their disputes in writing within fifteen (15) working days of receiving the written dispute letter.

C. Disposition of Applications

All materials submitted in response to this RFA will become the property of the California Department of Public Health and, as such, are subject to the Public Records Act (PRA), Government Code, Section 6250 et seq. CDPH/MCAH will disregard any language purporting to render all or portions of any application confidential.

Upon posting of Public Notice of Intent to Award, all documents submitted in response to this RFA and all documents used in the selection process will be regarded as public records under the California PRA and subject to review by the public. Applicants' correspondence, selection working papers, or any other medium shall be held in the strictest confidence until the Award Notice is issued and/or posted.

D. Inspecting or Obtaining Copies of Applications

Any person or member of the public can inspect or obtain copies of any application materials. Please follow the instructions per the PRA.

E. CDPH/MCAH Rights

CDPH/MCAH reserves the right to do any of the following up to the application submission deadline:

- Modify any date or deadline appearing in this RFA or the RFA Key Action Dates.
- Issue clarification notices, addenda, alternate RFA instructions, forms, etc.
- Waive any RFA requirement or instruction for all applicants if CDPH determines that a requirement or instruction was unnecessary, erroneous or unreasonable.
- Allow Applicants to submit questions about any RFA change, correction, or addenda.

If this RFA is corrected, clarified, or modified, CDPH intends to post all clarification notices and/or RFA addenda at the following Internet Web address:
https://www.cdph.ca.gov/Programs/CFH/DMCAH/IE/Pages/IE-RFA-2019.aspx

CDPH/MCAH reserves the right at its sole discretion to take any of the actions described below. These actions may be initiated at the onset of various events including but not limited to a determination that an insufficient number of applications are responsive, additional funding is identified, anticipated funding decreases, geographic service coverage is insufficient, applicant's funding needs exceed available funding, etc.

- Offer agreement modifications or amendments to funded organizations for increased or decreased services and/or increased/decreased funding following successful negotiations.
- Extend the term of any resulting agreement and alter the funding amount.

CDPH/MCAH reserves the right to remedy errors caused by:

- CDPH/MCAH office equipment malfunctions or negligence by applicant staff.
- Natural disasters (e.g., floods, fires, earthquakes).

F. Agreement Amendments After Award

CDPH/MCAH reserves the right to amend any agreement resulting from this RFA. Amendments may include term extensions, I&E SOW modifications, budget or funding alterations.

G. Staffing Changes After Award

CDPH/MCAH reserves the right to approve or disapprove changes in key personnel that occur after awards are made.

Please note: The issuance of this RFA does not constitute a commitment by CDPH/MCAH to make an award. CDPH/MCAH reserves the right to reject all applications and to cancel this RFA if CDPH/MCAH determines it is in the best interest to do so.

H. Contractor Certification Clauses

The Contractor Certification Clauses can be found at the following website address: http://www.dgs.ca.gov/ols/Resources/StandardContractLanguage.aspx

The Applicant certifies to the best of its knowledge and belief, that it and its principals:

- Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency.
- Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or Agreement under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
- Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph 2 of this certification.
- Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- It shall not knowingly enter into any lower tier covered transaction with a person

who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in such transaction, unless authorized by the State.

- It will include a clause entitled "Debarment and Suspension Certification'' that essentially sets forth the provisions herein, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- If the Applicant is unable to certify to any of the statements in this certification, the Applicant shall submit an explanation to the program funding this contract.

I. Contractual Terms and Conditions

Each funded Applicant must enter into a written agreement that may contain portions of the Applicant's application (e.g., Budget, I&E SOW). If an inconsistency or conflict arises between the terms and conditions appearing in the final agreement and the proposed terms and conditions appearing in this RFA, any inconsistency or conflict will be resolved by giving precedence to the final agreement.

PART VII. ADMINISTRATIVE REQUIREMENTS

This section outlines I&E administrative requirements. Awardees must be familiar with these requirements prior to entering into a contract with the CDPH/MCAH and meet the requirements throughout the contract term. The Contract will include all administrative and program requirements.

A. Standard Payroll and Fiscal Documents

Awardees shall maintain adequate employee time recording documents (e.g., timesheets, time cards, and payroll schedules) and fiscal documents based on Generally Accepted Accounting Principles (GAAP) or practices, Code of Federal Regulations, and OMB Circular Nos. A-87, A-110, A-122, and A-133.17. It is the responsibility of the awardee to adhere to these regulations.

B. Use of Funds

Funds from this contract are restricted to the support of I&E activities only.

1. Allowed Activities

   Funds may be used to pay for salaries and benefits of I&E program staff, meeting

expenses, travel for program and training purposes, EBPM/EIPMs, outreach materials, postage, supplies, rent, equipment, software, and communication expenses.

Funds may be used for incentives for I&E participants with limitations. The total value of all incentives are not to exceed $20 per participant per year. Additional limitations include:

- Gift certificates/cards are allowed if their use supports the I&E program. An agreement with the vendor must be made indicating that any unredeemed value will be returned to the awardee within an agreed upon and reasonable timeframe. Gift certificates/cards must only be distributed to I&E participants on a one-time basis and are not to be used to purchase tobacco or alcohol products.
- Food is allowed but must be a reasonable expense for I&E activities. A reasonable expense would be considered refreshments at a cost of no more than $5 per participant per day of implementation (regardless of number of sessions held on that day), not to exceed $20 per participant per year.
- Recreational activities are allowed but must be a reasonable one-time expense for I&E participants.
- Cash is not an allowable incentive.

2. Disallowed Activities

I&E funding may not be used for any of the following:

- Support of religious activities, including but not limited to, religious instruction, worship, prayer, or proselytizing
- Purchase or improvement of land, or building alterations, renovations or construction
- Fundraising activities
- Political education or lobbying
- Supplanting or replacing current public or private funding
- Supplanting usual activities of any organization involved with I&E
- Reimbursement of costs incurred prior to effective date of the Agreement
- Reimbursement in support of planning efforts and other activities associated with the development and submission of the I&E RFA application

- Reimbursement of costs currently covered by another CDPH/MCAH grant or Contract
- Reimbursement of costs that are not consistent or allowable according to local, State and/or Federal guidelines and regulations
- Provision of direct medical care
- Reimbursement of professional licensure
- Reimbursement of malpractice insurance
- Purchase "S.W.A.G," or "Stuff We All Get" (Refer to the 2-15-2011 Governor Brown Memo)

C. Deliverables

Contracts awarded as a result of this RFA must be completed in accordance with details outlined in the SOW and in the Contract. Deliverables must be approved by CDPH/MCAH before a Contract payment will be authorized. Payments may be adjusted for incomplete and/or unapproved deliverables and CDPH/MCAH may withhold payment for failure to complete deliverables and/or non-compliance with Contract requirements.

D. Payment Provisions

Payments will be made when:

1. The Contract has been approved and fully executed.
2. The Budget Act for the fiscal year has been signed and includes an appropriation for the new I&E Program.

E. Invoicing Requirements

Applicants shall maintain for review and audit and supply to the MCAH, upon request, adequate documentation of all expenses claimed to permit a determination of allowable expenses. All invoice detail, fiscal records, or backup documentation shall be prepared in accordance with generally accepted accounting principles or practices and the terms of the Cooperative Agreement.

F. Initial Allotment and Quarterly Invoices

There are two types of reimbursements that can be requested by Awardees. These reimbursements are the Initial Allotment and Quarterly Invoices. Initial Allotment is only

available to Community Based Organizations (CBOs). This must be requested by August 1, 2019 (and annually).

1. Initial Allotment

   An Initial Allotment of up to twenty-five (25) percent of the yearly contract amount can be requested at the beginning of each fiscal year. The Initial Allotment shall only be initiated after submission of all contractually required documents and upon receipt of the Annual Initial Allotment payment request for the Initial Allotment Request after the I&E Cooperative Agreement is fully executed. The request must be submitted in a format determined by the MCAH and is subject to the following conditions:

   - The prior year initial allotment issued by the funding program under this agreement, if any, has been fully liquidated or repaid in full. All previous invoiced costs are justified.
   - At no time may the sum total of any advance payment exceed twenty-five (25) percent of the total annual agreement amount.
   - The Budget Act of the current year and/or any subsequent years covered under the agreement appropriates sufficient funds for the program.
   - Awarded Agency is in compliance with the Contract Agreement and with the MCAH.

2. Quarterly Invoices

   Awardees will submit invoices each quarter. MCAH will provide additional information about payments and invoicing upon contact award and execution. Applicants shall maintain for review and audit purposes, adequate documentation of all expenses claimed. All invoice detail, fiscal records, or backup documentation shall be prepared in accordance with GAAP or practices within the terms of the Cooperative Agreement. CDPH/MCAH has the right to request documentation at any time to determine an agency's allowable expenses. Awardees will submit invoices each quarter. CDPH/MCAH will provide additional information about payments and invoicing upon execution of the contract.

G. Payment Periods

The periods covered by the Initial Allotment and the Quarterly Invoices are identified in the table below.

Payment Schedule

Payment Type	Period	Due Date
Annual Initial Allotment Payment Request	July 1, 20XX – June 30, 20XX	August 1, 20XX
First Quarterly Invoice	July 1 – September 30, 20XX	November 1, 20XX
Second Quarterly Invoice	October 1 – December 31, 20XX	February 1, 20XX
Third Quarterly Invoice	January 1 – March 31, 20XX	May 1, 20XX
Fourth Quarterly Invoice	April 1 – June 30, 20XX	September 1, 20XX

H. Repayment of Initial Allotment

1. Initial Allotments will be deducted from the 1st, 2nd, and 3rd quarterly invoice payments for each fiscal year of the contract as described in the table below.

Withhold Schedule

Quarterly Invoices	Period	% of Initial Payment Deducted from Invoice
First Quarter	July 1 – September 30, 20XX	1/3
Second Quarter	October 1 – December 31, 20XX	1/3
Third Quarter	January 1 – March 31, 20XX	1/3
Fourth Quarter	April 1 – June 30, 20XX	0 or any remaining percentage of Initial Allotment Balance

2. Funded agency will submit invoices for actual expenditures each quarter. The Initial Allotment repayment will be deducted from the quarterly invoice submitted to the MCAH. Awardees will receive the balance of the invoice as payment for that quarter (as shown in the above table).Interpretation of Contact/Captions/Word Usage

I. Interpretation of Contact/Captions/Word Usage

Unless the context of this I&E contract clearly requires otherwise, words used in the singular include the plural and the plural includes the singular number; the masculine, feminine and other neutral genders shall each be deemed to include the others; “shall,” “must,” “will,” or “agrees” are mandatory, and “may” is permissive; “or” is not exclusive; and “includes” and “including” are not limiting.

J. Contract Terms and Conditions

1. Exhibits

   Awardees shall enter into a Contract that will contain standard contract provisions and exhibits. CDPH/MCAH reserves the right to substitute the latest version of any form or exhibit.

   An awardee's unwillingness or inability to agree to the terms and conditions of the Contract may cause the CDPH/MCAH to deem an awardee non-responsive and ineligible. The CDPH/MCAH will not accept alterations to the contract language.

   Prior to and during contract negotiations, awardees may be required to submit additional information to meet the CDPH/MCAH requirements.

K. Additional Requirements

1. CDPH/MCAH requires the use of the internet, electronic mail, scanning equipment, telephones, and computers with current versions of Adobe and the Microsoft Office suite (Word, Excel, Access and PowerPoint). Additional technology may be required during the contract period.
2. Awardees must obtain prior approval from CDPH/MCAH to participate in data collection or research studies using I&E data for purposes other than the requirements of the Contract.
3. Awardees must begin I&E activities immediately upon contract execution. During the entire contract term, awardees are expected to continue I&E services in accordance with the Contract.
4. Awardees shall be able to cover at least 90 days' worth of I&E expenses prior to reimbursement by the State.
5. Except as set forth below (see Exhibit D) and except where CDPH has agreed in a signed writing to accept a license, CDPH shall be and remain, without additional compensation, the sole owner of any and all rights, title and interest in all Intellectual Property, from the moment of creation, whether or not jointly conceived, that are made, conceived, derived from, or reduced to practice by Contractor or CDPH and which result directly or indirectly from this Agreement. (See Exhibit D, Provision 6. a. (1)).
6. Awardees will not be permitted to use abstinence-only, abstinence only-until-marriage, and fear-based instructions, activities and/or curricula.

L. Subcontractor Agreements

CDPH/MCAH requires awardees to provide I&E services directly to the public. The use of subcontractors, consultants, or any other non-employee for I&E services is not permitted.

PART VIII. CONTRACT BUDGET AND JUSTIFICATION

CDPH/MCAH posted this Cooperative Agreement RFA to solicit applications to fund the implementation of I&E.

CDPH/MCAH will be requiring a standard five (5) line budget. In order to facilitate continued availability of funds, CDPH/MCAH is implementing an accountability process for the contract that requires that deliverables be completed in accordance with details and due dates outlined in the final SOW. Submitted deliverables must be approved by the CDPH/MCAH before a contract payment will be authorized. Payments may be adjusted for incomplete and/or unapproved deliverables.

Applicants must submit a five (5) line item budget for the term of the Contract:

Contract Fiscal Years	
July 1, 2019 – June 30, 2020	Fiscal Year 1
July 1, 2020 – June 30, 2021	Fiscal Year 2

A. Budget Template

The I&E Applicant Budget Template (Attachment 5-1) (Attachment 5-2) contains the worksheets.

The “Guide” worksheet contains instructions to complete the Original Budget worksheet.

B. Required Budget Detail

The “Original Budget” worksheet shall be used to enter specific cost breakdowns for each budget line item.

Use whole dollars only when entering costs into the budget templates. Round fractional dollar amounts or cents to the nearest whole dollar amount.

C. Budget Line Items

The five (5) budget line items are:

1. Personnel & Fringe Benefits
2. Operating Expenses
3. Capital Expense
4. Other Costs
5. Indirect Costs

The following sections outline the details for each line item.

1. Personnel & Fringe Benefits

    a. Personnel Costs

    Include the following information in J-Pers worksheet under Justification to explain the reasonableness and/or necessity of the proposed budgeted costs appearing on the Budget Template. Include wage and/or salary details and justifications, including, but not limited to:

    The annual salary rate or range for each position/classification, and how salary rates or ranges were determined. Note: Awardee staff salaries (paid for with I&E funds) shall not exceed rates paid to State Civil Service personnel (performing comparable work. CDPH/MCAH reserves the right to limit salary reimbursement to levels that are comparable to those of Civil Service employees. For more information on Civil Service classifications and pay scales, refer to the California Department of Human Resources website at http://www.calhr.ca.gov.

    Explain any cost of living, merit or other salary adjustments that are included in the personnel line item. Explain how the amount of each adjustment was determined and explain the frequency or interval at which the adjustment is to be granted. This only applies if you included merit increases, cost of living, or other salary adjustments in the personnel expense line item.

    For each funded position title or classification performing I&E activities, do not combine multiple staff on the same line. Each position must be on a separate line.

The Full Time Equivalent (FTE) or annual percentage of time for each position should be expressed as follows: full time [40 hours a week] = 1.0, 3/4 time = 0.75, 1/2 time = 0.50, 1/4 time = 0.25.

The I&E program staff classifications required on the budget will be a Health Educator at 100% FTE (no more than two (2) staff) and a Project Director (no more than one (1) staff) at a minimum of 25% FTE. Use I&E classification titles even if the agency classifications are titled differently. Any additional staff needed can be listed on the budget as in-kind.

The staff budgeted FTE cannot be more than 100% across all programs.

b. Fringe Benefits (J-Pers Worksheet)

Identify and/or explain the expenses that make up fringe benefit costs. Typical fringe benefit costs can include employer-paid social security, worker's compensation insurance, unemployment insurance, health, dental, vision and/or life insurance, disability insurance, pension plan/retirement benefits, and vacation. Accrued vacation and severance pay paid to employees upon termination is not an allowed fringe benefit.

Only personnel who are employed by the organization and receive fringe benefits are to be included. If applicable, identify any positions that receive different benefit levels.

Display fringe benefit costs using an average fringe benefit rate (see Budget Template for details).

2. Operating Expenses (J-Oper Worksheet) (Title XIX matchable)

a. General Expense (required sub-line item)

This category includes all general costs of the operation of the I&E Program. Examples of such expenses are office supplies, telephone, Communication/Software, Equipment, postage, photocopying of program materials, minor equipment (base unit cost of less than $5,000), equipment rental/maintenance and other consumable operating supplies.

Communication/Software: CDPH/MCAH requires the use of the internet, electronic mail, scanning equipment, telephones, and computers with Adobe Acrobat Professional XI and the Microsoft Office Suite 2016

(Outlook, Word, Excel, Access and PowerPoint). Additional technology may be required during the contract period. Examples of software include software license fees and software upgrades.

Awardee shall possess current technology to allow for easy flow of communication between the Awardee and CDPH/MCAH, such as sending e-mails with large attachments. Awardee must have the ability to access, print and download website information such as files from the CDPH/MCAH website.

If applicable, enter $0 if no operating expenses will be incurred. However, an explanation must be included that describes how the operating needs of the program will be met.

b. Travel

Travel costs consist of mileage, airfare, per diem, lodging, parking, toll bridge fees, taxicab fares and car rental. The amount of the mileage reimbursement includes all costs of operating the vehicle.

The agency shall utilize the lowest available cost method of travel. Refer to the California Department of Human Resources for additional information on reimbursable costs. Additionally, out-of-state travel is not reimbursable without prior written MCAH approval.

Indicate the total cost for travel expenses for the I&E program staff. The funds budgeted for travel shall be for expenses related to the administration of the I&E program. The travel line item in the budget shall include only the costs specifically related to the staff activities, such as travel to attend conferences and trainings.

c. Training

Applicants must include a sufficient expense allocation for the meetings and trainings outlined below:

i. Annually: At least one in-person EBPM/EIPM training, 2-3 days, required for all new I&E facilitators and strongly encouraged for project directors/coordinators and other staff. (If implementing more than one program model, budget accordingly.)

ii. FYs 2019-21: One in-person meeting, 2-3 days, for all I&E staff.

iii. Optional trainings to build staff capacity (e.g., the California Family Health Council's Family Planning Health Worker Course, trainings to implement healthy relationships curricula, etc.).

For budget planning purposes, assume trainings and meetings will be held in Sacramento or the Bay Area and will have a registration cost of approximately $150.00 per training/meeting and does not include travel costs.

The cost for client/participant-related transportation must not be included here; instead, add all participant-related costs to Line Item 4 – Other Costs.

e. Space Rent/Lease

The cost of renting or leasing office space shall designate the total square feet and the cost per square foot. Under State standards, it is permissible to reimburse up to a maximum of 200 square feet of office space per FTE. Please use the following formula to calculate rent/lease costs:

(Total staff FTEs) x (up to 200 sq. ft.) x (up to $2.00 per sq. ft.) x (12 months)

Note: The cost for renting classroom or meeting space (e.g., at a community or youth center) is allowable but should be prorated to the time of actual use (this expense is budgeted under the Other Costs section).

3. Capital Expense (J-Capl Worksheet) (Title XIX matchable)

Major Equipment is defined as a tangible or intangible item with a base unit cost of $5,000 or more and a life expectancy of one (1) year or more that is purchased or reimbursed with agreement funds. Major Equipment is budgeted under the Operating Expenditures category as an individual line item (See Exhibit D, Exhibit D, Provision, 1. Procurement Rules).

4. Other Costs (J-Other Worksheet) (Title XIX matchable or State General Fund only)

Costs that are associated with project participants. Such costs may include, but are not limited to, costs for items unique to outreach and program development. Itemize each expense line item making up the "Other Costs" and explain why each expense is necessary. Typical program costs are listed below.

a. Educational Materials (required sub-line item) (non-Title XIX matchable). List general educational materials to be purchased. This may include the cost of creating, copying and duplicating workbook curricula for participants.

b. Outreach Materials (required sub-line item) (Title XIX matchable)

List general outreach materials (e.g., referral cards and clinic information cards) to be purchased. This includes the cost of creating, copying and duplicating.

c. Incentives (optional sub-line item) (non-Title XIX matchable)

Incentives are allowed if their use supports the I&E program. An agreement with the vendor must be made indicating that any unredeemed value will be returned to the funded agency within an agreed upon and reasonable timeframe. Incentives must only be distributed to I&E participants.

Food is allowed but must be a reasonable expense for I&E participants only. A reasonable expense would be considered refreshments at a cost of no more than $5 per participant per day of implementation (regardless of number of sessions held on that day). No "S.W.A.G," or "Stuff We All Get (Refer to the 2-15-2011 Governor Brown Memo).

The total value of all incentives must not exceed $20 per participant per fiscal year.

d. Program Space Rental (optional sub-line item) (Title XIX matchable)

The cost for renting classroom or meeting space is allowable and should be pro-rated to the time of actual use based on current market rental rates.

e. Participant Training (optional sub-line item) (Title XIX matchable)

Registration/tuition and material costs directly related to participants.

f. Participant Travel/Transportation (optional sub-line item) (Title XIX matchable)

Travel or Transportation costs related directly to transporting program participants for program activities. (i.e., bus rental, bus tokens/passes) for program related activities as stated in the Scope of Work).

5. Indirect Costs - (Title XIX matchable)

Indirect costs include costs that accrue in the normal course of business that can only be partially attributable to performance of a contract (e.g., administrative expenses such as payroll handling, accounting/personnel expenses, liability insurance coverage, janitorial expenses, security expenses, legal representation, equipment maintenance, Executive Director's time, etc.).

a. These are costs that a business would accrue even if they were not performing services for the State under a contract.

b. Specify Indirect cost up to 15% of the total personnel including benefits, if not applicable enter 0%. Non-profit agencies or Community Based Organizations (CBOs) that have an approved Indirect Cost Rate (ICR) from their Federal cognizant agency are allowed to charge their approved ICR or may elect to charge less than the agency's approved ICR percentage rate. Local Health Jurisdictions can use their CDPH approved indirect cost rate. All applicants must complete Attachment 8 Certification of Indirect Cost Rate Methodology.

Applicants may include any other information that will assist CDPH/MCAH to understand how costs were determined and why they are reasonable, justified, and/or competitive. Include explanations for any/all unusually high or disproportionate costs. For example, if this contract is to fund a disproportionately high portion of the organization's indirect (overhead) costs, please provide a justification for the proposed allocation method.

PART IX. ACRONYMS

Acronym	Definition
ASHWG	Adolescent Sexual Health Workgroup
CASHNI	California Adolescent Sexual Health Needs Index
CDPH/MCAH	California Department of Public Health Maternal, Child and Adolescent Health
CHYA	California Healthy Youth Act
CQI	Continuous Quality Improvement
DGS	Department of General Services
EBPM/EIPM	Evidence-Based Program Model/Evidence-Informed Program Model
Family PACT	Family Planning, Access, Care, and Treatment
FTE	Full Time Employee
GAAP	Generally Accepted Accounting Principles
HIV/AIDS	Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome
I&E	Information and Education Program
LARC	Long Acting Reversible Contraception
LGBTQ	Lesbian, Gay, Bisexual, Transgender or Queer/Questioning
LSC	Local Stakeholder Coalition
MSSA	Medical Service Study Area
OMB	Office of Management and Budgets
PRA	Public Records Act
RFA	Request for Application
SHEAA	Sexual Health Education Accountability Act
SOW	Scope of Work
STI	Sexually Transmitted Infection
YSHCN	Youth with Special Health Care Needs

PART X. REFERENCES

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