

**REQUEST FOR APPLICATION (RFA)**  
**California Personal Responsibility Education Program (CA PREP)**  
**November 14, 2017**



**California Department of Public Health**  
**Center for Family Health**  
**Maternal, Child and Adolescent Health Division**

**To obtain a copy of this document in an alternate format, please contact:**

California Department of Public Health  
Maternal, Child and Adolescent Health Division  
1615 Capitol Avenue, Suite 73.560  
P.O. Box 997420, MS Code 8305  
Sacramento, CA 95814

Phone: 1 (866) 241-0395

Email: [PREP\\_RFA@cdph.ca.gov](mailto:PREP_RFA@cdph.ca.gov)

or

CA Relay Service at: 1 (800) 735-2929

Please allow at least ten (10) working days to coordinate alternate format services.

**Table of Contents**

**PART I. FUNDING OPPORTUNITY DESCRIPTION .....5**

- A. Overview..... 5
- B. Public Health Significance..... 6
- C. Program Description..... 7
- D. Authorizing Legislation ..... 8
- E. Eligibility Criteria..... 8
- F. Proposed Award Distribution ..... 9
- G. Agreement Term..... 10
- H. RFA Key Action Dates..... 11

**PART II. PROGRAM REQUIREMENTS..... 11**

- A. Target Population ..... 11
- B. Evidence-Based Program Models..... 12
- C. Adulthood Preparation Subjects ..... 17
- D. Local Stakeholder Coalition ..... 18
- E. Clinical Linkages..... 20
- F. Staffing..... 20
- G. Monitoring, Evaluation, and Continuous Quality Improvement..... 21
- H. Reporting and Other Administrative Requirements ..... 22

**PART III. APPLICATION SUBMISSION PROCESS ..... 24**

- A. RFA Delivery Methods ..... 24
- B. RFA Questions..... 25
- C. Internet Access for RFA Documents and Addendums..... 25
- D. Instructions for Preparation and Submission of Applications ..... 26

**PART IV. PROGRAM NARRATIVE AND CORRESPONDING ATTACHMENTS ... 28**

- Program Instructions..... 28

<b>PART V. EVALUATION AND SELECTION .....</b>	<b>30</b>
A. First Stage .....	30
B. Second Stage .....	31
<b>PART VI. AWARD ADMINISTRATION INFORMATION .....</b>	<b>36</b>
A. Notice of Awards .....	36
B. Dispute Process.....	36
C. Disposition of Applications .....	37
D. Inspecting or Obtaining Copies of Applications.....	37
E. CDPH/MCAH Rights .....	38
F. Agreement Amendments After Award.....	38
G. Staffing Changes After Award.....	39
H. Federal Certification Clauses .....	39
I. Contractual Terms and Conditions .....	40
<b>PART VII. ADMINISTRATIVE REQUIREMENTS .....</b>	<b>40</b>
A. Standard Payroll and Fiscal Documents .....	40
B. Use of Funds .....	40
C. Deliverables .....	42
D. Quarterly Invoices.....	42
E. Interpretation of Contact/Captions/Word Usage .....	42
F. Contract Terms and Conditions .....	42
G. Additional Requirements .....	43
H. Subcontractor Agreements.....	43
<b>PART VIII. CONTRACT BUDGET AND JUSTIFICATION.....</b>	<b>43</b>
A. Budget Template .....	44
B. Required Budget Detail .....	44
C. Budget Line Items .....	44
<b>PART IX. ACRONYMS .....</b>	<b>50</b>
<b>PART X. REFERENCES .....</b>	<b>51</b>

## **PART I. FUNDING OPPORTUNITY DESCRIPTION**

### **A. Overview**

The California Department of Public Health, Maternal, Child and Adolescent Health Division (CDPH/MCAH) is soliciting applications from eligible organizations ([Part I. E, Eligibility Criteria](#)) to implement California's Personal Responsibility Education Program (CA PREP). CA PREP is intended to educate youth on preventing pregnancy and sexually transmitted infections (STIs) including the human immunodeficiency virus (HIV). CA PREP programming must include both abstinence and contraception, and must cover selected adulthood preparation subjects (APS). CA PREP funds shall be used primarily to replicate or substantially incorporate elements of effective evidence-based program models (EBPMs) that have been proven to change sexual risk-taking behavior including delaying sexual activity, reducing number of sexual partners, and increasing condom and/or contraceptive use among sexually active youth. CA PREP funds may also be used to support complementary activities including community engagement around improving adolescent sexual health and promotion of clinical linkages to local reproductive health services.

All funded agencies operate in areas designated as high-need for adolescent sexual and reproductive health services based on the California Adolescent Sexual Health Needs Index (CASHNI). See [Appendix 1](#) for a description of the CASHNI.

This program is managed under the direction of CDPH/MCAH. Cooperative agreements will be awarded for one fiscal year, beginning July 1, 2018 and ending June 30, 2019, contingent on availability of funds from the Family and Youth Services Bureau (FYSB).

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.

Current CA PREP awardees (i.e., agencies funded to implement CA PREP from July 1, 2015 – June 30, 2018) are invited to apply to this Request for Application (RFA). Due to the uncertainty of future Federal allocations, only one fiscal year of funding is available for allocation at this time. This allocation comes from unspent funding from previous federal PREP awards and may not be available in the future. Given the one-year funding cycle, CDPH/MCAH determined that eligibility for funding through this RFA will be restricted to current CA PREP awardees. This will allow current CA PREP agencies to continue serving youth without interruption during this time of uncertainty. Should Federal PREP funding be reauthorized for future years, a competitive RFA will be released.

Applicants must comply with the instructions contained in this document to submit an application to provide CA PREP services. CA PREP 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 15, 2018 by 4:00 PM**. Applicants must adhere to the due dates in [Part I. H, 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 24.2 live births per 1,000 female youth aged 15 to 19 in 2014. In California, the decline has been even more substantial, reaching a rate of 20.8 per 1,000 in 2014.<sup>1</sup> 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 long active reversible contraceptive (LARC) methods, and increases in dual use of condoms and other methods.<sup>2,3</sup> 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, there are still substantial disparities in rates of adolescent childbearing and STIs based on race, ethnicity, geography, and other social and demographic characteristics. Notably, nearly three out of four adolescent births in CA are to Hispanic mothers. Though adolescent birth rates have declined, racial disparities in these rates have increased, 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.<sup>1</sup> Other vulnerable populations, including youth in foster care and juvenile justice systems, homeless/runaway youth, female adolescents with a major mental illness, and male and female youth who identify as lesbian, gay or bisexual, also have higher rates of early pregnancy, childbearing and/or STIs including HIV when compared to other adolescents. For example, almost half of female youth in foster care have been pregnant by age 19, compared with one fifth of female youth outside of the foster care system.<sup>4</sup> These vulnerable adolescents are in substantial need of targeted sexual health education and support services.

Youth with special needs, 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.<sup>5</sup> Due to the heterogeneity of conditions and needs among adolescents in this group, it can be challenging to ensure that all youth with special needs receive effective sexual health instruction. It is a CA PREP priority to provide sexual health services that are accessible to and inclusive of youth with disabilities.

Providing high-need adolescents with the knowledge and motivation to make informed decisions around their sexual and reproductive health is an important tool in addressing the health disparities faced by youth 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. In addition, preventing unplanned, early pregnancies and promoting positive youth development may contribute to increased educational and vocational attainment, influencing personal development, relationships, career and educational prospects across generations. By continuing the progress made to date in delaying pregnancy and parenthood, more California youth will have the opportunity to build a strong and healthy foundation for the future.

### **C. *Program Description***

The main goals of CA PREP are to reduce rates of adolescent births and STIs including HIV among high-need youth populations by replicating or substantially incorporating elements of EBPMs for sexual health education.

Key components of CA PREP include:

- Implementation of EBPMs
- Integration of APS
- Compliance with California Health & Safety and Education Codes, when applicable
- Community outreach and engagement activities
- Dissemination of information about Family PACT and other youth services
- Participation in required evaluation and monitoring activities

The Federal funding guidelines emphasize that CA PREP service providers should aim to reduce adolescent birth and STI rates for youth populations most at-risk for these outcomes. A complete list of youth populations considered high-needs by CA PREP is available in [Part II, Program Requirements](#).

CA PREP funds shall be primarily used to replicate or substantially incorporate elements of EBPMs. CDPH/MCAH has selected four EBPMs that have been shown to change behaviors including delaying sexual activity and increasing use of condoms and/or contraception among sexually active youth. Three of the CA PREP program models come from [Office of Adolescent Health's list of effective programs](#), and the additional EBPM has been approved by CDPH/MCAH and FYSB for implementation by CA PREP.

Additional activities to be supported by CA PREP funds include: maintaining a coalition of local stakeholders around adolescent sexual health; outreach to parents of CA PREP 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**

CA PREP is federally funded through FYSB. It was originally authorized in 2010 as part of the Affordable Care Act, and was most recently extended through FY 2016 and 2017 as part of the Medicare Access and CHIP Reauthorization Act of 2015.

**E. Eligibility Criteria**

The following organizations (awardees that are currently receiving CA PREP funding during the 2015-18 cycle) are eligible and invited to apply for funding:

- AltaMed Health Services Corporation, Los Angeles County
- California Health Collaborative, Kings County
- Community Action Commission of Santa Barbara County, Santa Barbara County
- County of Madera Public Health Department, Madera County
- County of Monterey Health Department, Monterey County
- County of Sacramento Department of Health and Human Services, Sacramento County
- County of Santa Cruz Health Services Agency, Santa Cruz County
- County of Tulare Health and Human Services Agency, Tulare County
- Delta Health Care and Management Services Corporation, San Joaquin County
- Fresno County Economic Opportunities Commission, Fresno County



- Kern County Superintendent of Schools, Kern County
- Lake Family Resource Center, Lake County
- Orange County Bar Foundation, Orange County
- Planned Parenthood Mar Monte, Sacramento County
- Planned Parenthood Northern California, Humboldt County
- Planned Parenthood Northern California, Shasta County
- Planned Parenthood of Orange and San Bernardino Counties, San Bernardino County
- Planned Parenthood of the Pacific Southwest, Imperial County
- Planned Parenthood of the Pacific Southwest, San Diego County
- Riverside Community Health Foundation, Riverside County
- Santa Rosa Community Health Center, Sonoma County
- Vista Community Clinic, San Diego County

**F. *Proposed Award Distribution***

*1. Available Funding*

Up to \$5,100,000 in Federal allocations from FYSB will be allocated statewide through this RFA.

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 one-year period (July 1, 2018 – June 30, 2019). CDPH/MCAH reserves the right to determine the level of funding to be awarded.

*2. Funding Tiers*

CA PREP funds will continue to be awarded within tiers. Counties in Tier 1 have the highest countywide need and/or highest numbers of eligible youth, followed by Tier 2 and then Tier 3.

Funding levels will be within the funding ranges by tier described in Table 1. The amount awarded within the funding range will be determined by CDPH/MCAH based upon availability of funding, the applicant's proposed budget, and CA PREP funding priorities. All attempts will be made to remain consistent with the

2015-2018 funding levels.

The minimum award given to all applicants chosen for funding will be \$125,000.

<b>Table 1: CA PREP Funding Tiers</b>		
<b>Tier</b>	<b>Eligible Counties</b>	<b>Minimum to Maximum</b>
Tier 1	Fresno, Kern, Los Angeles, Riverside, San Bernardino, San Diego, Tulare	\$125,000 to \$400,000
Tier 2	Imperial, Kings, Madera, Monterey, Orange, Sacramento, San Joaquin, Santa Barbara	\$125,000 to \$250,000
Tier 3	Lake, Humboldt, Santa Cruz, Shasta, Sonoma	\$125,000 to \$150,000

3. *Limitations of State Liability*

Funding for the resulting Agreement is dependent upon availability of future appropriations by the State Legislature, Congress, or Federal funding for the purposes of the resulting Agreement. No legal liability on the part of the State for any payment may arise under the resulting Agreement until funds are made available through an annual appropriation. If an Agreement is executed before ascertaining available funding and funding does not become available, CDPH/MCAH will cancel the Agreement.

**G. Agreement Term**

The term of the Agreement is expected to be a one-year term and is anticipated to be effective from July 1, 2018 through June 30, 2019.

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**

<b>Table 2: Key Action Dates</b>		
<b>Event</b>	<b>Date</b>	<b>Time, if applicable</b>
RFA Release	November 14, 2017	
Deadline to Submit RFA Questions Submit via e-mail at: PREP_RFA@cdph.ca.gov Subject Line: CA PREP RFA Questions	November 22, 2017	4:00 PM
Q&A Responses Published	December 1, 2017	
<b>Application Due</b>	<b>January 15, 2018</b>	<b>4:00 PM</b>
Public Notice of Intent to Award	March 6, 2018	
Dispute Filing	March 13, 2018	4:00 PM
Cooperative Agreements Commence	July 1, 2018	

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/CA-PREP/Pages/CAPREP-RFA-2018.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**

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.

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) level using the process 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.

CASHNI scores range from 0 to 2715 across California's 542 MSSAs. See [Appendix 1](#) for more detail and a list of CASHNI scores by MSSA.

Youth are considered high-need and are eligible to be served by CA PREP 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)\*
- Receive services at a reproductive health clinic in a high-needs MSSA
- Are homeless and/or runaway youth
- 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 questioning (LGBTQ)
- Reside in or receive outpatient services from a mental health or substance abuse treatment facility or group home
- Have special 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”<sup>6</sup>
- 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”<sup>7</sup>
- Are expectant or parenting female youth (up to age 21)

All youth served by CA PREP must meet at least one of the criteria above.

\*For continuity of services, agencies will be allowed to provide services at all active sites in high-need MSSAs approved during the 2015-18 program cycle (designated using 2012 CASHNI data). The updated CASHNI (see [Appendix 1](#)) should be utilized for all new site identification. New sites that do not meet one of the other eligibility criteria will be reviewed on a case-by-case basis by the CDPH/MCAH Program Consultant.

#### ***B. Evidence-Based Program Models***

In accordance with Federal requirements for PREP funding, CA PREP awardees will replicate with fidelity or substantially incorporate elements of EBPMs that have been proven through

rigorous scientific research to have significant, positive behavioral outcomes related to adolescent births, STIs, and HIV prevention. CDPH/MCAH has selected four EBPMs that have been shown to change behaviors including delaying sexual activity and increasing use of condoms and/or contraception among sexually active youth.

*1. EBPM Selection*

The four CDPH/MCAH-selected EBPMs are identified in **Table 3. Applicants must choose at least one of the EBPMs listed in Table 3** that best suits the needs of their target population. Applicants serving more than one target population (for example, youth in juvenile justice and youth in alternative high schools), may select different EBPMs for each population.

EBPMs have typically been designed for specific populations (e.g., race/ethnicity, age, and gender) in specific settings (e.g., schools, clinics, juvenile justice facilities). Refer to Table 4, EBPM At-a-Glance.

Appropriate EBPM selection increases the likelihood that the program will be implemented with fidelity, thereby increasing the likelihood of achieving the desired outcomes. Not all EBPMs are appropriate for all adolescents, organizations, and communities. Selecting an EBPM based on the needs of the target population(s) increases the chance it will be appropriate for and accepted by participating adolescents. Additionally, EBPMs that reflect the culture, language, and values of the target population(s) increase the chances of improving outcomes.<sup>8</sup>

After Notice of Intent to Award, CDPH/MCAH will work with awardees to determine the best program model for their target population(s) and setting(s).

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

<b>Table 3: CA PREP Approved Evidence-Based Program Models</b>	
1.	<a href="#"><u>Cuidate! 2<sup>nd</sup> Edition, 2012, 2<sup>nd</sup> Printing</u></a>
2.	<a href="#"><u>Sexual Health and Adolescent Risk Prevention (SHARP), also known as HIV Risk Reduction Among Detained Adolescents 1<sup>st</sup> Edition, 2010</u></a> <ul style="list-style-type: none"> <li>• Can only be used in Juvenile Justice or community-based settings.</li> </ul>
3.	<a href="#"><u>Making Proud Choices! California Edition, 2016</u></a> <ul style="list-style-type: none"> <li>• School or Community-based versions.</li> <li>• Only <a href="#"><u>California Healthy Youth Act</u></a>-compliant EBPM; pending updated ASHWG review results, expected late Fall 2017.</li> <li>• Will soon be available in Spanish.</li> </ul>
4.	<a href="#"><u>Power Through Choices</u></a> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Contact: Janene Fluhr [<a href="mailto:jfluhr@oica.org">jfluhr@oica.org</a>]</li> </ul>

Table 4: EBPM At-a-Glance							
EBPM	Target Audience	Number of Modules	Intended Curriculum Length <sup>1</sup>	Maximum Facilitator : Student Ratio	Maximum Cohort Size	Suggested Implementation Schedule(s) <sup>2</sup>	Average Attrition Rate <sup>3</sup>
<i>Cuidate!</i>	Latino youth, ages 13-18	6	<b>365 minutes</b>	1:12	24	<ul style="list-style-type: none"> <li>• 2 days, 3 modules/day</li> <li>• 3 days, 2 modules/day</li> <li>• 6 days, 1 module/day</li> </ul>	• 10.5%
Making Proud Choices, California Edition <sup>4</sup>	Youth ages 12-18; specific activities or discussions can be adapted for either middle school or high school settings.	Community Version: 9 School Version: 14	<b>Community Version: 540 minutes</b> <b>School Version: 560</b>	1:15	30	<ul style="list-style-type: none"> <li>• 2 days, 4 modules/day</li> <li>• 4 days, 2 modules/day</li> <li>• 8 days, 1 module/day</li> </ul>	• 4.6%
Sexual Health and Adolescent Risk Prevention	Youth involved in the criminal justice system	5 Sections	<u>1 Session</u> <b>215 min w/ 2 Facilitator</b> <b>235 min w/ 1 Facilitator</b> <u>2 or more sessions<sup>5</sup></u> <b>185 min w/1-2 Facilitator</b>	1:1-5 max of 10 <i>(separated by gender)</i>	10	<ul style="list-style-type: none"> <li>• 1 day, entire EBPM</li> </ul>	• 5.7%
Power Through Choices	Youth ages 14-18 living in out-of-home care	10	<b>900</b>	1:12	24	<ul style="list-style-type: none"> <li>• 9 days, 1 module/day</li> </ul>	• 6.3%

<sup>1</sup> All Intended Curriculum Lengths include additional time for entry and exit surveys, any applicable CHYA adaptations developed by MCAH, and disseminating Family PACT materials.

<sup>2</sup> Any Implementation Schedule that does not replicate those below needs to be approved as an implementation adaptation. For *Cuidate!* and Making Proud Choices, 2 sessions cannot be scheduled more than 1 week apart. (Suggested Implementation)

<sup>3</sup> Based on retention rates from CA PREP program year 2016-2017. (Average Attrition)

<sup>4</sup> Making Proud Choices! California is an enhanced edition of Making Proud Choices! made to align the curriculum with the California Healthy Youth Act (CHYA) which came into effect on January 1, 2016. (MPC)

<sup>5</sup> If SHARP is conducted in 1 session (1 day) the 30-50 minute break is included in the total curriculum length. If conducted in 2 or more sessions (days) the 30-50 minutes break is not included in the total curriculum length. (2 or more sessions)

2. *Fidelity*

Awardees will be required to maintain fidelity to the core components of the EBPMs. Implementing a program model with fidelity requires implementing the EBPM in its entirety and with the core components of each module delivered as intended. All awardees will attend training on how to implement a selected EBPM with fidelity. Awardees are permitted to adapt EBPMs 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. Adaptations must be submitted for review and approval by CDPH/MCAH prior to implementation.

Training and technical assistance will be provided to awardees to consider whether adaptations are necessary for their selected EBPM. Awardees will also be provided with fidelity monitoring tools to ensure the EBPMs are implemented as intended.

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. *EBPM Training*

Awardees will be required to attend training provided by CDPH/MCAH or the program developer as directed on their selected EBPM(s). Awardees will ensure program staff hired to implement EBPM(s) are able to meet the EBPM core components and implement the EBPM(s) with fidelity. In addition, staff hired shall be able to implement the EBPM(s) in a culturally and linguistically appropriate manner for the target population(s).

5. *California Laws*

CA PREP awardees are required to comply with the following California laws, as applicable

- 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](#) (currently undergoing revision)

6. *Changing EBPMs After Award*

Awardees will not be permitted to change the selection of their EBPM(s) or approved implementation plan after the contract award without prior CDPH/MCAH approval.

**C. Adulthood Preparation Subjects**

Awardees will integrate adulthood preparation subjects (APS), a set of six youth development topics, into EBPM implementation. Integrating three of the six adulthood preparation subjects into EBPM implementation is a requirement of Federal PREP funding. The APS are listed below; the first three below (in bold) have been selected by MCAH as topic areas that CA PREP awardees must cover during EBPM implementation.

- **Adolescent Development**
- **Healthy Life Skills**
- **Healthy Relationships**
- Educational and Career Success
- Financial Literacy
- Parent-Child Communication

Each EBPM provides different coverage of the CA PREP topic areas; not all models adequately cover each topic. In 2014, CDPH/MCAH conducted a review of APS in CA PREP evidence-based program models to determine which subjects require additional content to meet minimum standards. The review identified areas of need across all EBPMs reviewed. For more background on the review and the content of each of the CA PREP APS, see [Appendix 2](#).

Awardees will integrate APS in the following ways:

- Required: CA PREP facilitators must view or attend topical trainings as directed by CDPH/MCAH to incorporate APS content and themes into EBPMs throughout implementation.
- Encouraged: Awardees may add relevant activities (such as an activity on puberty and

physical development, or a course on healthy relationships) before or after EBPM implementation, with prior approval from CDPH/MCAH. All APS activities must be included between the entry and exit survey and APS activities outside of the implementation guidance cannot be incorporated within the EBPM content.

Awardees may also propose and implement other activities on any of the six APS with approval from CDPH/MCAH prior to implementation.

***D. Local Stakeholder Coalition***

CA PREP awardees will develop and/or maintain a Local Stakeholder Coalition (LSC) to raise awareness around and improve adolescent sexual and reproductive 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 CA PREP;
- Identify strategies to seek and maintain community support for CA PREP 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 populations: the most high-risk population(s) within the county
- MSSAs: location(s) of target population(s) within the county
- EBPM(s) best suited to meet the needs of target population(s)
- Service location(s)

2. *Local Stakeholder Coalition Key Members*

At a minimum, the local stakeholder coalition must include 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-risk adolescents with services related to homelessness, substance use/abuse, intimate partner violence)
- 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 CA PREP service delivery site(s) serving the awardee’s target population

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

- Youth from the target population and their parents/guardians
- Law enforcement
- Pregnant and parenting youth service providers (e.g., the Adolescent Family Life Program, Cal-SAFE, locally-funded 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 CA PREP progress and successes to the community at least once annually (data will be provided routinely by CDPH/MCAH).

3. *Other Local Stakeholder Coalition Activities*

Applicants are encouraged to propose additional community outreach activities. For example, CA PREP funds may be used to engage the parents of CA PREP youth, including presentations to explain the content of the CA PREP EBPMs to parents, or to provide parents with information and strategies to support them in their role as their child's primary sexual health educator. Another example would be outreach to local businesses that employ youth.

All proposed outreach activities must be approved by CDPH/MCAH prior to implementation.

***E. Clinical Linkages***

CA PREP awardees will be required to establish formal partnerships with Family PACT providers within their local communities to promote youth awareness of and increase adolescent access to family planning, reproductive health, and other youth support services. Awardees will promote awareness of, and provide information about, the availability, confidentiality, and cost of services to all CA PREP youth. Activities shall include, but are not limited to, incorporating information about Family PACT and other services into EBPM 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 teen tours of Family PACT or other reproductive health care clinics.

***F. Staffing***

Awardees must hire a sufficient number of staff to complete all CA PREP program and contract requirements in order to implement EBPMs with fidelity. Staff hired to implement EBPMs should meet the EBPM 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, ability and willingness to engage youth in the program, comfort and accuracy with discussing sexual health information, and a caring, non-judgmental attitude. Applicants are encouraged to refer to the [Core Competencies for Adolescent Sexual and Reproductive Health Program/Services Manual](#) (Guiding Principles are in [Appendix 3](#)).

Standard CA PREP staffing includes a designated Project Director whose responsibility is ensuring the viability and success of CA PREP activities; a Project Coordinator with overall responsibility for coordinating and documenting project activities; and a facilitator(s) to

conduct and implement CA PREP intervention activities. It is beneficial to structure staffing such that facilitators have a sufficient percentage of their time devoted to CA PREP 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 will fund all awardees at levels sufficient to support, at a minimum, one health educator (100% Full Time Employee, or FTE) and one project coordinator (at least 25% FTE).

**G. *Monitoring, Evaluation, and Continuous Quality Improvement***

Awardees will participate in the CA PREP 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*

CA PREP 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. A cohort is defined as a group of youth participating in one cycle of CA PREP implementation. At a minimum, this will include collection of youth demographic, attendance and dosage data, completion of a fidelity tracking log, and 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*

CA PREP 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 coordinators at regular intervals following

training activities. Awardees will be required to conduct at least two observations of each facilitator, observing two different lessons/modules/activities per year.

*4. Youth Experiences and Outcomes*

CA PREP 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 every participant served at program entry and exit. Entry and exit surveys are Institutional Review Board approved and provided to awardees by CDPH/MCAH. CA PREP agencies must work with their local school districts and other sites to ensure that they will be allowed to administer the surveys. Surveying is federally mandated, and 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 CA PREP 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 Scope of Work (SOW).
- b. Annual Community Report - Awardees shall develop and present an Annual Community Report to local stakeholders to share CA PREP activities and accomplishments. The Annual Community Report will educate the community regarding adolescent pregnancy prevention services, progress in reducing adolescent birth rates, and successes and challenges related to connecting adolescents to information and support, with the intent of increasing community involvement.

- c. Single Organization-wide Financial and Compliance Audit - Awardees shall, if applicable, comply with the Single Audit Act and the audit reporting requirements set forth in 2 CFR part 200, subpart F:
  - (a) *Audit required.* A non-Federal entity that expends \$750,000 or more during the non-Federal entity's fiscal year in Federal awards must have a single or program-specific audit conducted for that year in accordance with the provisions of this part.
  - (b) *Single audit.* A non-Federal entity that expends \$750,000 or more during the non-Federal entity's fiscal year in Federal awards must have a single audit conducted in accordance with §200.514 Scope of audit except when it elects to have a program-specific audit conducted in accordance with paragraph (c) of this section.
- d. Other Reports - Awardees shall participate in the collection, monitoring, and reporting of program implementation and outcomes through a uniform set of performance measurements determined by the Federal funders. Awardees may be required to complete and submit other CDPH/MCAH performance and/or financial reports.

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 will perform, at its discretion, formal and/or informal site visits. The site visits will be conducted to monitor implementation activities, fidelity to the EBPM(s), and ensure compliance with the contract.

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 15, 2018 at 4:00 PM. 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.



<b>Table 5: RFA Submission Delivery Methods</b>		
<b>U.S. Mail</b>	<b>Express Mail</b>	<b>Hand Delivery</b>
<b>ATTN: CA PREP RFA 18-10012</b>  California Department of Public Health Maternal, Child and Adolescent Health Division P.O. Box 997420, MS 8305 Sacramento, CA 95899-7420	<b>ATTN: CA PREP RFA 18-10012</b>  California Department of Public Health Maternal, Child and Adolescent Health Division 1615 Capitol Avenue Suite 73.560, MS 8305 Sacramento, CA 95814	<b>ATTN: CA PREP RFA 18-10012</b>  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 22, 2017, to submit questions listed 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](#).

Questions and answers will be posted on the CA PREP program website at: <https://www.cdph.ca.gov/Programs/CFH/DMCAH/CA-PREP/Pages/CAPREP-RFA-2018.aspx>. 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.

**C. 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/CA-PREP/Pages/CAPREP-RFA-2018.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 [PREP\\_RFA@cdph.ca.gov](mailto:PREP_RFA@cdph.ca.gov) to report any problems with the CDPH/MCAH website or documents published.

**D. *Instructions for Preparation and Submission of Applications***

- *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 Table 2 [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.

- *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 CA PREP email address [PREP\\_RFA@cdph.ca.gov](mailto:PREP_RFA@cdph.ca.gov).

Each application set must include the following:

1. Application Cover Sheet ([Attachment 1](#))
2. Application Checklist ([Attachment 2](#))
3. Program Narrative Template ([Attachment 3](#)), including components 1-5 as described in Part IV
4. Local Stakeholder Coalition Roster ([Attachment 4](#))

5. Budget Template ([Attachment 5](#))
6. Agency Information Form ([Attachment 6](#))

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.

- *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 on January 15, 2018**. Please note: Late applications will not be reviewed or scored.

- *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.

- *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 (866) 241-0395.

#### **PART IV. PROGRAM NARRATIVE AND CORRESPONDING ATTACHMENTS**

Applicants should provide a detailed narrative describing the need for CA PREP 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%

#### ***Program Instructions***

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 provide 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 CA PREP 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-needs 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. *(5 points)*
  - 3. Describe the applicant's experience administering adolescent sexual health education programming, including data collection, program monitoring, and continuous quality improvement efforts. *(5 points)*

4. Describe efforts with regard to meeting annual reach goals during the 2015-2018 CA PREP funding cycle thus far. If the applicant has had challenges in completing its annual reach goal, describe any applicable strategies to address this in the next fiscal year. (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. (5 points)

**B. Implementation Plan (Maximum 50 points)**

1. Describe the applicant's experience with implementing and administering Evidence-Based Program Models (including recruitment, retention, and challenges), identifying sites, and any strategies and successes for reaching high-need youth. (10 points)
2. Describe how these past efforts have informed the proposed Implementation Plan (Table 1 in [Attachment 3](#)), including plans to expand services to additional settings and/or target populations. (10 points)
3. Target Population and Program Setting -- Complete Table 1 in [Attachment 3](#), capturing plans to serve primary target populations, program settings, proposed EBPMs, and estimations of number of youth to be initiated. (10 points)
4. Completers, Reach Numbers and Cost Per Youth -- Complete Tables 2 and 3 in [Attachment 3](#), calculating the proposed Annual Reach and Cost Per Youth. (10 points)

*Note: Cost per youth will vary by agency depending on EBPM, setting, target population, and county population size. Agencies will not receive higher scores for a lower cost per youth, but cost per youth should typically fall within the range of \$200-\$500. Applicants who anticipate a higher cost per youth must provide a justification.*

5. Describe the number and classification of proposed program staff positions, including project director, project coordinator, and facilitator(s). Address the proposed structure of supervision and staff support, and how staffing will support optimal delivery of CA PREP services. (10 points)

*Note: CDPH/MCAH highly recommends planning for CA PREP facilitators to have all or most of their FTE percentage devoted to PREP (i.e., not split across multiple projects), so they can implement regularly and build skill and comfort with delivering the curricula. The expectation at the minimum funding level (\$125,000) is at least one full-time facilitator and one project coordinator at no less than 25% FTE.*

**C. Plan for Community Outreach (Maximum 10 points)**

1. Describe the applicant's past efforts regarding joining or forming a LSC per the CA PREP 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 FY 2018-19, including activities conducted by the applicant, as well as by the LSC. (5 points)

*Required Attachments: [Attachment 4](#), Local Stakeholder Coalition Roster*

**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 CA PREP 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 FY 2018-19.

*Required Attachments: [Attachment 5](#), Budget Template FY 2018-19.*

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 CA PREP.

*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.

- An applicant submits an application that is materially incomplete or contains material defects, alterations or irregularities of any kind.
- An applicant supplies false, inaccurate or misleading information or falsely certifies compliance on any RFA attachment.
- 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:

<b>Table 6: Point Scoring System for Responses worth 5 points</b>		
<b>Points</b>	<b>Interpretation</b>	<b>General Basis for Point Assignment</b>
<b>0</b>	<b>Missing</b>	<i>Response is missing entirely.</i>
<b>1</b>	<b>Inadequate</b>	<i>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.</i>
<b>2</b>	<b>Barely Adequate</b>	<i>Response barely meets CDPH/MCAH’s needs/requirements or expectations. The omission(s), flaw(s), or defect(s), are substantial.</i>
<b>3</b>	<b>Adequate</b>	<i>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.</i>

<b>Points</b>	<b>Interpretation</b>	<b>General Basis for Point Assignment</b>
<b>4</b>	<b>Fully Adequate</b>	<i>Response fully meets CDPH/MCAH’s needs/requirements or expectations. The omission(s), flaw(s), or defect(s), if any, are inconsequential and acceptable.</i>
<b>5</b>	<b>Excellent or Outstanding</b>	<i>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.</i>

**Table 7: Point Scoring System for Responses worth 10 points**

<b>Points</b>	<b>Interpretation</b>	<b>General Basis for Point Assignment</b>
<b>0</b>	<b>Missing</b>	<i>Response is missing entirely.</i>
<b>1-2</b>	<b>Inadequate</b>	<i>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.</i>
<b>3-4</b>	<b>Barely Adequate</b>	<i>Response barely meets CDPH/MCAH’s needs/requirements or expectations. The omission(s), flaw(s), or defect(s), are substantial.</i>
<b>5-6</b>	<b>Adequate</b>	<i>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.</i>
<b>7-8</b>	<b>Fully Adequate</b>	<i>Response fully meets CDPH/MCAH’s needs/requirements or expectations. The omission(s), flaw(s), or defect(s), if any, are inconsequential and acceptable.</i>
<b>9-10</b>	<b>Excellent or Outstanding</b>	<i>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.</i>

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**.



<b>Table 8: Background, Agency Experience, and Organizational Capacity (Maximum 25 points)</b>			
<b>Question Number</b>	<b>Rating Factors</b>	<b>Points Possible</b>	<b>Points Earned</b>
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. Applicant should also include any relevant information on high-needs 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.	5	
A3	The extent to which the applicant describes their experience administering adolescent sexual health education programming, including data collection, program monitoring, and continuous quality improvement efforts.	5	
A4	The extent to which the applicant describes their efforts with regard to meeting annual reach goals during the 2015-2018 CA PREP funding cycle thus far. If the applicant has had challenges in completing their annual reach goal, they should include any applicable strategies to address this in the next fiscal year.	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.	5	
<b>Total score for section</b>		<b>25</b>	

<b>Table 9: Implementation Plan (Maximum 50 points)</b>			
<b>Question Number</b>	<b>Rating Factors</b>	<b>Points Possible</b>	<b>Points Earned</b>
B1	The extent to which the applicant describes their experience with implementing and administering EBPMs (including recruitment, retention, and challenges), identifying sites, and any strategies and successes for reaching high-need youth.	10	
B2	The extent to which the applicant describes how their past efforts have informed the proposed Implementation Plan (Table 1 in <a href="#">Attachment 3</a> ), including plans to expand services to additional settings and/or target populations.	10	
B3	The extent to which the applicant proposes to serve high-need youth in an appropriate setting and with an EBPM that will effectively meet the needs of participants. Cohort sizes should align with the guidance provided in Table 4: EBPM At-a-Glance. Proposed target populations and settings should reflect the needs and strategies described in Parts A and B (questions 1 and 2) in <a href="#">Attachment 3</a> .	10	
B4	The extent to which the applicant provides accurate calculations and proposes an Annual Reach number that is both ambitious and attainable given the proposed target populations, settings, EBPMs, and county population size. This will be assessed based on reach numbers from the 2015-18 cycle. If the applicant proposes a Cost Per Youth that exceeds \$500, justification should be provided.	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 CA PREP services.	10	
<b>Total score for section</b>		<b>50</b>	

<b>Table 10: Plan for Community Outreach (Maximum 10 points)</b>			
<b>Question Number</b>	<b>Rating Factors</b>	<b>Points Possible</b>	<b>Points Earned</b>
C1	The extent to which the applicant describes their past efforts regarding joining or forming a LSC per the CA PREP 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 FY 2018-19, including activities conducted by the applicant, as well as by the LSC. <a href="#">Attachment 4</a> , the Local Stakeholder Coalition Roster, should be completed in addition to the relevant questions in <a href="#">Attachment 3</a> .	5	
<b>Total score for section</b>		<b>10</b>	

<b>Table 11: Plan for Clinical Linkages (Maximum 10 points)</b>			
<b>Question Number</b>	<b>Rating Factors</b>	<b>Points Possible</b>	<b>Points Earned</b>
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 explain the applicant’s plan for creating links between CA PREP 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	
<b>Total score for section</b>		<b>10</b>	

<b>Table 12: Budget Detail and Justification (Maximum 5 points)</b>			
<b>Question Number</b>	<b>Rating Factors</b>	<b>Points Possible</b>	<b>Points Earned</b>
E1	The extent to which the applicant successfully completes <a href="#">Attachment 5</a> , Budget Template FY 2018-19.	5	
<b>Total score for section</b>		<b>5</b>	

**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/CA-PREP/Pages/CAPREP-RFA-2018.aspx>. Note: the term of the resulting cooperative agreements is expected to be 12 months and is anticipated to be effective from July 1, 2018 through June 30, 2019, contingent on availability of Federal 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.

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 (i.e., applications failing to pass first stage are not eligible for the Dispute Process). 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 on March 13, 2018. Submit a written dispute signed by an authorized representative of the organization. Label and submit the dispute using one of the following methods (Table 13):

<b>Table 13: Dispute Submission Methods</b>	
<b>U.S. Mail</b>	<b>Hand Delivery or Overnight Express</b>
ATTN: Dispute CA PREP RFA California Department of Public Health Maternal, Child and Adolescent Health Division P.O. Box 997420, MS Code 8305 Sacramento, CA 95899-7420	ATTN: Dispute CA PREP RFA 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 (866) 241-0395 between 8:00 AM and 4:00 PM 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 15 working days of 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:

1. Modify any date or deadline appearing in this RFA or the RFA Key Action Dates.
2. Issue clarification notices, addenda, alternate RFA instructions, forms, etc.
3. Waive any RFA requirement or instruction for all applicants if CDPH determines that a requirement or instruction was unnecessary, erroneous or unreasonable.
4. Allow Applicants to submit questions about any RFA change, correction, or addenda.
5. 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/CA-PREP/Pages/CAPREP-RFA-2018.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.

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

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

1. CDPH/MCAH office equipment malfunctions or negligence by applicant staff.
2. 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, CA PREP Scope of Work 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. Federal Certification Clauses**

The [Contractor Certification Clauses](http://www.dgs.ca.gov/ols/Resources/StandardContractLanguage.aspx) 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:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency.
2. 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.
3. 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.
4. 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.
5. 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.
6. 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.
7. 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, CA PREP 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 CA PREP 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 CA PREP activities only.

*1. Allowed Activities*

Funds may be used to pay for salaries and benefits of CA PREP program staff, meeting expenses, travel for program and training purposes, EBPMs and standardized APS curricula, outreach materials, postage, supplies, rent, equipment, software, and communication expenses.

Funds may be used for incentives for CA PREP participants with limitations. Limitations include:

- a. Gift certificates/cards are allowed if their use supports the CA PREP 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 CA PREP



participants on a one-time basis with a total value not to exceed \$20 per participant per year. Gift certificates/cards are not to be used to purchase tobacco or alcohol products.

- b. Food is allowed but must be a reasonable expense for CA PREP participants. A reasonable expense would be considered refreshments at a cost of no more than \$2 - \$5 per participant per day of implementation (regardless of number of sessions held on that day).
- c. Recreational activities are allowed but must be a reasonable one-time expense for CA PREP participants with a total value not to exceed \$20 per participant per year.
- d. Cash is not an allowable incentive.

## 2. *Disallowed Activities*

CA PREP 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 CA PREP
- 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 CA PREP 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. Quarterly Invoices**

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.

**E. Interpretation of Contract/Captions/Word Usage**

Unless the context of this CA PREP 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.

**F. 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.

**G. 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 CA PREP data for purposes other than the requirements of the Contract.
3. Awardees must begin CA PREP activities immediately upon contract execution. During the entire contract term, awardees are expected to continue CA PREP services in accordance with the Contract.
4. Awardees shall be able to cover at least 90 days' worth of CA PREP expenses prior to reimbursement by the State.
5. Except as set forth below (see [Appendix 5](#)) 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 [Appendix 5](#), 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.

**H. Subcontractor Agreements**

CDPH/MCAH requires awardees to provide CA PREP services directly to the public. The use of subcontractors, consultants, or any other non-employee for CA PREP 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 CA PREP.

CDPH/MCAH will be requiring a standard five (5) line budget. In order to facilitate continued availability of Federal 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 within the Contract:

<b>Table 14: Contract Budget Terms</b>	
July 1, 2018 – June 30, 2019	Contract Term 1 Year

**A. Budget Template**

The CA PREP Applicant Budget Template ([Attachment 5](#)) contains the worksheets.

The “Budget Instructions” worksheet (first tab) contains instructions on how to complete the Budget Attachments.

**B. Required Budget Detail**

The “Budget Detail and Justification” worksheet (second tab) shall be used to enter specific cost breakdowns for each budget line item. Completion of the second tab will automatically populate the “Original Budget Summary Page” (third tab).

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

**1. Personnel & Fringe Benefits**

- a. Personnel Costs

Include the following information under “Detail and Justification of Expense” 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 CA PREP 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](http://www.calhr.ca.gov) 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 CA PREP activities, do not combine multiple staff on the same line. Each position must be on a separate line.

The 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.

b. Fringe Benefits

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, etc. 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**

### a. General Expense

This category includes all general costs of the operation of the CA PREP Program. Examples of such expenses are office supplies, telephone, postage, photocopying of program materials and other consumable operating supplies.

### b. Travel

Travel costs consist of mileage, airfare, per diem, lodging, parking, toll bridge fees, and taxicab fares. 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.

Indicate the total cost for travel expenses for program. The money budgeted for travel shall be for expenses related to the administration of the 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 training, 2-3 days, required for all new CA PREP facilitators and strongly encouraged for project directors/coordinators and other staff. (If implementing more than one program model, budget accordingly.)
- ii. FY 2018-19: One in-person meeting, 2-3 days, for all CA PREP 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.

d. 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:

$$(\text{Total staff FTEs}) \times (\text{up to } 200 \text{ sq. ft.}) \times (\text{up to } \$2.00 \text{ per sq. ft.}) \times (12 \text{ months})$$

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).

e. Audit Costs

The cost of the mandatory financial audit by an independent auditor at the end of each fiscal year shall be included in the budget. Not more than \$3,000 shall be allocated for this line item (See [Appendix 5](#), Exhibit C, GTC 04/2017, Audit). Refer to the [Department of General Services Standard Contract Language](#) at <http://www.dga.ca.gov/ols/Resources/StandardContractLanguage.aspx>.

f. 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, software upgrades, etc.

- i. 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.

g. Equipment

Rented equipment shall be budgeted separately in line item three, "Operating Costs." Lease- purchase agreements or options are prohibited.

Minor Equipment is defined as a tangible item with a base unit cost of less than \$5,000, that has a life expectancy of one year or more, and that is purchased or reimbursed with State funds.

Examples of equipment under \$5,000 include computers, printers, etc. (See [Appendix 5](#), Exhibit D, Provision, 1.a.2 Procurement Rules).

h. Capital Expense

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 [Appendix 5](#), Exhibit D, Provision, 1. a.1. Procurement Rules).

i. Other Costs

Other Costs: Costs that are associated with project participants.

Participant Transportation: Costs directly related to transporting program clients (e.g., bus passes/tokens).

Itemize each additional expense line item making up the "Other Costs" and explain why each expense is necessary. Also, explain how the value of each expense was determined. If you offer any services or deliverables on a lump sum or fixed-price basis, please explain how you determined the price or cost.

- i. Indicate any direct program expenses that do not clearly fit into the other budget line items. Such costs may include, but are not limited to, costs for items unique to outreach and program development.
- ii. If any service, product, or deliverable will be provided on a fixed price or lump sum basis, name the items and/or deliverable and indicate "fixed price" or "lump sum" next to the item along with the price or fee.
- iii. If applicable, enter \$0.

Participant Training: Registration/tuition and material costs directly related to participants.



j. Indirect Costs

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.).

- i. These are costs that a business would accrue even if they were not performing services for the State under a contract.
- ii. Specify Indirect cost up to 15% of the total personnel including benefits, if not applicable enter \$0. Local Health Jurisdictions can use their [approved indirect cost rate](#). Refer to <https://www.cdph.ca.gov/Programs/CFH/DMCAH/Pages/Indirect-Cost-Rate.aspx>.

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**

<b>Table 15: List of Acronyms</b>	
<b>Acronym</b>	<b>Definition</b>
APS	Adulthood Preparation Subjects
ASHWG	Adolescent Sexual Health Workgroup
CASHNI	California Adolescent Sexual Health Needs Index
CDPH/MCAH	California Department of Public Health Maternal, Child and Adolescent Health
CA PREP	California Personal Responsibility Education Program
CHYA	California Healthy Youth Act
CQI	Continuous Quality Improvement
DGS	Department of General Services
EBPM	Evidence-Based Program Model
FTE	Full Time Employee
FYSB	Family and Youth Services Bureau
GAAP	Generally Accepted Accounting Principles
HHS	US Department of Health and Human Services
HIV/AIDS	Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome
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 Budget
PRA	Public Records Act
RFA	Request for Application
SHEAA	Sexual Health Education Accountability Act
SOW	Scope of Work
STI	Sexually Transmitted Infection

## PART X. REFERENCES

- <sup>1</sup> [California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, Epidemiology, Assessment, and Program Development Branch. Adolescent Births in California 2000-2014.](https://www.cdph.ca.gov/Programs/CFH/DMCAH/CDPH%20Document%20Library/Data/Adolescent/Adolescent-Birth-Rates-2014.pdf) (August 2016). Retrieved October 4, 2017 from: <https://www.cdph.ca.gov/Programs/CFH/DMCAH/CDPH%20Document%20Library/Data/Adolescent/Adolescent-Birth-Rates-2014.pdf>
- <sup>2</sup> [Guttmacher Institute Media Center. Teen Births at Record Low Thanks to Improvements in Contraceptive Use.](http://www.guttmacher.org/media/inthenews/2012/04/11/) (April 11, 2012). Retrieved July 28, 2014 from: <http://www.guttmacher.org/media/inthenews/2012/04/11/>
- <sup>3</sup> [Santelli JS, Lindberg LD, Finer LB, Singh S. Explaining Recent Declines in Adolescent Pregnancy in the United States: The Contribution of Abstinence and Improved Contraceptive Use. \*American Journal of Public Health\*: January 2007, Vol. 97, pp. 150-156. doi: 10.2105/AJPH.2006.089169:](https://www.ncbi.nlm.nih.gov/pubmed/?term=Santelli+J%2C+Lindberg+L%2C+Finer+L%2C+Singh+S.+Explaining+recent+declines+in+adolescent+pregnancy+in+the+United+States%3A+the+contribution+of+abstinence+and+improved+contraceptive+use.+Am+J+Public+Health.+2007%3B97(1)%3A150-6) [https://www.ncbi.nlm.nih.gov/pubmed/?term=Santelli+J%2C+Lindberg+L%2C+Finer+L%2C+Singh+S.+Explaining+recent+declines+in+adolescent+pregnancy+in+the+United+States%3A+the+contribution+of+abstinence+and+improved+contraceptive+use.+Am+J+Public+Health.+2007%3B97\(1\)%3A150-6](https://www.ncbi.nlm.nih.gov/pubmed/?term=Santelli+J%2C+Lindberg+L%2C+Finer+L%2C+Singh+S.+Explaining+recent+declines+in+adolescent+pregnancy+in+the+United+States%3A+the+contribution+of+abstinence+and+improved+contraceptive+use.+Am+J+Public+Health.+2007%3B97(1)%3A150-6)
- <sup>4</sup> [The National Campaign to Prevent Teen and Unplanned Pregnancy. Science Says: Foster Care Youth. Number 27; August 2006.](https://thenationalcampaign.org/resource/science-says-27-27; August 2006) Retrieved October 4, 2017 from: <https://thenationalcampaign.org/resource/science-says-27-27; August 2006>
- <sup>5</sup> [Indiana Secondary Transition Resource Center. Teenage Pregnancy and Youth with Intellectual Disabilities.](https://www.iidc.indiana.edu/styles/iidc/defiles/INSTRC/Fact_Sheet_Teen_Pregnancy_with_Disability.pdf) Retrieved July 29, 2014 from: [https://www.iidc.indiana.edu/styles/iidc/defiles/INSTRC/Fact\\_Sheet\\_Teen\\_Pregnancy\\_with\\_Disability.pdf](https://www.iidc.indiana.edu/styles/iidc/defiles/INSTRC/Fact_Sheet_Teen_Pregnancy_with_Disability.pdf)
- <sup>6</sup> McPherson M, Arango P, Fox H, Lauver C, McManus M, Newacheck P, Perrin J, Shonkoff J, Strickland B. A new definition of children with special health care needs. *Pediatrics*, 102(1):137–140, 1998.
- <sup>7</sup> [Migrant Clinicians Network. The Migrant/Seasonal Farmworker.](http://www.migrantclinician.org/issues/migrant-info/migrant.html) Retrieved October 4, 2017 from: <http://www.migrantclinician.org/issues/migrant-info/migrant.html>
- <sup>8</sup> [Family and Youth Services Bureau. Selecting an Evidence-Based Program that Fits for State PREP Programs.](https://www.acf.hhs.gov/fysb/resource/prep-evb-fit) (April 6, 2012). Retrieved October 4, 2017 from: <https://www.acf.hhs.gov/fysb/resource/prep-evb-fit>