

**UNITED STATES DISTRICT COURT FOR
THE DISTRICT OF COLUMBIA**

HENNEPIN COUNTY, MINNESOTA, 300
South 6th Street, Minneapolis, MN 55487,

KING COUNTY, WASHINGTON, 401
Fifth Avenue, Seattle, WA 98104,

**PLANNED PARENTHOOD OF THE
HEARTLAND, INC.**, 818 5th Avenue, Des
Moines, IA 50309,

**SEXUALITY INFORMATION AND
EDUCATION COUNCIL OF THE
UNITED STATES d/b/a SIECUS: SEX ED
FOR SOCIAL CHANGE**, 1763 Columbia
Road NW, Suite 175, Washington, DC 20009,

Plaintiffs,

v.

**U.S. DEPARTMENT OF HEALTH AND
HUMAN SERVICES**, 200 Independence
Avenue SW, Washington, DC 20201,

ROBERT F. KENNEDY JR., in his official
capacity as Secretary of U.S. Department of
Health and Human Services, 200
Independence Avenue SW, Washington, DC
20201,

Defendants.

Case No. 26-cv-2460

COMPLAINT

INTRODUCTION

1. This case seeks to prevent Defendants from dismantling a bipartisan public health initiative that has successfully reduced teen pregnancy for more than fifteen years. The congressionally authorized Teen Pregnancy Prevention (TPP) Program has invested over \$100 million annually in evidence-based education programs benefiting more than 1.4 million youth since the Program's creation. Defendants are attempting to end that progress by cutting off the existing Program and replacing it with a new version wholly divorced from what Congress directed. Defendants' actions cannot stand.

2. In 2009, Congress created the TPP Program through the annual appropriations process, conditioning federal funding on a single evidence-based standard: awardees must support "medically accurate and age appropriate programs" that have "been proven effective through rigorous evaluation" or that are being tested to determine whether they meet that objective. Consolidated Appropriations Act, 2010, Pub. L. No. 111-117, 123 Stat. 3034, 3253 (2009). Congress has renewed the appropriation and these statutory criteria in every appropriations cycle since, spanning administrations of both parties and various ideologies, including this year, in the 2026 Consolidated Appropriations Act. Pub. L. No. 119-75, 140 Stat. 173, 281.

3. As outlined by Congress, the TPP Program directs the U.S. Department of Health and Human Services (HHS) to administer this evidence-based initiative through a two-tiered structure. Tier 1 funding—approximately seventy-five percent of appropriated funds—must go to "replicating programs that have been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors." *Id.* Tier 2 funding—approximately twenty-five percent of appropriated funds—"shall be" used "for research and demonstration grants to develop . . . and test additional models and innovative strategies" to accomplish that same goal. *Id.* To apply for and receive Tier 1 or Tier 2

funding, prospective awardees must respond to a Notice of Funding Opportunity (NOFO)—the competitive solicitation through which HHS invites and evaluates applications for a given award cycle, consistent with the statutory criteria described above.

4. In July 2025, Defendants changed course. Three years into a five-year TPP award cycle, HHS published a policy notice imposing new substantive conditions on awardees—conditions with no basis in the statutory criteria Congress had set. A federal court vacated the policy notice a few months later, holding it arbitrary and capricious. *Planned Parenthood of Greater N.Y. v. HHS*, No. CV 25-2453, 2025 WL 2840318 (D.D.C. Oct. 7, 2025).

5. Instead of abandoning this invalid approach, Defendants doubled down. In June 2026, Defendants implemented a new policy (the “2026 Policy”) that rejects the Program Congress created and replaces it with one divorced from the evidence-based programs funded by the statute. Defendants implemented the Policy through two related actions. *First*, on June 23, 2026, HHS issued new fiscal year 2026 NOFOs that condition TPP funding on incorporating abstinence-only “sexual risk avoidance” education; require awardees to “align” with agency priorities that prohibit “gender ideology” and diversity, equity, and inclusion practices; and restrict discussion of teen sexual activity in a program whose statutory mandate is to reduce teen pregnancy through “medically accurate” and “age appropriate” interventions. *Second*, on June 26, 2026, HHS terminated the vast majority of existing TPP cooperative agreements, cutting off ongoing funding on the grounds that awardees’ curricula failed to conform to the same agency priorities that had been introduced as program requirements in the new NOFOs three days prior.

6. The 2026 Policy is unlawful. Defendants abandoned the statutory criteria established by Congress in favor of their own policy priorities, in violation of law. Defendants relied on factors inconsistent with the statutory criteria, failed to consider important aspects of the problem of reducing teen pregnancy, and changed course without regard for the substantial reliance interests

of awardees, program beneficiaries, and the broader public. These defects render the 2026 Policy contrary to law and arbitrary and capricious under the Administrative Procedure Act (APA).

7. Plaintiffs—two local governments and one nonprofit that have received TPP funds, as well as an organization that works closely with TPP awardees—seek this Court’s intervention to preserve the statutory framework of the TPP Program. As a result of the 2026 Policy, Plaintiffs and other awardees have been forced to suspend or start dismantling ongoing teen education programs, pause needed research, interrupt services to adolescents and families, lay off trained personnel and place other staff at risk of termination, and jeopardize longstanding partnerships with schools, healthcare providers, and community organizations. Organizations that partner with TPP awardees also face serious threats to their mission to support effective sexual education.

8. Those harms are ongoing and will only grow worse absent preliminary relief. Many participating schools organize programming around the academic calendar. Implementation depends upon trained personnel and established community partnerships, and interruptions in project delivery disrupt both program implementation and ongoing evaluation. Each day the challenged policy remains in effect further impairs the continuity Congress designed the TPP Program’s multi-year cooperative agreements to achieve. In the end, the adolescents that the Program is designed to help will suffer as appropriated funds are redirected to programs that have not been proven to reduce teen pregnancy.

9. Plaintiffs respectfully request that this Court stay, and ultimately vacate, implementation of the 2026 Policy and order Defendants to administer the TPP Program in accordance with the law.

PARTIES

10. Plaintiff Hennepin County is a municipality seated in Minneapolis, Minnesota. Through its public health department, Hennepin County supports the health and wellbeing of the county’s 1.27 million residents. A cornerstone of Hennepin County Public Health’s adolescent health

programming is Better Together Hennepin, an initiative that works to help realize Hennepin County's vision of healthy, self-reliant citizens through the prevention of teen pregnancy. With funding from the TPP Program, Better Together Hennepin has placed health mentors in schools and clinics across the county, to provide classroom instruction and one-on-one support to students using evidence-based approaches to sexual health education.

11. Plaintiff King County is a municipality located in Washington State. Public Health – Seattle & King County (PHSKC) runs the county's Sexual and Reproductive Health Program, whose mission is to decrease the rate of unplanned pregnancy and improve the reproductive and sexual health of the county's more-than 2 million residents. In September 2023, PHSKC received a Tier 2 TPP Program award of \$5 million over five years to rigorously evaluate the Stepping Stones program, which provides one-to-one health education to improve the sexual health outcomes of systems-involved young men.

12. Plaintiff Planned Parenthood of the Heartland (PPH) is a 501(c)(3) nonprofit organization that provides, promotes, and protects sexual and reproductive health by providing high-quality health care, education, and advocacy in Iowa and Nebraska. PPH's mission is to empower vital generations by providing and advocating for sexual and reproductive health so more people can choose their own path to a healthy and meaningful life. The provision of comprehensive sex education, including through TPP programming, is core to PPH's mission and an integral part of PPH's work. PPH was awarded a five-year Tier 1 TPP award in June 2023.

13. Plaintiff Sexuality Information and Education Council of the United States d/b/a SIECUS: Sex Ed for Social Change (SIECUS) is a 501(c)(3) nonprofit organization dedicated to promoting access to comprehensive sex education in order to improve the health and wellbeing of young people since 1964. SIECUS works to improve comprehensive sex education policies at the federal and state levels; promotes evidence-based comprehensive sex education through translating

evidence and analysis into tools and resources, including co-developing the National Sex Education Standards; and promotes public understanding of the benefits of comprehensive sex education. SIECUS also coordinates and provides technical assistance to state and local agencies through the Sex Education Policy Action Council (SEPAC), which is a coalition of organizations, state agencies, and school districts to advance inclusive and effective sex education standards. SEPAC counts many TPP Program participants as dues-paying members.

14. Defendant HHS is an “agency” within the meaning of the Administrative Procedure Act. 5 U.S.C. § 551(1). HHS is the federal agency responsible for awarding and administering funds under the TPP Program. *See* 140 Stat. at 281.

15. Defendant Robert F. Kennedy Jr. is the Secretary of the U.S. Department of Health and Human Services. He is sued in his official capacity. Secretary Kennedy is responsible for all aspects of the operation and management of HHS, including implementing and fulfilling HHS’s duties under the U.S. Constitution, statutory law, and applicable regulations.

JURISDICTION AND VENUE

16. This Court has subject matter jurisdiction pursuant to 28 U.S.C. § 1331 because this action arises under the laws of the United States, including the Administrative Procedure Act and the First Amendment. The Court is authorized to grant the requested declaratory and equitable relief pursuant to 5 U.S.C. §§ 702 and 706, and 28 U.S.C. §§ 2201 and 2202.

17. Venue is proper in this District under 28 U.S.C. § 1391(e) because Defendants are agencies and officers of the United States, the action does not involve real property, and Defendants reside in this District.

BACKGROUND

I. Congress creates the Teen Pregnancy Prevention Program to fund rigorously evaluated, evidence-based teen pregnancy interventions and studies to identify such interventions.

18. Teenage pregnancy is a “significant public health concern” in this country “because of the range of health, social, and economic effects adolescent childbearing can have on adolescents, their children, and broader society.”¹ Accordingly, both Congress and the executive branch have long recognized that reducing unintended adolescent pregnancy is an important public-health objective.² Reducing unintended adolescent pregnancy benefits young people, their families, and the broader public by improving health, educational, and economic outcomes.

19. In the 1990s and 2000s, Congress directed most funding for sex education to programs emphasizing abstinence from sexual activity. *See Pol’y & Rsch., LLC v. HHS*, 313 F. Supp. 3d 62, 69 (D.D.C. 2018). Congress did not require that those programs be proven effective in reducing teen pregnancy, delaying sexual intercourse, or preventing other sexually risky behaviors.³

20. In 2006 and 2007, teen pregnancy rates began to climb after years of decline.⁴ Congress understood this to present a public health problem that could be addressed with evidence-based interventions.

21. In response, Congress established the TPP Program through the 2010 Consolidated Appropriations Act, appropriating \$110 million to HHS for “competitive contracts and grants to public and private entities to fund medically accurate and age appropriate programs that reduce

¹ Alexandria K. Mickler & Jessica Tollestrup, Cong. Rsch. Serv., R45184, *Teen Births in the United States: Overview and Recent Trends* 1 (2025), <https://perma.cc/3HLH-F6BA>.

² Jessica Tollestrup, Cong. Rsch. Serv., R45183, *Adolescent Pregnancy: Federal Prevention Programs* 1 (2024), <https://perma.cc/3DCX-9QMW>.

³ *See* SIECUS, *History of Sex Education* 43–50, <https://perma.cc/X3BA-WTNU> (last visited July 6, 2026).

⁴ Mickler & Tollestrup, *Teen Births in the United States*, *supra* note 1, at 2–3.

teen pregnancy.” 123 Stat. at 3253. In creating the TPP Program, Congress sought to “maximize the impact of federal dollars by funding programs that have demonstrated evidence of effectiveness, while also funding and evaluating new programs to continue building the evidence base.”⁵

22. Congress has directed that TPP Program funds be disbursed across two tiers of awards, Tier 1 and Tier 2.

23. Tier 1 awardees “replicat[e]” “medically accurate and age appropriate programs” that have already “been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors.” 140 Stat. at 281. For most of the Program’s history, programs eligible for “replication” were identified by HHS through the agency’s Teen Pregnancy Prevention Evidence Review (the “Evidence Review”), a process akin to expert peer review. As HHS explains, “[r]igorously evaluated programs that demonstrate positive outcomes are eligible to be implemented by TPP grant recipients in communities with the greatest need.”⁶

24. Tier 2 awardees are responsible for “develop[ing], replicat[ing], refin[ing], and test[ing]” “additional models and innovative strategies for preventing teenage pregnancy.” 140 Stat. at 281. In other words, “Tier 2 lets grantees test new programs, and programs that prove effective then become eligible for Tier 1.” *Planned Parenthood of Greater Wash. & N. Idaho v. HHS*, 946 F.3d 1100, 1106 (9th Cir. 2020).

⁵ Sarah E. Oberlander & Lisa C. Trivits, Editorial, *Building the Evidence to Prevent Adolescent Pregnancy: Contents of the Volume*, 106 Am. J. Pub. Health, no. S1, 2016, at S6, <https://perma.cc/KD2U-Q6M5>.

⁶ *About the Teen Pregnancy Prevention Program*, OASH, <https://perma.cc/KVF9-RRW3> (last visited July 6, 2026).

25. For nearly fifteen years, Congress has—on a bipartisan basis—appropriated funds to ensure the TPP Program retained the same core structure described above. And the Program has been an enormous success. By 2023, the teen birth rate in the United States had reached a record low—and had decreased 68% since 2007.⁷

26. Most recently, in the 2026 Consolidated Appropriations Act, Congress funded the TPP Program for fiscal year 2026, appropriating \$101 million “for making competitive contracts and grants to public and private entities to fund medically accurate and age appropriate programs that reduce teen pregnancy.” 140 Stat. at 281. Following the usual structure, roughly seventy-five percent of the funds are for Tier 1 programs, while roughly twenty-five percent of the funds are for Tier 2 programs. *Id.*⁸

27. The 2026 Appropriations Act separately appropriates \$35 million for abstinence-only education, directing those funds for “competitive grants which exclusively implement education in sexual risk avoidance” (defined as voluntarily refraining from non-marital sexual activity), and instructing that such programs avoid “normalizing teen sexual activity.” *Id.* at 282. In other words, Congress expressly designated certain other funds outside the TPP Program to be used exclusively for sexual risk avoidance—meaning abstinence-only—education.

28. By including this separate funding stream that applies only to abstinence-only education and that is subject to a different standard, Congress made clear that the funding for sexual education programs *proven effective* at reducing teen pregnancy was not intended to be limited to abstinence-only programs.

⁷ Mickler & Tollestrup, *Teen Births in the United States*, *supra* note 1, at 3.

⁸ Congress did so even though the administration sought to eliminate the TPP Program in its proposed budget for fiscal year 2026. See HHS, *Fiscal Year 2026 Budget in Brief* 36, <https://perma.cc/46MV-KUXG> (last visited July 12, 2026).

II. HHS issues cooperative agreements for the 2023–2028 award cycle.

29. In 2023, HHS published NOFOs soliciting applications for a new cohort of TPP Program awardees. Ex. A (Tier 1 2023 NOFO); Ex. B (Tier 2 2023 NOFO). The 2023 NOFOs continued the Program’s structure, inviting applicants to propose projects implementing or testing evidence-based interventions designed to reduce adolescent pregnancy and associated behavioral risk factors. As in prior funding cycles, the 2023 NOFOs distinguished between two principal categories of awards—Tier 1 and Tier 2—both for up to five-year project periods. Tier 1 2023 NOFO at 2; Tier 2 2023 NOFO at 2. Applications were evaluated using the criteria established in the 2023 NOFO. Tier 1 2023 NOFO at 43; Tier 2 2023 NOFO at 42. Funding was to be distributed on an annual basis, with awardees eligible to receive non-competitive continuation funding throughout the five-year project period. Tier 1 2023 NOFO at 56; Tier 2 2023 NOFO at 56.

30. In awarding cooperative agreements, HHS necessarily evaluated and approved the principal components of the proposed projects, including the intervention models to be implemented, the proposed curricula, implementation strategies, evaluation plans, organizational capacity, staffing structure, and community partnerships described in the applications.

31. Plaintiffs Hennepin County, King County, and Planned Parenthood of the Heartland (collectively, “Awardee Plaintiffs”) applied for and received TPP Program awards from HHS in 2023. Implementing their projects in accordance with the terms of their cooperative agreements and HHS’s programmatic guidance, they hired and trained personnel, established implementation schedules with participating schools and community organizations, entered into agreements with project partners, developed data collection and evaluation systems, and commenced delivery of evidence-based programming to adolescents in their communities. HHS worked collaboratively with the awardees through the cooperative agreement process to support implementation of the projects.

III. HHS unsuccessfully attempts to impose new conditions on the 2023 awardees.

32. Awardee Plaintiffs carried out their TPP projects during the first two years of the 2023–2028 project period and, consistent with the terms of their cooperative agreements, submitted their annual continuation of funding applications. HHS approved Awardee Plaintiffs’ requests, continuing to fund their projects.

33. In early 2025, however, HHS notified TPP award recipients that they should “revise their projects, as necessary, to demonstrate that the [non-competing continuation] award application is aligned with current Executive Orders.” *Planned Parenthood of Greater N.Y.*, 2025 WL 2840318, at *3.

34. Several months later, HHS published a policy notice (the “2025 Policy Notice”) imposing requirements on awardees that had not previously appeared in the 2023 NOFOs or the cooperative agreements under which Awardee Plaintiffs’ projects had been awarded. Ex. C (2025 Policy Notice).

35. The 2025 Policy Notice reaffirmed that awardees must “align” their programs with “all current Presidential Executive Orders” and provided, among other things, that (1) programs may not include “diversity, equity, or inclusion-related discrimination” or content reflecting “discriminatory equity ideology”; (2) awardees “are expected to provide parents advance notice (including relevant specifics) and the ability to opt out of any content or activities, especially those related to sexuality, that may burden their religious exercise”; (3) content such as “gender ideology” or content that “normalizes . . . sexual activity for minors” may be outside the scope of the TPP Program; (4) “age appropriate” was redefined to exclude “material that depicts, describes, exposes or presents obscene, indecent, or sexually explicit content”; and (5) “medically accurate” instructions were redefined as being “expected to include information on a full range of health risks,” while content may not be medically accurate if it “denies the biological reality of sex or

otherwise fails to distinguish appropriately between males and females.” *Planned Parenthood of Greater N.Y.*, 2025 WL 2840318, at *4.

36. The 2025 Policy Notice also stated that the agency could “re-evaluate the effectiveness of programs” and “impose additional conditions on grantees” as necessary. *Id.*

37. Several affected TPP award recipients, including Plaintiff Planned Parenthood of the Heartland, filed suit in this District challenging the 2025 Policy Notice. Those plaintiffs alleged, among other things, that HHS had adopted new substantive funding criteria for the TPP Program that departed from the criteria governing the 2023 awards, failed to provide a reasoned explanation for that departure, and unlawfully altered the standards governing continued funding for ongoing cooperative agreements.

38. On October 7, 2025, the district court vacated the 2025 Policy Notice, finding it was arbitrary and capricious. The court held that the “Policy Notice’s vagueness renders the new requirements imposed on TPP grant recipients largely incomprehensible and unworkable, putting in place an opaque ‘we-know-it-when-we-see-it’ standard for HHS to assess compliance with programming content restrictions that is susceptible to discriminatory application.” *Id.* at *22. The court also concluded that HHS “did not provide any reasoning or evidence in support of its approach, seemingly relied on irrelevant ideological factors, and did not justify its change in position.” *Id.* at *26. HHS did not appeal that ruling.

IV. HHS adopts and implements the 2026 Policy.

39. Less than a year later, HHS again took substantially the same approach. By no later than June 23, 2026, Defendants adopted the 2026 Policy, abandoning the rigorous, evidence-based approach to teen pregnancy prevention that Congress has funded each year in favor of a new program driven by the administration’s policy preferences. To implement the Policy, Defendants issued new NOFOs that require adherence to their policy preferences—notwithstanding the fact

that those preferences are incompatible with the TPP Program’s purpose and Congress’s mandate for the Program—and, using boilerplate language, terminated nearly every ongoing cooperative agreement based on awardees’ failure to adhere to those same policy preferences.

a. HHS unveils the 2026 NOFOs, abandoning the statutory requirements for the TPP Program.

40. On June 23, 2026—one week before the end of the third year of the five-year funding cycle—HHS announced a new competition for TPP funding through the 2026 Tier 1 and Tier 2 NOFOs. Ex. D (Tier 1 2026 NOFO); Ex. E (Tier 2 2026 NOFO).

41. The 2026 NOFOs reimpose—in some respects verbatim—the requirements the district court previously found arbitrary and capricious in October 2025:

- a. The NOFOs require that awardees’ activities “must align with . . . executive orders,” Tier 1 2026 NOFO at 45; Tier 2 2026 NOFO at 55, without any guidance on how awardees are meant to bring their programming into “alignment.”
- b. The NOFOs require awardees to “align” with agency priorities “[e]nding diversity, equity, and inclusion (DEI) policies and practices.” *See* Tier 1 2026 NOFO at 4 (requiring awardees to “implement any funds awarded under this NOFO to effectuate program goals and agency priorities in accordance with the Priorities of the Office of the Assistant Secretary for Health” (citing OASH Priorities, <https://health.gov/priorities> [<https://perma.cc/LJ7U-27F2>] (last visited July 1, 2026))); *accord* Tier 2 2026 NOFO at 4.⁹

⁹ The NOFOs also mandate adherence to the broader HHS priorities, *see* Tier 1 2026 NOFO at 44; Tier 2 2026 NOFO at 55, which overlap in many areas with the OASH priorities. *See* HHS Priorities, <https://www.hhs.gov/about/priorities/index.html> [<https://perma.cc/9HWV-6N8B>] (last visited July 5, 2026) (stating that HHS will not support “DEI programs”; will “[c]ombat gender ideology”; and will “[r]eaffirm parental authority”).

- c. The NOFOs require awardees to “align” with agency priorities “[e]nding support for gender ideology.” *Id.*
- d. The NOFOs require awardees to “align” with agency priorities prohibiting any program whose content “encourages, normalizes or promotes sexual activity for minors.” *Id.* Discussing teen sexual activity—which Defendants apparently equate with encouraging, normalizing, or promoting such activity—is a proven, effective method of reducing teen pregnancy, and it is all but impossible to deliver effective sexual education programming to young people without acknowledging that teens engage in sexual activity.
- e. The NOFOs require awardees to “align” with agency priorities to provide information on the “full range of health risks,” *id.*, without offering any guidance to awardees as to the scope of health information they are expected to provide, or even any explanation as to why this requirement applies to educators who are not prescribing or providing pharmaceuticals or making individualized health recommendations.
- f. The NOFOs prohibit any “denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic.” Tier 1 2026 NOFO at 45; *accord* Tier 2 2026 NOFO at 55.
- g. The NOFOs dictate that awardees include “advance notice and meaningful opt-out provisions” for parents, Tier 1 2026 NOFO at 8, including “clear, accessible processes for parental opt-out of specific content or activities, particularly those related to sexuality that may burden religious exercise or conflict with sincerely held beliefs,” *id.* at 1; *accord* Tier 2 2026 NOFO at 21. The NOFOs do not explain how program applicants are expected to comply with this broad and standardless parental opt-out requirement without prior analysis and testing to establish whether such programming

is proven effective to achieve the statutory objectives or whether it will result in more teens missing out on content.

- h. The NOFOs warn that continued funding depends on awardees’ “ongoing compliance with these priorities” and threaten that any recipient who fails to “meaningfully align” with those undefined priorities may face “termination pursuant to 2 C.F.R. § 200.340(a)(4).” Tier 1 2026 NOFO at 4–5; *accord* Tier 2 2026 NOFO at 5.

42. The 2026 NOFOs also go beyond the judicially rejected 2025 Policy Notice by adding other conditions found nowhere in the congressional appropriation.

43. The NOFOs condition all funding on awardees incorporating “sexual risk avoidance” (SRA) education. Tier 1 2026 NOFO at 12. Prospective awardees must “[d]escribe how . . . SRA education will be integrated into program implementation” and are assessed on the extent to which they do so. *Id.* at 19, 37; *see also* Tier 2 2026 NOFO at 9. While some prior programming included abstinence-only content, the terms of the NOFOs now require that all programming include that content. This approach contravenes Congress’s mandate in the authorizing appropriation that declined to limit TPP funding to SRA programs.

44. In addition, the NOFOs direct awardees to promote “body literacy” education—defined ambiguously as “the ability to understand how the body functions in a state of health,” Tier 1 2026 NOFO at 55; Tier 2 2026 NOFO at 66—claiming that girls who receive it “are much more likely to remain abstinent compared to their body-illiterate peers.” Tier 1 2026 NOFO at 6; Tier 2 2026 NOFO at 7. The NOFOs “support” these claims by citing some articles that appear not to exist at all and others that do not appear in the journals cited—and for the latter, the articles that it appears the NOFOs may have intended to cite do not support the proposition. Tier 1 2026 NOFO at 6 nn.1–4; Tier 2 2026 NOFO at 7 nn.1–2.

45. The mandated body literacy education includes requirements found nowhere in the TPP statute, such as dictating “two distinct educational modules” focused on “female reproductive health” and “male reproductive health,” and addressing “how repeated or artificially stimulated arousal may affect neural development and behavior over time.” Tier 1 2026 NOFO at 10. Awardees are also required to provide instruction that “include[s] an overview of approaches to managing menstrual health concerns, including the advantages and disadvantages of ovarian suppression compared to approaches that address root causes.” *Id.*

46. The NOFOs direct awardees to affirm “marriage and parenthood as meaningful and valued components of adult life,” *id.* at 11, and to provide “counseling that helps adolescents reflect on their goals related to relationships, childbearing, career, and future family formation,” *id.* at 6. And—in an approach that appears to promote fertility in a program meant to reduce teen pregnancy—to “promote optimal health” by emphasizing “root-cause understanding of chronic health conditions that may impact overall health and fertility.” *Id.* at 1. This language is an incorporation of “restorative reproductive medicine” principles—a priority of the “Make America Healthy Again” movement—that seek to get to the “root cause” of infertility by eschewing evidence-based approaches.

47. The NOFOs also abandon the methodology HHS has long used to identify proven-effective programs. The Tier 1 2023 NOFO had pointed applicants to the TPP Evidence Review to select permissible, evidence-based programs. Tier 1 2023 NOFO at 10–11. On information and belief, all or nearly all Tier 1 2023 awardees selected programs from that Review. The new Tier 1 NOFO does not mention the Evidence Review, does not explain its abandonment, and provides no alternative guidance as to which specific programs applicants may run. It instead awards bonus points to applicants who do not hold active TPP awards or have never received one—penalizing, rather than crediting, the very experience and track record the statute promotes. Tier 1 2026 NOFO

at 42; Tier 2 2026 NOFO at 52. And the Tier 1 NOFO summarily states that all programs must satisfy the criteria in Appendix A, *see* Tier 1 2026 NOFO at 9, which simply provides high-level criteria “required for a program to be considered rigorously evaluated,” *id.* at 65. It does not provide any meaningful guidance to applicants who were already running “rigorously evaluated” and proven successful programs from the Evidence Review.

48. Compounding that abandonment, the new Tier 1 NOFO contemplates that awardees will modify—rather than replicate—previously approved programs to conform to the new NOFO requirements, instructing applicants to obtain permission from the original developer or copyright holder “to make any changes to the materials,” and specifying that “[c]hanges may include those to ensure medical accuracy, age-appropriateness, and alignment with [agency] priorities.” *Id.* at 23. Requiring applicants to alter proven programs to satisfy new and untested agency priorities is inconsistent with the statutory mandate that Tier 1 funds support replication of programs already proven effective. In particular, the NOFO fails to explain how awardees are expected to navigate circumstances where “alignment” would require some TPP awardees to make major adaptations to their programs that compromise the fidelity of the program and reduce its impact.

49. Further, the NOFOs eliminate any focus on populations most in need. The Tier 1 2023 NOFO had directed that projects “should focus on communit[ies] and population[s] that are disproportionally affected by unintended teen pregnancy and STIs,” including those “adversely affected by persistent poverty and inequality,” such as “LGBTQI+ youth.” Tier 1 2023 NOFO at 6–7. The new NOFOs delete every reference to LGBTQ individuals and omit any consideration of the differing teen pregnancy rates among different populations. They also affirmatively add anti-DEI requirements and prohibit any “denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic,” undermining any efforts to prioritize those

populations—in direct contrast to the 2023 approach. Tier 1 2026 NOFO at 45; Tier 2 2026 NOFO at 55.

50. Defendants also shifted from the established practice of five-year awards to two-year awards “with an optional competitive third year” for the Tier 1 NOFO. Tier 1 2026 NOFO at 1. This shorter award period provides less stability for applicants and beneficiaries and, as HHS itself has recognized, is not sufficient to “allow grantees enough time to form the community relationships, partnerships, and wider engagement needed to adopt a comprehensive systems-thinking approach.”¹⁰

51. Finally, the Tier 1 NOFO instructs applicants to “[d]escribe your organization’s mission and how it aligns with the goals of this NOFO, including advancing body literacy, informed consent, and optimal health.” *Id.* at 20. Applications are then assessed on the extent to which they “demonstrate[] a strong alignment between the organization’s mission and the goals of the NOFO.” *Id.* at 38. This condition applies broadly to an awardee’s “mission” and therefore is not limited to speech or activity funded by the TPP Program.

b. HHS effectuates a mass termination of existing cooperative agreements.

52. On June 26, 2026—three days after the publication of the NOFOs—HHS further implemented the 2026 Policy by issuing termination letters to nearly all participants in the 2023–2028 funding cohort, including Awardee Plaintiffs.

53. Immediately preceding the terminations, Awardee Plaintiffs had been recipients in good standing under five-year cooperative agreements awarded during the 2023 funding cycle, having successfully completed approximately three years of their approved project periods in compliance with HHS reporting, performance, and oversight requirements. Awardee Plaintiffs had recently

¹⁰ OPA, *Delivering Evidence-Based Programs to Prevent Teen Pregnancies and Support Adolescent Health* 54 (Nov. 2024), <https://perma.cc/Y4YB-NKX9>.

prepared and submitted the materials required for continuation funding for the fourth year of their approved project periods.

54. The termination letters informed recipients that their cooperative agreements were terminated effective immediately pursuant to 2 C.F.R. § 200.340(a)(4), which HHS asserted authorized termination where “an award no longer effectuates the program goals or agency priorities,” as “[c]urrent program priorities . . . differ fundamentally from prior approaches.” The terminations were effective the same day they were sent, purportedly “in an effort to align with many school systems’ end-of-year calendar and minimize disruption.”

55. The termination letters do not suggest that awardees failed to satisfy the terms and conditions of their cooperative agreements. Nor do they identify financial mismanagement, deficient reporting, failure to carry out approved project activities, or other recipient-specific failures to comply with applicable grant requirements.

56. Instead, in boilerplate language, the letters state: “After a review of all curricular content, [the agency] believes that some curricula normalize adolescent sexual activity and are not age appropriate.”

57. Each letter also identifies specific content to which HHS now suddenly objects under its broadly applicable new requirements. For example, the termination letter for Plaintiff Hennepin County objects to a program because it purportedly includes “discussions that normalize adolescent sexual activity.” The termination letter for Plaintiff King County objects to a program that “describes and emphasizes the effectiveness, safety, and accessibility of various forms of birth control” because it purportedly “fail[s] to identify common side effects, contraindications, or health risks associated with these methods (e.g., bleeding changes, headaches, cramping, bone density loss, hormonal imbalances, and risks for specific medical conditions or later infertility).”

58. The termination letters invoke and implement the same agency policy set forth in the NOFOs. One priority, the letters explain, is a “focus on programs that do not promote material that depicts, describes, exposes or presents obscene, indecent, or sexually explicit content, including content that encourages, normalizes or promotes sexual activity for minors”—even though it is effectively impossible to run an effective teen pregnancy prevention program that does not discuss sexual activity.

59. Another priority is providing “medically accurate and reliable information necessary for informed consent” by ensuring that “medically accurate materials or instructions with pharmaceutical or health-related recommendations include information on the full range of health risks”—without any explanation as to why “informed consent” is applicable to educators, who are not prescribing or providing pharmaceuticals or making individualized health recommendations.

60. In fact, the curricula identified in the termination letters were aligned with the statutory objective of supporting “medically accurate and age appropriate programs that reduce teen pregnancy.” Further, for Tier 1 awardees, the curricula identified were consistent with the statute’s focus on replication of programs proven effective in reducing teen pregnancy that were previously vetted and approved by HHS through the TPP Evidence Review and reviewed by Office of Population Affairs staff through other programmatic requirements including as recently as last year.

61. Nevertheless, the letters state that the agency was “adjusting its discretionary Teen Pregnancy Prevention (TPP) Program award portfolio” and decided “not to renew some of its TPP Program awards” to “better prioritize agency resources.” The letters state that HHS has “discretion” to “suspend (rather than decide not to renew) an award to allow the recipient an opportunity to take appropriate corrective action.” But “after review and consideration,” the letters continue, HHS “has made a programmatic decision regarding continuation funding not to renew

the grant, based on the funded project during the current award period,” as “[c]urrent program priorities . . . differ fundamentally from prior approaches.”

* * *

62. Together, the NOFOs and the slew of notices terminating awards on near-identical grounds reflect the existence and implementation of the 2026 Policy. Existing awardees were kicked out of the TPP Program—with no regard for the efficacy of their projects—because they purportedly failed to align with vague new agency priorities inconsistent with the Program Congress funded. At the same time, future applicants must satisfy those same priorities as a condition of receiving federal funding. Through the 2026 Policy, Defendants have abandoned the evidence-based efficacy approach required by Congress and replaced it with prerogatives and priorities that contravene the TPP Program’s statutory mandate and undermine its purpose.

V. Plaintiffs and their communities are irreparably harmed by Defendants’ adoption and implementation of the 2026 Policy.

63. Plaintiffs have already been harmed by Defendants’ adoption and implementation of the 2026 Policy. Those harms will continue absent relief from this Court.

64. **Hennepin County.** Hennepin County’s teen pregnancy prevention programming, Better Together Hennepin, was substantially funded through a cooperative agreement with HHS under the Tier 1 2023 NOFO. For the budget period from July 1, 2026, to June 30, 2027, Hennepin County had requested \$1.97 million in continuation funding from HHS—which represents nearly 94 percent of the budget to support Better Together Hennepin.

65. Without that funding, Hennepin County has been forced to use other budgetary resources to provide stop-gap funding for the program through July 31, 2026. After that date, Hennepin County will be forced to either request funds from county leadership—funds that would otherwise be used to support other important county needs—to keep the program going, or to terminate the program entirely.

66. Hennepin County operates Better Together Hennepin through contracts with six local nonprofit and healthcare-provider partners. Those partners will be unable to keep supporting Better Together Hennepin's work without funding from Hennepin County, and most will be forced to lay off critical staff who provide direct health education and mentorship in schools and clinics across the county. Hennepin County's relationships with those longstanding partners, as well as with the schools and clinics where its programs operate, will be substantially damaged if programming is delayed or canceled for this coming school year.

67. Hennepin County has determined that it cannot seek funding under the Tier 1 2026 NOFO to continue supporting its work on Better Together Hennepin. Hennepin County does not believe it can operate an effective, evidence-based sexual health education program without talking about teens having sex. HHS's new approach to TPP programming would be particularly damaging to Better Together Hennepin's health mentor model, which relies on the ability of adults embedded in schools and clinics to develop trusting relationships with adolescents through both classroom education and one-on-one support.

68. **King County.** Public Health – Seattle & King County (PHSKC) runs a teen pregnancy prevention program study, Stepping Stones, funded by a Tier 2 award. PHSKC is rigorously evaluating Stepping Stones to decrease STIs, decrease unintended pregnancy, decrease intimate partner violence, and improve healthy relationships for young men involved in the legal and/or child welfare systems.

69. Because PHSKC's award was terminated, King County has been forced to expend funds to continue supporting the project for the next two months. After two months, however, PHSKC will not have sufficient funding to continue the study, meaning that its efforts over the last three years will largely go to waste. PHSKC has already been forced to pause new enrollments in the

study, and it cannot collect data from participants for upcoming follow-up surveys. And the longer it goes without funding, the more difficult the study is to pick back up.

70. The requirements in the Tier 2 2026 NOFO would be difficult or impossible for PHSKC to comply with when delivering Stepping Stones. For example, the incorporation of sexual risk avoidance education—another term for abstinence-only education—is not appropriate for the young men participating in the program, who are already sexually active.

71. If PHSKC were able to complete its study of Stepping Stones as expected, it would likely produce an evidence-based program eligible for replication under Tier 1. But because of the termination and the new NOFO, PHSKC will not be able to complete the study. That will be a massive loss for the young men the program is aimed at, as there are no other programs directed at young men who are systems-involved in the way that Stepping Stones is.

72. **Planned Parenthood of the Heartland.** PPH's TPP programming was fully funded by the award PPH received through the Tier 1 2023 NOFO. Without that funding, PPH has been forced to begin winding down its TPP Project entirely and announce the layoffs of the employees who were responsible for organizing and administering its TPP programming, including one who has been an educator for PPH for almost thirty years.

73. In many communities PPH serves, there is little to no access to other sources of sexual health information and resources. Without PPH's TPP program, these youth will go without vital information and resources about sexual and reproductive health.

74. Without the restoration of PPH's TPP funding, PPH will also be unable to continue supporting the work of its subawardees and subcontractors, each of whom provide information and resources to communities in Iowa and Nebraska.

75. The 2026 Policy will also have a devastating impact on PPH and the communities it serves. The Tier 1 2026 NOFO would require PPH to adopt changes to its programming that would run

counter to its core purpose and undermine PPH's mission. Administering TPP programs under this new approach would harm PPH's reputation with its community partners and prevent the communities it serves from receiving evidence-based, inclusive education about their sexual and reproductive health.

76. **SIECUS**. The 2026 Policy directly impairs SIECUS's ability to carry out its mission of promoting access to comprehensive sex education for all young people, and SIECUS will need to divert resources from other priorities to combat the harmful effects of the 2026 Policy.

77. SIECUS runs the Sex Education Policy Action Council (SEPAC), which includes many TPP Program awardees as dues-paying members. Because of the terminations, fewer organizations will be able to pay SEPAC dues and will either opt out of SEPAC entirely or seek dues waivers. The terminations will cause financial harm to SIECUS, through reduced dues payments, and will also harm SIECUS's organizational reach and influence by reducing its grass-roots network of partner organizations.

78. The termination letters and NOFOs also rest on several medically inaccurate claims and promote approaches to teen pregnancy prevention that have been proven to be ineffective. For example, the NOFOs require all programs to emphasize abstinence-only education (using the euphemism "sexual risk avoidance"), which has not only been proven to be ineffective in reducing teen pregnancy but also stigmatizing and harmful to teens. The 2026 Policy also requires programs to remove any reference to sexual orientation and gender identity, emphasizes the "health risks" of contraception, including harm to later fertility, that have no medical basis, and makes unsupported claims such as the suggestion that masturbation can affect neural development. SIECUS has already had to devote time and resources to counseling sex education organizations on the 2026 Policy, and will have to devote additional resources to combating the misinformation and false claims promoted by the 2026 Policy.

CLAIMS FOR RELIEF

COUNT I

Administrative Procedure Act

Contrary to Law and Exceeds Statutory Authority – 2026 Policy

79. Plaintiffs restate and reallege all paragraphs above as if fully set forth herein.

80. The APA requires courts to “hold unlawful and set aside agency action” that is “not in accordance with law” or “in excess of statutory jurisdiction, authority, or limitations, or short of statutory right.” 5 U.S.C. § 706(2)(A), (C).

81. The 2026 Policy is final agency action that marks the consummation of the agency’s decisionmaking process and by which rights or obligations have been determined, or from which legal consequences will flow. Defendants have made a final decision to reject the evidence-based TPP Program that Congress created and replace it with one divorced from the program funded by the statute. Defendants implemented the Policy through two related actions: the issuance of the 2026 NOFOs and the mass termination of ongoing cooperative agreements.

82. The 2026 Policy exceeds statutory authority and is contrary to law.

83. Defendants lack authority to impose new criteria that transform the TPP Program into one that conflicts with the parameters set forth in its authorizing legislation.

84. By redesignating funds appropriated for the evidence-based TPP Program to abstinence-only education, the 2026 Policy violates the 2026 Appropriations Act and the Purpose Act, 31 U.S.C. § 1301(a).

85. The 2026 Policy directs funds into programs that violate Congress’s command to fund programming that is “medically accurate” and “age appropriate,” and in addition for Tier 1, that fail to “replicate” strategies already “proven effective.”

COUNT II
Administrative Procedure Act
Arbitrary and Capricious – 2026 Policy

86. Plaintiffs restate and reallege all paragraphs above as if fully set forth herein.

87. The APA requires courts to “hold unlawful and set aside agency action” that is arbitrary or capricious. 5 U.S.C. § 706(2)(A).

88. The 2026 Policy is final agency action that marks the consummation of the agency’s decisionmaking process and by which rights or obligations have been determined, or from which legal consequences will flow. Defendants have made a final decision to reject the evidence-based TPP Program that Congress created and replace it with one divorced from the program funded by the statute. Defendants implemented the Policy through two related actions: the issuance of the 2026 NOFOs and the mass termination of ongoing cooperative agreements.

89. The 2026 Policy is arbitrary and capricious.

90. Defendants relied on factors that Congress did not intend and failed to consider how their priorities may detract from the Program’s effectiveness.

91. Defendants failed to consider important aspects of the problem of ensuring that Program funding continues to effectively prevent teen pregnancy and test additional strategies for doing so.

92. Defendants’ decision runs counter to the evidence, which shows that the terminated programs have been proven effective.

93. Defendants failed to reasonably explain their decision to reverse course, including by departing from the evidence-based decisionmaking that has long been the hallmark of the Program.

94. Defendants failed to account for the substantial reliance interests of the many stakeholders in the Program.

95. Defendants mandated compliance with vague policy priorities that lend themselves to arbitrary enforcement.

COUNT III
Administrative Procedure Act
Contrary to Law and Exceeds Statutory Authority – 2026 NOFOs

96. Plaintiffs restate and reallege all paragraphs above as if fully set forth herein.

97. The APA requires courts to “hold unlawful and set aside agency action” that is “not in accordance with law” or “in excess of statutory jurisdiction, authority, or limitations, or short of statutory right.” 5 U.S.C. § 706(2)(A), (C).

98. The 2026 NOFOs are final agency action that mark the consummation of the agency’s decisionmaking process and by which rights or obligations have been determined, or from which legal consequences will flow.

99. The 2026 NOFOs exceed statutory authority and are contrary to law.

100. Defendants lack authority to impose new criteria that transform the TPP Program into one that conflicts with the parameters set forth in its authorizing legislation.

101. By redesignating funds appropriated for the evidence-based TPP Program to abstinence-only education, the 2026 NOFOs violate the 2026 Appropriations Act and the Purpose Act, 31 U.S.C. § 1301(a).

102. The 2026 NOFOs direct funds into programs that violate Congress’s command to fund programming that is “medically accurate” and “age appropriate,” and for Tier 1, that fail to “replicate” strategies already “proven effective.”

COUNT IV
Administrative Procedure Act
Arbitrary and Capricious – 2026 NOFOs

103. Plaintiffs restate and reallege all paragraphs above as if fully set forth herein.

104. The APA requires courts to “hold unlawful and set aside agency action” that is arbitrary or capricious.” 5 U.S.C. § 706(2)(A).

105. The 2026 NOFOs are final agency action that marks the consummation of the agency's decisionmaking process and by which rights or obligations have been determined, or from which legal consequences will flow.

106. The 2026 NOFOs are arbitrary and capricious.

107. In issuing the 2026 NOFOs, Defendants relied on factors that Congress did not intend; failed to consider important aspects of the problem; made a decision that runs counter to the evidence; failed to reasonably explain their decision to reverse course; failed to account for substantial reliance interests; and mandated compliance with vague policy priorities.

COUNT V
First Amendment
Viewpoint Discrimination – Tier 1 2026 NOFO

108. Plaintiffs restate and reallege all paragraphs above as if fully set forth herein.

109. The Tier 1 2026 NOFO constitutes unlawful viewpoint discrimination, in violation of the First Amendment.

110. The Tier 1 2026 NOFO requires awardees to align their organizational mission with agency goals. In other words, it explicitly seeks to exclude from funding availability any entity that the administration determines to be out of alignment with its own policy goals. The Tier 1 2026 NOFO thus compels awardees to adopt certain views as a condition of funding.

PRAYER FOR RELIEF

Plaintiffs respectfully request that this Court:

- a. Declare the 2026 Policy unlawful in violation of the 2026 Appropriations Act and the Administrative Procedure Act;
- b. Stay the 2026 Policy and all actions taken in furtherance of it pursuant to 5 U.S.C. § 705 and issue all other necessary and appropriate process to preserve Plaintiffs' rights pending conclusion of judicial review proceedings;

- c. Vacate and set aside the 2026 Policy and all actions taken in furtherance of it;
- d. Preliminarily and permanently enjoin application of the 2026 Policy and all actions taken in furtherance of it;
- e. Declare the 2026 NOFOs unlawful;
- f. Stay the 2026 NOFOs pursuant to 5 U.S.C. § 705 and issue all other necessary and appropriate process to preserve Plaintiffs' rights pending conclusion of judicial review proceedings;
- g. Vacate and set aside the 2026 NOFOs;
- h. Preliminarily and permanently enjoin application of the 2026 NOFOs;
- i. To the extent necessary, exercise the Court's equitable discretion to preserve the funds appropriated by Congress for the TPP Program in the 2026 Appropriations Act for obligation after September 30, 2026;
- j. Award Plaintiffs their costs, reasonable attorney fees, and other disbursements deemed appropriate; and
- k. Grant such other relief as the Court deems just and proper.

Date: July 14, 2026

Respectfully submitted,

/s/ Michael J. Torcello

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Exhibit A



U.S. Department of Health and Human Services

Office of Population Affairs

Notice of Funding Opportunity: Advancing Equity in Adolescent Health through
Evidence-Based Teen Pregnancy Prevention Programs and Services

Opportunity Number: AH-TP1-23-001

Application Due Date:
04/18/2023 at 6:00 PM Eastern

OVERVIEW

FEDERAL AGENCY NAME

The Office of the Assistant Secretary for Health, Office of Population Affairs

FUNDING OPPORTUNITY TITLE

Advancing Equity in Adolescent Health through Evidence-Based Teen Pregnancy Prevention Programs and Services

ACTION

Notice

ANNOUNCEMENT TYPE

Initial CA (Cooperative Agreement)

FUNDING OPPORTUNITY NUMBER

AH-TP1-23-001

ASSISTANCE LISTING NUMBER AND PROGRAM:

93.297 , Teenage Pregnancy Prevention Program

DATES

Application Deadline: 04/18/2023 by 6:00 PM Eastern.

Technical Assistance Webinar: 02/21/2023 at 2:00 pm and 6:00 pm Eastern.

EXECUTIVE SUMMARY

The Office of Population Affairs announces the availability of funds for Fiscal Year (FY) 2023 under the authority of Division H, Title II of the Consolidated Appropriations Act, 2023 (Public Law No. 117-328).

This notice solicits applications for projects to serve communities and populations with the greatest needs and facing significant disparities to advance equity in adolescent health through the replication of evidence-based teen pregnancy prevention programs (EBPs) and services. Funding for projects authorized under this Notice of Funding Opportunity (NOFO) is to replicate EBPs and not for service delivery. While ancillary supportive services provided to complement replication of EBP (see Section A.2.f.) may be allowable, services are not the primary purpose of this NOFO.

The goal of this initiative is to improve sexual and reproductive health outcomes, promote positive youth development, and advance health equity for adolescents, their families, and communities through the replication of medically accurate and age-appropriate evidence-based teen pregnancy prevention programs (EBPs). EBPs are programs that have been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors. OPA intends to make available approximately \$68.6 million for an estimated 70 awards. We will give recipients a six-month planning period during which they will finalize the selection of the EBPs that they will implement within their defined community and population. We seek a broad competition for awards and are interested in projects that will expand access to high-quality programs to improve sexual and reproductive health outcomes and promote positive youth development.

The amount of funding an applicant may request ranges from \$350,000 to \$2 million per year for a period of up to five years (five 12-month budget periods). Funding for budget periods beyond the first year is dependent on approval of a non-competing continuation application. Funding requests for the project should reasonably support the number of participants anticipated being served through EBP implementations over the duration of the project period. Recipients should be mindful of realistic and feasible goals based on funding level received. The historical annual reach per funding range based on prior TPP awards is presented in the table. Costs may differ based on various factors such as geographic region, specific focus population of participants, available resources, etc. The information also does not reflect inflation or cost-of-living adjustments that have been made over time. The table is provided only as background information. We do not use the information in the Table as the basis for determining funding levels.

Annual Budget	Annual EBP Participant Reach
\$350,000 - \$749,999	At least 500 per year
\$750,000 - \$999,999	At least 1,500 per year
\$1,000,000 - \$1,249,999	At least 3,000 per year
\$1,250,000 - \$1,499,999	At least 6,000 per year
\$1,500,000 - \$1,749,000	At least 10,000 per year
\$1,750,000 - \$2,000,000	At least 15,000 per year

The Office of the Assistant Secretary for Health (OASH) encourages all applicants to review all program requirements, eligibility information, application format and submission information, evaluation criteria, and other information in this funding announcement to ensure that their applications comply with all requirements and instructions.

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A. PROGRAM DESCRIPTION

The Office of Population Affairs announces the availability of funds for Fiscal Year (FY) 2023 under the authority of Division H, Title II of the Consolidated Appropriations Act, 2023 (Public Law No. 117-328).

OASH works to advance health equity, especially for those who have suffered historic disparities. In support of this vision, OPA promotes health across the reproductive lifespan through innovative, evidence-based sexual and reproductive health and family planning programs, services, strategic partnerships, evaluation, and research. The Teen Pregnancy Prevention (TPP) Program is a national, evidence-based program that funds diverse organizations working to reach adolescents to improve sexual and reproductive health outcomes and promote positive youth development.

OPA intends this Teen Pregnancy Prevention (TPP) Program initiative to advance equity in adolescent health by targeting resources to specifically support replication of medically accurate and age-appropriate evidence-based teen pregnancy prevention programs (EBPs) and services in communities and populations with the greatest needs.

1. Background

While there has been great progress in reducing unintended teen pregnancy, the U.S. teen birth rate of 15.4 per 1,000 females aged 15 to 19 years in 2020 [1] remains higher than that in many other developed countries, including Canada and the United Kingdom [2]. Young people ages 15 to 24 account for nearly half of all new cases of sexually transmitted infections (STI) [3]. Additionally, there continues to be significant disparities in adolescent sexual health outcomes by race, ethnicity, geography, and among those that have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality [1,4, 5].

Birth rates are higher among American Indian/Alaska Native (AI/AN), Black, Hispanic, and Native Hawaiian/ Pacific Islander adolescents than among teens overall. For example, in 2020, AI/AN adolescent females ages 15 to 19 had the highest birth rate (25.7 births per 1,000 females ages 15-19), followed by Black adolescents (24.4 births per 1,000 females ages 15-19) [1]. Sexual minorities face similar disparities. Young gay and bisexual males have disproportionately high rates of HIV, syphilis, and other sexually transmitted diseases (STDs). Additionally, adolescent lesbian and bisexual females are more likely to have ever been pregnant than their heterosexual counterparts [6].

Disparities between states persist, with state-specific 2020 teen birth rates ranging from 6.1 per 1,000 in Massachusetts to 27.9 per 1,000 in Mississippi [1]. Within any given state, teen birth rates vary greatly, especially as it relates to urbanicity, with rural counties having the highest

teen birth rates [7]. Further, adolescents in certain settings are disproportionately affected by unintended teen pregnancy and birth than other groups. For example, young women living in foster care are more than twice as likely to become pregnant than young women not in foster care [8]. Youth involved in the juvenile justice system experience higher rates of risky sexual behaviors compared to their non-system involved peers. They are also disproportionately affected by unintended pregnancy and more likely to be teen parents [9].

While often characterized as a time of turmoil and risk for young people, adolescence is a developmental period rich with opportunity for youth to learn and grow. During this time, youth have the potential to become individuals able to make healthy decisions and form healthy relationships with others. However, the “promise of adolescence can be severely curtailed by economic, social, and structural disadvantage and, in all too many cases, by racism, bias, and discrimination” [10]. In the past two years alone, COVID-19 has had significant impacts on the health and well-being of children and youth across America. Especially impacted are those that were already economically and socially marginalized due to historical inequities including youth in low-income families; youth of color; youth in foster care and those who have aged out; and youth living with disabilities. Social isolation and disruption in access to various youth programming and services increased mental health challenges and severely impacted some of our most vulnerable youth such as those in the child welfare system [11]. TPP Programs have an opportunity to become vectors of resilience and restoration for youth affected by the adversities and/or trauma caused or intensified by the COVID-19 pandemic. TPP Programs can offer the supports needed through evidence-based teen pregnancy prevention programs and services.

We aim to bolster adolescent health outcomes equitably and mitigate disparities through evidence-based teen pregnancy prevention programs and services. Health equity is the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities [12].

Advancing health equity in teen pregnancy prevention will require sustained, multi-pronged, multi-level interventions and strategies that are both innovative and evidence based. It also requires projects to fully explore the needs of their community and population to recognize and understand what inequities exist and the underlying causes contributing to them. Through this deep examination, projects can then work toward providing youth-centered, high-quality programming and services that improve sexual and reproductive health outcomes and promote positive youth development.

2. Expectations for Funded Projects

Award recipients under this opportunity should meet each of the below expectations in the execution of their project.

a. Focus on Areas of Greatest Need and Facing Significant Disparities

To advance health equity and direct resources to those communities and populations with the greatest need and facing significant disparities, we expect recipients to focus their project on a community(ies) and population(s) that are disproportionately affected by unintended teen pregnancy and STIs. Recipients may serve a single community or multiple communities within

their project. Multiple communities could include communities within the same state, communities across states, etc. Recipients should have a defined community(ies), with clear geographic boundaries, in order to ensure that they identify the number of youth that they will serve. Within the community(ies), recipients should have a clearly identified population of focus. Primary participants to receive programming under an award should be adolescents and youth. Projects should focus on serving youth who are at disproportionately affected by unintended teen pregnancies (including rapid repeat pregnancy) and STIs due to factors such as:

- Race;
- Ethnicity;
- Geography; and/or
- Otherwise historically underserved or marginalized. This includes those that have been adversely affected by persistent poverty and inequality (e.g., youth experiencing homelessness, youth in foster care, youth in juvenile justice, LGBTQI+ youth, youth with disabilities, expectant and/or parenting teens, etc.).

We expect recipients to continuously assess the needs and resources of the community and population of focus through the collection and analysis of qualitative and quantitative data. The purpose of ongoing data collection and analysis is to ensure recipients are targeting their efforts in communities and among populations with the greatest need and maintaining an understanding of what the specific needs and resources are, who the key stakeholders are, and the relationship between all these components that may be driving disparities within the community(ies).

We also expect recipients to engage key stakeholders, community members, and partners in data collection, interpretation of findings, refining priorities, and developing solutions to address disparities within the community.

b. Engage in a Planning Period

The planning period is an opportunity for the recipient to set the project up for success in meeting all the expectations over the life of the project. Under this NOFO, we will allow up to a 6-month planning period for recipients to select EBPs that are the best fit for the youth and communities served, prepare all settings to implement selected EBPs to scale, and prepare for seamless execution of activities to achieve the goals of the project. During the planning period, we expect recipients to engage youth, parents/caregivers, and key community stakeholders to ensure the project is of the highest quality, responsive to the needs identified, and the best fit for the community(ies) and population(s) the recipient will serve. By the end of the planning period, we expect recipients to meet key milestones and begin implementing selected EBPs in all identified settings (see Replicate to Scale Evidence-Based Teen Pregnancy Prevention Programs with Fidelity and Quality expectation). Recipients should achieve the following milestones during the planning phase:

- Review initial needs assessment submitted as part of application and **build upon it** to ensure a clear understanding of the needs and resources of the community and specific population(s) of focus.
- Demonstrate the project will not duplicate efforts in the community and among the population of focus.

- Select EBPs that are a good fit, demonstrating clear alignment between the selected EBPs, project goals and desired outcomes, needs of the community/population, and the capacity/readiness of the implementation site(s) and implementing organization(s).
- Finalize the plan for reviewing all program materials and disseminated information throughout the course of the project and complete review of materials related to the selected EBPs to ensure materials are age appropriate, medically accurate, culturally and linguistically appropriate, trauma-informed, and inclusive of all youth.
- Pilot, refine, and be ready to replicate selected EBP(s) to scale, including:
 - Submitting and obtaining a decision on all proposed adaptations and
 - Having implementation plans in place for each implementation site.
- Demonstrate organizational readiness to implement the project through staffing, training, and clear project management processes and protocols.
- Finalize the work plan.
- Finalize a Monitoring and Improvement Plan that clearly accounts for selected EBPs and implementation settings.
- Establish and execute a partnership engagement plan to include establishment of MOAs with all implementation partners.

We expect recipients to engage in activities during the planning period that result in their ability to begin fully executing all expectations of the award. Failure of a recipient to make satisfactory progress toward completion of planning period milestones by the end of the six-month planning period may be deemed poor performance and affect future funding decisions (Section F.17.e).

c. Replicate to Scale Evidence-Based Teen Pregnancy Prevention Programs with Fidelity and Quality

A key strategy for advancing equity in the TPP Program includes increasing the opportunities available to youth and their families within a community to receive evidence-based programs (EBPs). EBPs are those programs that have been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors (see below).

We are interested in projects that will make the greatest impact on improving sexual and reproductive health outcomes and promoting positive youth development. The goal of replicating EBPs to scale is to expand the reach of programs and serve greater numbers of youth, their families, and other key stakeholders (e.g., youth-serving professionals, trusted adults) with EBPs. Recipients will achieve this goal by ensuring EBPs are a good match to communities and populations of focus and by breaking down barriers to participation and ensuring access to EBPs [13]. If intervention strategies are to achieve real benefits for communities and the larger population, recipients must implement them effectively, with fidelity and quality, and to scale.

We expect recipients to promote and improve the health and well-being of the whole person by replicating EBPs over the course of adolescence and across an adolescent's physical and social environments. You must replicate EBPs with fidelity and quality. We refer to implementation of an EBP as "replication." Fidelity refers to the degree to which an implementer adheres to the

core components of an evidence-based program.

We expect recipients to replicate EBPs to scale **in 3 or more settings**, reaching communities, and youth within those communities, with the greatest need. The settings in which recipients will replicate EBPs should clearly connect with the need of the focus population as well as the various physical and social environments where youth live, learn, work, play, and worship. For this NOFO, settings include, but are not limited to, schools, clinics, community-based organizations, houses of worship, detention centers, and group and residential care programs. Recipients may include other settings if you demonstrate that such settings serve youth with the greatest disparities in the identified community(ies). We will count each setting listed above separately, considering each as one individual setting. We consider “school setting” as one setting that encompasses elementary, middle, high schools, charter schools, **and** alternative schools.

In each setting, recipients should adopt strategies to implement and scale the selected EBP to maximize youth participation. A key strategy for taking programs to scale is to implement programs through partnerships, coalitions, networks, and/or, systems within the community. For example, recipients should implement programs:

- district-wide in the community rather than within individual schools or in individual classrooms;
- in partnership with an existing and well-established after-school program rather than creating a new after-school program; and/or
- within all juvenile detention facilities in the community rather than one facility.

Funding requests over the project should reasonably support the number of participants over the duration of the EBP implementations. Recipients should be mindful of realistic and feasible goals based on funding level received.

1. Identifying and Selecting Evidence-Based Teen Pregnancy Prevention Programs

Identifying and selecting EBPs requires an intentional process that ensures the programs selected are a good fit for the needs of the community and population(s) of focus. Fit refers to how well a program matches, or is appropriate for, the community, organization, stakeholders, and potential participants (e.g., youth). Recipients should use the planning period (see Planning Period expectation) to revisit their project goals and desired outcomes, needs of the community and population, and capacity/readiness of the implementation sites and implementing organization(s). Recipients should use this information to identify, pilot, and be ready to replicate to scale EBPs that are a good fit for the needs of the community and population(s) of focus. The purpose of assessing fit is to either avoid programs that do not fit well or improve fit by making allowable adaptations.

Adaptations are changes made to the program content, delivery, or other core components of the program. Recipients may not significantly change the program’s core components or compromise program fidelity (i.e., compromise the underlying elements/components of the program). Recipients may make minor adaptations to EBPs. Minor adaptations are allowable if they improve the fit and relevancy of the program to the community and population of focus.

Selected EBPs should lay the foundation for developmentally appropriate behavioral skills related to improving sexual and reproductive health outcomes and promoting positive youth development. As such, youth should receive a complement of EBPs at multiple times over the course of their adolescence to have a lasting impact on improving outcomes and reducing disparities. The information provided should be sequential, consistent, and reinforcing. For example, social-emotional learning and positive youth development programs offer great potential benefit by equipping adolescents with the foundational skills they need to engage in impulse control and self-regulation. Such skills ultimately help youth make healthy decisions in a variety of situations. Social-emotional learning and positive youth development programs can also establish a foundation upon which other specific behavioral skills (e.g., negotiating condom use, initiation of sex) can be built. Recipients can and should implement these programs as a complement, not a replacement, to inclusive, evidence-based sex education, and sexual health services [14]. Therefore, we encourage recipients to implement several EBPs to align with the needs of the community and population of focus.

We strongly recommend that recipients leverage lessons learned and best practices from previous youth development and teen pregnancy prevention efforts. Such information will serve as a foundation from which to further refine selection of EBPs. It will also assist in efficiently ensuring an EBP that truly fits the needs of the community and population that you will serve. We expect recipients to obtain approval from us for selected EBPs prior to piloting the programs. We will provide further guidance to recipients on the EBP approval process upon award. While we expect recipients to be ready to implement the selected EBPs to scale by the end of the planning period (see Planning Period expectation), we will allow recipients to add or remove EBPs throughout the course of the project period to address the needs of the community and population(s) of focus on a continuous basis.

2. Eligibility of Programs to be Replicated and Implemented to Scale

Eligible EBPs for replication are those that meet the criteria listed below.

- Study Quality - Meets the criteria for the quality of an evaluation study per the criteria established in the [HHS TPP Evidence Review \(TPPER\) protocol, version 6.0](#).
- [Evidence of Effectiveness on Sexual Risk Behaviors - At a minimum, one of the identified EBPs to be implemented must demonstrate impact on sexual risk behaviors using the evidence of effectiveness as outlined in the HHS TPP Evidence Review \(TPPER\) protocol, version 6.0.](#)
- Evidence of Effectiveness on Behavioral Risk Factors Underlying Teenage Pregnancy or Other Associated Risk Factors - In addition to implementing at least one EBP with evidence of effectiveness on sexual risk behaviors, recipients may also implement EBPs that demonstrate impact on non-sexual behavioral risk factors underlying teenage pregnancy. If replicating such a program, the recipient must clearly demonstrate how the outcomes are related to preventing teen pregnancy **and** address the needs of the community and population of focus.

The U.S. Department of Health and Human Services (HHS) anticipates reinstating and updating the [HHS TPP Evidence Review \(https://tppevidencereview.youth.gov\)](https://tppevidencereview.youth.gov). The HHS Office of the

Assistant Secretary for Planning and Evaluation (ASPE) leads the HHS TPP Evidence Review (TPPER) and it is a tool that can be used by recipients to assist in the selection of EBPs. The TPPER is systematic process for reviewing evaluation studies against a rigorous standard to identify programs with evidence of effectiveness in reducing teen pregnancy, STIs, or associated sexual risk behaviors. TPPER defines the criteria for the quality of an evaluation study and the strength of evidence for a particular intervention. ASPE recently updated the evidence review standards in Fall 2022. **We anticipate ASPE will make findings from this new update publicly available on the TPPER website in early 2023.**

d. Review Materials Prior to Implementation

We require recipients to make all materials used and information disseminated within the funded project age appropriate and medically accurate. We expect recipients to make materials and information culturally and linguistically appropriate, trauma-informed, and inclusive of all youth. This includes all materials associated with the EBP. It also includes any supplemental materials and information (e.g., participant booklets, pamphlets, handouts, web content, podcasts, posters, scripts, and facilitators' answers to participant questions) used and disseminated by the recipient and its implementation partners (if applicable). See Glossary in Section I.4 for definitions of age appropriate, medically accurate, culturally and linguistically appropriate, trauma-informed, and inclusivity.

We expect recipients to clearly understand the content that they disseminate through their project and to ensure that the content is responsive to the needs of and appropriate for the community and population of focus. Recipients will be responsible for ensuring subject-matter experts (e.g., age appropriateness, medical accuracy, etc.) review all materials used and information disseminated within the funded project and in the replication of EBPs. Recipients are also responsible for making any necessary changes prior to implementation. We expect recipients to inform us of the review process, findings, and plans to address any issues identified. We will review and approve any changes made to the EBPs to address age appropriateness, medical accuracy, cultural and linguistic appropriateness, trauma-informed approaches, and inclusivity prior to implementation. We require recipients to submit all program materials to us for a medical accuracy review. Recipients may not begin implementation of EBPs or use and disseminate materials without prior approval.

Recipients should use a process for assessing program materials and disseminated information, including those used by implementation partners, at least annually to ensure that they remain age appropriate, medically accurate, culturally and linguistically appropriate, trauma-informed, and inclusive. Recipients may make additional changes to materials, as needed, to meet the expectations of this opportunity; however, we must review and approve any changes prior to use.

e. Engage Youth, Caregivers, and the Community Throughout the Project

We expect recipients to use a community-driven, multi-sector approach to maximize the impact of their project. The role of communities is crucial to promoting health equity and positive youth development. Communities hold the expertise to identify and implement solutions that address

their specific needs [15]. Community engagement harnesses the skills and talents of a community's most important resource – its people. Involving community members in health initiatives can foster connectedness and trust, improve assessment efforts, and build the capacity of individuals to positively affect their community. Additionally, this engagement can enhance the effectiveness of proposed strategies and increase the sustainability of such strategies.

We expect adolescents, as key stakeholders in communities, to be involved as respected partners in making decisions about programs and services intended for them. Recipients should meaningfully engage youth, as equal partners, in the design, implementation, and monitoring of the project. Partnerships and meaningful engagement should occur in a safe, supportive, and inclusive environment that creates equitable opportunities for all. Such environments should help individuals and groups feel safe, respected, engaged, and valued for who they are and for their contributions to the project and their community [16].

Youth perspectives, expertise, voices, and values – especially of those who have been disadvantaged and/or marginalized – should be honored and amplified through meaningful adult-youth partnerships. Further, those projects developed in partnership with youth are more likely to be effective at engaging the population and, therefore, to have a greater impact. Involving youth as partners in making decisions that affect them increases the likelihood that they will accept and adopt such decisions as part of their everyday lives. In addition, empowering youth to identify and respond to community needs helps them become empathetic, reflective individuals, and potentially sets them on a course to continue this important work in their future [17].

Of course, investing in youth also requires investing in the adult caregivers who support them. We expect recipients to implement engagement strategies for parents/caregivers that demonstrates a commitment to support these trusted adults in respecting the developing agency of adolescents. Agency is defined as adolescents' ability to set goals aligned with values, perceive oneself as able to act on the goal, and then act towards achieving the goal [18]. We also expect recipients to provide guidance and education to parents/caregivers that support them in developing and maintaining positive relationships and reinforce positive, healthy decision-making with youth.

Supportive familial, caregiver, and adult relationships play a significant role in fostering positive outcomes for adolescents [10]. Parents have a unique opportunity to share their own morals, values, and beliefs with their children, and their influence is often seen as greater than that of friends [19]. The effects of healthy parent-child communication on sexual decision-making among youth is well-documented. Many adolescents believe it is easier to postpone sexual activity and avoid unintended pregnancy if they can have open and honest conversations about these topics with their parents [20].

Finally, building linkages with the whole community is an important element of the project. We expect recipients to have a community engagement strategy aimed at engaging key stakeholders, community organizations, and leaders throughout the entire project. This includes the design, implementation, and monitoring of the project. We encourage recipients to be innovative in approaching community engagement with the goal of having a sustained impact on advancing health equity in adolescent sexual and reproductive health outcomes and positive youth

development. The engagement strategy should build trust; enlist new resources and allies; enhance communication; and empower community members and organizations in their roles as active agents of change.

We expect recipients will develop and/or leverage partnerships and/or coalitions to help mobilize resources, influence systems, and serve as catalysts for changing policies, programs, and practices within the community. We expect key stakeholders, community organizations, and leaders are reflective of the community and population you will serve and should include, but not be limited to, youth, parents/caregivers, youth-serving professionals, and other youth-identified trusted adults.

f. Connect to a Network of Adolescent-Friendly Supportive Services

Adolescents have physical, social, and emotional needs that cut across multiple systems (school, healthcare, employment, etc.). Key to fostering better youth outcomes is removing the barriers that adolescents face in these systems. We expect recipients to identify, actively engage and collaborate with, and maintain a network of diverse, multi-sector partners in order to **increase awareness of, access to, and utilization of** adolescent-friendly services which address the needs of the population of focus. Adolescent-friendly services are those that are equitable, accessible, acceptable, appropriate, and effective [21]. Adolescent-friendly services are based on a comprehensive understanding of what young people want and need, rather than being based only on what providers believe youth need [22].

We expect recipients to assess resources available, identify gaps in resources (see Section A.2.a), and assess the extent to which the community and population are **aware of, able to access, and utilize** available resources. Recipients should specifically engage with youth and their families to understand what unique barriers prevent them from accessing services.

Recipients can offer support to youth and their families in navigating complex systems intended to serve them. Recipients can also play a key role in increasing access to and utilization of adolescent-friendly services in their communities through collaboration and coordination with partners across systems. Partnerships should reflect those that influence the underlying factors impacting unintended teen pregnancy. Such multi-sector partnerships can work to improve the underlying conditions that can set the stage for youth to flourish and thrive [23] by offering a continuum of supports to meet the physical, social, emotional, behavioral, and mental health needs of youth. We expect the partnerships to address the various needs of the community and population of focus while also complementing the implementation of EBPs. We expect this to include, but not be limited to, sexual and reproductive health services and mental health services. Partners should not be limited to members of a recipient's pre-existing network or limited geographically; rather we expect innovation in the approach and use of an efficient and objective process to establish partnerships most appropriate for addressing the needs of community(ies) and population(s).

In meeting this expectation, recipients should:

- Develop a robust network of diverse, multi-sector partners with specific processes and protocols for connecting youth and their families to supportive services;
- Implement strategies to build the capacity of youth and their families to independently navigate systems and be able to advocate for high quality, adolescent-friendly care; and
- Assist health providers and health care settings in offering adolescent-friendly healthcare services.

Funding for projects authorized under this Notice of Funding Opportunity (NOFO) is to replicate EBPs and not for service delivery. While ancillary supportive services provided to complement replication of EBP, as noted in this section, may be allowable, it is not the primary purpose of this NOFO.

g. Ensure Equitable, Safe, Supportive, and Inclusive Environments

We expect recipients to execute their overall project, including implementation of EBPs, in **equitable, safe, supportive, and inclusive environments, using trauma-informed and positive youth development approaches**.

Ensuring an **equitable environment** requires a recipient to address the root causes of disparities in communities, including recognizing and addressing systemic and structural barriers such as racism, discrimination, and power dynamics and privilege, to ensure youth from such communities have equal access to and rights to the same opportunities and resources as others [24, 25].

Inclusive environments celebrate and amplify perspectives, voices, and values of youth that have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality. An inclusive environment creates equitable access to resources and opportunities for all. It helps individuals and groups feel safe, respected, engaged, and valued for who they are [22]. We expect recipients to be aware of and inclusive of the population(s) of focus and sensitive and responsive to their needs. Project materials, practices, and services should not discriminate, alienate, exclude, or stigmatize youth and their families.

A **trauma-informed approach** refers to how a program, agency, organization, or community thinks about and responds to those who have experienced or may be at risk for experiencing trauma. It provides youth-serving professionals with the tools to avoid re-traumatizing youth who have experienced trauma and recognize when youth may need additional support. We expect recipients to recognize the diverse backgrounds and experiences of youth and apply the core principles of a trauma-informed approach throughout the project. Principles include safety, transparency and trustworthiness, peer support, collaboration and mutuality, empowerment, voice and choice, and cultural and historical awareness [26].

Recipients should also strengthen the overall project by incorporating **positive youth development approaches**, which focuses on providing youth with experiences and opportunities for healthy and successful growth and development into adulthood [27].

We expect recipients to continuously monitor (Section A.2.h) and identify areas to improve

and/or enhance their project to ensure an equitable and inclusive environment and the application of trauma-informed principles and positive youth development approaches. We encourage recipients to be innovative in their approach to this expectation and engage new and existing partners, including implementation partners (if applicable) and youth, as part of this process.

h. Monitor and Improve the Overall Project

We expect recipients to monitor and improve the overall project, including EBPs, to ensure programs and services offered are equitable, accessible, and of the highest quality and best fit for the community(ies) and population(s) served.

We expect recipients to have a Monitoring and Improvement Plan (MIP) that reflects how they will use performance measures and other relevant data, including youth and stakeholder feedback, to monitor progress in meeting approved project goals and objectives. The MIP should also monitor the extent to which:

- EBPs are implemented to scale with quality and fidelity (including but not limited to observing 5% of all EBP sessions and 100% of all EBP facilitators for fidelity and quality on an annual basis);
- Youth, parents/caregivers, and the community are meaningfully engaged throughout the project;
- Components of the project, including programming, is implemented in an equitable, safe, supportive, and inclusive environment; and
- Project approach is increasing awareness of, access to, and utilization of adolescent-friendly supportive services.

The MIP should build in opportunities for the recipient to monitor progress throughout the course of the project. This includes identifying issues, assessing how well the project is reaching populations experiencing health inequities, and providing an opportunity to make adjustments that can support equitable outcomes [24]. The MIP should use data to inform professional development and capacity building of staff and partners, and to make continuous improvements to the project.

We expect recipients to foster collaboration and data-sharing between implementation staff, evaluation staff, and other partners (if applicable) to reflect a team approach. Such an approach is critical to the success of the overall project. Implementation and evaluation staff should work together to determine the data to collect, methods and process of collection, and translating data collected to improve the project and make data-informed decisions. Recipients must also collect all performance measures (OMB #0990-0438, Expiration August 31, 2023, pending renewal. See Section I.7) and report them on a semi-annual basis. We will provide final performance measures to recipients during the first six months of funding and may include measures on reach, dosage (i.e., “how much” of the program a participant received), implementation quality, sustainability, partnerships, trainings, and dissemination.

In collecting performance measures and other project data, recipients must adhere to all relevant state laws, organizational policies, and other administrative procedures prior to collection.

Recipients must obtain permission from all partner organizations to collect required data. To protect the rights and welfare of program participants, we expect those recipients that decide to ask survey questions such as those that assess knowledge, attitudes, and intentions on sex to consult with an IRB to determine whether the evaluation plan is (1) exempted or (2) requires a full IRB review. **Please note that OPA only requires that recipients meet the reporting requirements as stated in Section F.17.** Recipients **should not** collect any data as it relates to changes in sexual behaviors outside of a rigorous impact evaluation that includes a comparison group because this is not a research award. Any evaluation-type activities should focus on monitoring the quality and fit of project activities.

As a condition of the award, we may require selected recipients to participate in any OPA-directed Federal Evaluation, if funding for such an evaluation becomes available. The Federal Evaluation contractor will pay for any costs associated with evaluation data collection for the Federal Evaluation.

3. Federal Agency Substantial Involvement

Recipients will receive funding under a cooperative agreement. A cooperative agreement is a form of assistance that allows for substantial involvement by federal agency. Additional details of the substantial involvement for awards made under this NOFO are described in Section B.3.

B. Federal Award Information

1. Legal Authority

Division H, Title II of the Consolidated Appropriations Act, 2023 (Public Law No. 117-328)

2. Award Information

We intend to make funds available for competing CA (Cooperative Agreement) awards. The actual amount available will not be determined until enactment of the FY 2023 federal budget. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner.

We intend to make funds available for competing CA (Cooperative Agreement) awards. The actual amount available will not be determined until enactment of the FY 2023 federal budget.

We intend to make funds available for competing CA (Cooperative Agreement) awards.

We will fund awards in annual increments and generally for a period of performance up to 5 year(s), although we may approve shorter periods of performance. Budget periods may also vary from the estimate indicated below due to timing of award issuance or other administrative factors.

Recipients will be required to submit a non-competing continuation application for each budget period after the first. Funding for all approved budget periods beyond the first is generally level

with the initial award amount and is contingent upon the availability of funds, satisfactory progress of the project, adequate stewardship of Federal funds, and the best interests of the Government.

Award Information

Estimated Federal Funds Available	\$68,625,000
Anticipated Number of Awards	70
Award Ceiling (Federal Funds including indirect costs)	\$2,000,000 per budget period
Award Floor (Federal Funds including indirect costs)	\$350,000 per budget period
Anticipated Start Date	07/01/2023
Estimated Period of Performance	Not to exceed 5 year(s)
Anticipated Initial Budget Period Length	12 months
Type of Award	Cooperative Agreement
Type of Application Accepted	Electronic via Grants.gov ONLY unless an exemption is granted.

3. Federal Agency Substantial Involvement

Awards made under this NOFO will be cooperative agreements. A cooperative agreement is a form of assistance that allows for substantial involvement by the program office. Substantial involvement is in addition to the usual monitoring and technical assistance provided under a grant (e.g., assistance from the assigned Federal project officer, monthly conference calls, occasional site visits, ongoing review of plans and progress, participation in relevant meetings, provision of training and technical assistance). Substantial programmatic involvement for cooperative agreements under this NOFO may include:

- Prior approval for change of time that Key Personnel are dedicated to the project and for replacement of Key Personnel. Key Personnel includes any position that is responsible for the day-to-day management and oversight of the project.
- Consulting with the recipient throughout the preparation and dissemination of materials related to the award.
- Review of recipient progress during the planning period and approval at significant milestones to move forward with full implementation.
- Review and approval of EBPs selected for replication, EBP implementation plans, and proposed adaptations to EBPs.
- Consulting with OPA on adaptations proposed to ensure fidelity to EBPs core components.

- Assisting the recipient in the review and revision of priorities for activities conducted under the cooperative agreement.
- Serving as a programmatic resource during the implementation of the project by participating in the design of the activities and contributing with subject matter expertise.
- Identification of other organizations with whom the recipient may be asked to develop cooperative and collaborative relationships and partnerships to enhance the effectiveness of the project.
- Reviewing and approving all program materials prior to use in the project to ensure the materials are age appropriate, medically accurate, culturally and linguistically appropriate, trauma-informed, and inclusive.

C. Eligibility Information

1. Eligible Applicants

Any public or private (profit or nonprofit) entity located in a State (which includes one of the 50 United States, District of Columbia, Commonwealth of Puerto Rico, U.S. Virgin Islands, Commonwealth of the Northern Mariana Islands, American Samoa, Guam, Republic of Palau, Federated States of Micronesia, and the Republic of the Marshall Islands) is eligible to apply for an award under this announcement.

Faith-based organizations and American Indian/Alaskan Native/Native American (AI/AN/NA) organizations that are public or private entities are eligible to apply. Public or private community-based organizations are eligible to apply.

Examples of eligible Organizations include:

- State governments
- County governments
- City or township governments
- Special district governments
- Independent school districts
- Public and State controlled institutions of higher education
- Native American tribal governments (Federally recognized)
- Public housing authorities/Indian housing authorities
- Native American tribal organizations (other than Federally recognized tribal governments)
- Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education
- Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education
- Private institutions of higher education
- For profit organizations other than small businesses

Small businesses

2. Cost Sharing or Matching

You are not required to provide cost sharing or matching in your proposed budget. If you voluntarily include cost sharing in your application, you must include in your budget narrative a non-federal sources justification as described in Section D.3.b.1.t or your application will be disqualified (Section C.4.k). Voluntary cost sharing is not expected for research applications. During the merit review of an application, cost sharing will only be considered in the overall review of the adequacy of the total proposed budget (Federal and non-Federal share) to support the project proposed.

Applications including cost sharing or matching, whether required or voluntary, that result in an award will include the cost sharing or matching commitment on the notice of award at the level proposed in the application. See Section D.3.b.1.s. Any change in the responsibility to provide cost sharing or matching at that level will require prior approval of the grants management officer.

Cost-Sharing or Matching may include any in-kind contributions necessary to the execution of the proposed project (45 C.F.R. § 75.306).

3. Other - Application Responsiveness Criteria

We will review your application to determine whether it meets the responsiveness criteria below. If your application does not meet the responsiveness criteria, we will disqualify it from the competition; we will not review it beyond the initial screening. The responsiveness criteria are as follows

There are no Other - Application Responsiveness Criteria.

4. Application Disqualification Criteria

If you successfully submit an application, the OASH Grants and Acquisitions Management (GAM) Division will determine whether your application is eligible according to section C.1 Eligible Applicants. If we determine your application fails to meet the criteria described below, we will disqualify it, that is, **we will not review it and will give it no further consideration.**

- a. You must submit your application electronically via <https://grants.gov/> (unless an exemption was granted by the grants management officer 2 business days prior to the deadline) by the date and time indicated in Section D.5 of this announcement.
- b. If you successfully submit multiple applications from the same organization for the same project, we will only review the last application received by the deadline.
- c. You must complete the required forms in the application package: SF-424, SF-424A, SF-LLL, and Project Abstract Summary (Section D.2.a).

- d. Your application must be submitted in the English language and must be in terms of U.S. dollars (45 C.F.R. § 75.111(a)).
- e. Your Project Narrative section of the application must be double-spaced, on the equivalent of 8 ½ " x 11" page size, with 1" margins on all sides (top, bottom, left and right) and font size not less than 12 points (Section D.2.a).
- f. Your Project Narrative must not exceed 50 pages. The following items do not count toward the Project Narrative page limit: all required forms, including SF-424, SF-424A, SF-LLL, Project Abstract Summary, and Budget Narrative (including budget tables)(Section D.2.a).
- g. Your total application (i.e., the Project Narrative plus Appendices) must not exceed 100 pages. The following items do not count toward the Project Narrative page limit: all required forms, including SF-424, SF-424A, SF-LLL, Project Abstract Summary, and Budget Narrative (including budget tables)(Section D.2.a).
- h. Your Federal funds request including indirect costs must not be above the maximum indicated in Award Ceiling (Section B.2).
- i. Your Federal funds request including indirect costs must not be below the Minimum indicated in Award Floor, if any (Section B.2).
- j. Your application must meet the Other - Application Responsiveness Criteria outlined above (Section C.3).
- k. If your application includes cost sharing (voluntary or required, Section C.2), you must include in your budget narrative a non-federal sources justification.

D. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package

You may obtain an application package electronically by accessing Grants.gov at <https://www.grants.gov/>. You can find it by searching on the Assistance Listing (formerly CFDA) number shown on page 1 of this funding opportunity announcement. If you have problems accessing the application or difficulty downloading, contact:

OASH Grants and Acquisitions Management Division

Phone: 240-453-8822

Email: OASH_Grants@hhs.gov

2. Content and Form of Application Submission

a. Application Format

Your application must be prepared using the forms and information provided in the online application package. This includes but is not limited to:

- SF-424 Application for Federal Assistance
- SF-424A Budget Information for Non-Construction Programs
- SF-LLL Disclosure of Lobbying Activities
- Project Abstract Summary

We encourage individuals to use their full name (first, middle, last) on the Standard Forms and other documents such as résumés/curricula vitae/biographical sketches to distinguish them for verification in the System for Award Management exclusion records. Delays may result in award processing if full names are not provided.

Only one Project Director/Principal Investigator (PD/PI) will be named on any resulting award. You should clearly identify the individual in that role in your application. This individual should be the person who will be responsible for the programmatic aspects of the project if an award is made. A placeholder PD/PI is strongly discouraged because this may not present a clear picture for the review. Furthermore, once an award is issued a request for a change in PD/PI requires prior approval of the grants management officer (45 C.F.R. § 75.308(c)(1)(ii-iii)).

The Project Narrative, and total application including appendices, must adhere to the page limit indicated in Application Disqualification Criteria listed in Section C.4. The page limit does not include the Budget Narrative (including budget tables), required forms, assurances, and certifications as described in the Application Disqualification Criteria.

You must double-space the Project Narrative pages.

Your application must be submitted in the English language and must be in the terms of U.S. dollars (45 C.F.R. § 75.111(a))

You should use an easily readable typeface, such as Times New Roman or Arial. You must use 12-point font. You may single-space tables or use alternate fonts but you must ensure the tables are easy to read.

Please do not number pages or include a table of contents. Our grants management system will generate page numbers once your application is complete. If your application exceeds the specified page limits for the Project Narrative or Project Narrative plus Appendices (Section C.4(f)-(g)) when printed on 8.5" X 11" paper as determined by OASH/GAM, the application will not be reviewed further. We recommend you print out your application before submitting electronically to ensure that it is within the page limits and is easy to read.

b. Appendices Format

Your appendices should include any specific documents outlined in Section D.3.c, under the heading "Appendices" in the Application Content section of this announcement. Your documents should be easy to read. You should use the same formatting specified for the Project Narrative. However, documents such as résumés/curricula vitae, organizational charts, tables, or letters of commitment may use formatting common to those documents, but the pages must be easy to read. All of your appendices must be uploaded as a single, consolidated file in the Attachments section of your Grants.gov application.

c. Project Abstract Summary Format

You must complete the Project Abstract Summary form provided in the application package. The abstract will be used to provide reviewers with an overview of the application and will form the basis for the application summary in grants management and program summary documents. Furthermore, if your project is funded, HHS will publish the abstract from your form on TAGGS.hhs.gov and USASpending.gov. The abstract may also appear on the program office website or other government website. Therefore, do not include sensitive or proprietary information in your abstract.

d. Budget Narrative Format

The Budget Narrative should use the formatting required of the Project Narrative for the explanatory text. Budget tables may be single-spaced but should be laid out in an easily-readable format and within the printable margins of the page.

3. Application Content

Successful applications will contain the following information:

a. Project Narrative Content

The Project Narrative is the most important part of the application, because it will be used as the primary basis to determine whether your project meets the minimum requirements for an award under this announcement. The Project Narrative should provide a clear and concise description of your project. HHS/OASH recommends that your project narrative include the following components: 1) Focus on Areas of Greatest Need and Disparities; 2) Selection and Implementation of Evidence-Based Teen Pregnancy Prevention Programs; 3) Project Approach; 4) Organizational Capability and Experience; 5) Collaboration and Partnerships; and 6) Project Management.

1. Focus on Areas of Greatest Need and Disparities

Provide current data on the community and population of focus within the defined geographic area(s) through various means that will clearly demonstrate your understanding of where the greatest need is, what the specific needs and resources are, who the key stakeholders are, and the relationship between all these components that may be driving disparities within the community(ies). At a minimum, you should:

- Describe the community or communities and population(s) of focus including the geographic boundaries used to define each.
- In your description provide proof of urban or rural designation. The U.S. Census Bureau provides information on areas designated as Urban: <https://www.census.gov/programs-surveys/geography/guidance/geo-areas/urban-rural.html>. The Health Resources and Services Administration (HRSA) provides the definition for rural as well as accompanying resources for determining whether your community classifies as "rural": <https://www.hrsa.gov/rural-health/about-us/what-is-rural>. If you do not meet the definition for urban or rural, identify your community as "suburban."

- Demonstrate the need of the population related to sexual and reproductive health and positive youth development. Include any community context and/or historical factors and illustrate gaps in services that may help understand existing disparities. Also include data that supports the rationale for focusing on this community(ies) and population(s), specifically documenting a teen birth rate that is at least above the current national average (15.4 births for every 1,000 adolescent females ages 15-19 and 0.2 births for every 1,000 adolescent females ages 10-14, 2020) **and** at least one STI rate above the current national average (see [CDC Sexually Transmitted Disease Surveillance 2019](#) and table below) for the population(s) served within the community.

Table 1: National Sexually Transmitted Disease Surveillance, 2019

Ages (years)	Group	Chlamydia (per 100,00)	Gonorrhea (per 100,000)	Primary and Secondary (P&S) Syphilis (per 1000,000)
10-14	Total	55.4	12.7	0.1
10-14	Females	98.8	20.7	0.1
10-14	Males	13.4	4.9	0.1
15-19	Total	2,151.6	442.6	8.1
15-19	Females	3,333.8	559.5	4.9
15-19	Males	1,009.0	328.6	11.2

- Describe resources available in the community(ies), including other teen pregnancy, HIV, and STI prevention programs; youth development programs; availability of adolescent-friendly services; availability of youth serving organizations; resources for parents; and other relevant programs and services.
- Describe the process for identifying the community or communities and population(s) at highest risk for disparities, how you identified the needs of the community(ies) and population(s) and the resources available in the community(ies), and to what extent key stakeholders in the community and/or population were involved in this process.
- Describe how the proposed project will meet unmet need in the community of focus and not duplicate already existing resources.

2. Selection and Implementation of Evidence-Based Teen Pregnancy Prevention Programs

Propose an EBP selection process and implementation plan that is realistic and feasible based on the needs, capacity, and readiness of the community and population of focus. Your proposed estimate of number of participants to receive EBP implementation over the duration of the project should clearly align and be adequately supported by the budget narrative submitted (Section D.3.d). The historical annual reach of prior successful TPP awards is presented in the table with a typical funding range. However, costs may differ based on various factors such as geographic region, specific focus population of participants, available resources, etc. The information also does not reflect inflation or cost-of-living adjustments that have been made over time. The table is provided only as background information. We do not use the information in the Table as the basis for determining funding levels.

Annual Budget	Annual EBP Participant Reach
\$350,000 - \$749,999	At least 500 per year
\$750,000 - \$999,999	At least 1,500 per year
\$1,000,000 - \$1,249,999	At least 3,000 per year
\$1,250,000 - \$1,499,999	At least 6,000 per year
\$1,500,000 - \$1,749,000	At least 10,000 per year
\$1,750,000 - \$2,000,000	At least 15,000 per year

- Describe the following:
 - Anticipated number of youths you will reach each year specifically through implementation of EBPs.
 - Anticipated number of parent/caregivers and/or other individuals (e.g., youth-serving professionals) that will receive EBPs each year specifically through the implementation.
 - Specific details on how you obtained the estimates for youth, parent/caregivers and other individuals receiving EBPs.
 - How those that will receive EBPs aligns with the needs identified in the community.
- Describe the process that you will use to identify and select evidence-based programs (EBPs) that are a good fit for the needs of the community and population of focus you will serve; including the extent to which implementing organizations, implementation sites, and the population of focus will be involved in the process. **You are not** required to have finalized selection of EBPs in your application.
- Describe plans to implement in three or more settings, including specifying where you will implement EBPs, clearly demonstrating implementing **in at least 3 unique settings**. Demonstrate how the settings clearly align with the need of the focus population and the various physical and social environments where youth live, learn, work, play, and worship.
 - For each setting, describe the total number of youth available in the setting and the percentage of them that will participate (e.g., the number and breakdown of

schools and enrollment in each; number of youth in residential group homes, number of youth in juvenile detention center; etc.).

- Describe strategies to implement EBPs to scale in the community, including partnership and collaboration with existing and established systems for serving youth in the community. Describe how you designed these strategies to have the greatest impact on reducing disparities in unintended teen pregnancy sexual and reproductive health outcomes and promoting positive youth development in the community. Include the approvals received to implement at the highest-level system-wide while also obtaining buy-in at the grassroots level (e.g., approval from child welfare agency and buy-in from case managers at residential homes).
- Describe specific strategies that you will use to recruit and retain participants (youth, parents/caregivers, other individuals) in EBPs and the rationale for why you expect these strategies to be successful.

3. Project Approach

Provide a clear and concise description of the approach you are proposing to use to address the need identified in the community and population of focus. You should explain the rationale for your approach and present a clear connection between identified needs and your proposed activities. Your proposal should detail the nature of the activities to be undertaken, how they address identified issues, and how they will assist in achieving the overall project goals and objectives. You should clarify why these specific activities were selected. Also note any major barriers you anticipate encountering and how your project will be able to overcome those barriers. Refer to your logic model, as needed. At a minimum, you should:

- Clearly identify and describe the activities that will take place during the planning period that may not exceed 6 months. Describe how you will ensure successful completion of identified activities, include what challenges you anticipate and how you will mitigate those challenges. Also demonstrate how the planning period activities align with the key milestones in Section A.2.b and how it will result in EBP implementation in all identified settings by the end of the planning period.
- Describe how you will execute the project in an equitable, safe, supportive, and inclusive environment, using trauma-informed and positive youth development approaches.
- Describe the process for ensuring all materials used and information disseminated within the funded project is age appropriate, medically accurate, culturally and linguistically appropriate, trauma-informed, and inclusive of all youth.
- Describe how youth will be engaged in a meaningful way in the design, implementation, and monitoring of the overall project so that the project team will view them as equal partners in the decision-making process.
- Describe how parents/caregivers and other trusted adults will be engaged and supported in respecting the developing agency of adolescents, developing and maintaining positive relationships with adolescents, and reinforcing positive and healthy decision-making of adolescents.
- Describe strategies that you will utilize to effectively engage key stakeholders, community organizations, and leaders in the design, implementation, and monitoring of

the project in an equitable manner. Include how you will ensure engaged stakeholders are reflective of the community and population you will serve, especially youth and parents/caregivers.

- Describe how the project will create and maintain a robust network of partners to ensure a continuum of supports to meet the physical, social, emotional, behavioral, and mental health needs of youth.
- Describe how the project will increase awareness of, access to, and utilization of adolescent-friendly services.
- Describe the Monitoring and Improvement Plan which includes:
 - How you will use data, including youth and stakeholder feedback, to monitor progress in meeting goals and objectives, including the bulleted items under Section A.2.h Monitor and Improve the Overall Project.
 - How you will use data to inform professional development and capacity building of staff and partners and make continuous improvements to the project.
- Describe your capacity to collect and report all required performance measures on a semi-annual basis and to use performance measure data for continuous quality improvement. Identify any barriers you anticipate in collecting performance measures and address how you will overcome such barriers.

You should **not** allocate more than **ten percent** of requested federal funds to the collection and analysis of data related to the project. In addition, you **may not use funds for a rigorous impact evaluation**. If your project includes asking survey questions (e.g., questions about knowledge, attitudes, and intentions on sex) provide the status of the Institutional Review Board's (IRB) determination of whether the evaluation plan is (1) exempted or (2) requires a full IRB review. Please include the IRB's Federalwide Assurance (FWA) number of the IRB registration number. You **are not required** to collect such data as it relates to knowledge, attitudes, and intentions on sex.

4. Organizational Capability and Experience

Describe your organizations specific capabilities, experience, and expertise that will make your proposed project successful in meeting its goals, objectives, and outcomes. In doing so, you should:

- Describe the organization's history with the community and demonstrate how the organization's history and experience has resulted in positive impacts to the community. Demonstrate the extent to which the organization is committed to advancing health equity and addressing the needs of adolescents.
- Demonstrate how the proposed project aligns with the organization's vision and mission and demonstrate commitment from organizational leadership to the goals of the proposed project.
- Describe and demonstrate that the organization has the following experience, transferable experience, or expertise related to:
 - Working at a systems level (e.g., school boards, child welfare agencies, etc.) to implement youth-serving programs.

- Assessing community needs and available resources and adapting to continue to meet the changing needs of the community.
 - Identifying EBPs to ensure they are a good fit for the community and population, implementing EBPs, and monitoring EBPs for fidelity and quality.
 - Ensuring quality program delivery among partner organizations, including the provision of training, technical assistance, coaching, and support for partners.
 - Equitably and inclusively engaging youth, especially those with lived experience, as key decision-makers in projects.
 - Establishing partnerships and/or networks with diverse sectors (e.g., education, housing, healthcare, etc.) to address the needs of adolescents. Provide examples of the types of partners that have been engaged in the past and the outcomes of those partnerships.
- Describe commitment to and experience with utilizing trauma-informed and positive youth development approaches in programs and services, including policies that the organization has in place to deliver programs and services in an equitable, safe, supportive, and inclusive manner.
 - Demonstrate your ability, through experience or training, to meet the legal requirements for collecting data related to your proposed project, including required data (i.e., performance measures).
 - Describe the existing organizational infrastructure's ability to support and manage a program of this size and scope and to overcome challenges associated with growth and scale. Include examples of the organization's experience and ability to lead and manage in these areas.
 - Describe how you will hold staff accountable for achieving project outcomes, how you will actively engage staff in the project, and how you will mitigate staff turnover.

5. Collaboration and Partnerships

Describe your organization's relationships and partnerships that will make your proposed project successful in meeting its goals, objectives, and outcomes. In doing so, you should:

- Provide a detailed description of the relationships and partnerships that already exist and those that you will need to establish to support this project. You should describe at what level the partnership exists (e.g., district-level vs. school-level vs. classroom-level; network of clinics vs. individual clinic) and how the partnership will enable implementation of the program to scale in the community.
- Describe your approach for identifying, actively engaging through collaboration, and maintaining a network of diverse, multi-sector partners. Describe the diversity of partners who will be engaged in this project, the various sectors of the community that the partners represent, and how it aligns with the needs of the community and population(s) of focus. Include what formal and informal strategies you will use to ensure effective communication with partner organizations and how you will measure effectiveness of the partnership.
- Describe how the project will work with partners to increase awareness of, access to, and utilization of adolescent-friendly services.

- Describe the roles and responsibilities for all partners who will be responsible for implementing EBPs in the community. For each partner responsible for implementation of EBPs, describe:
 - The partner's experience implementing TPP programs in the community.
 - The partner's experience working with the specific population of focus.
 - The partner's commitment and motivation for the proposed program.
 - How the program aligns with the partner organization's mission and vision.
 - How the partner will hold itself and its staff accountable for achieving project outcomes.

6. Project Management

Describe your approach to project management that will make your proposed project successful in meeting its goals, objectives, and outcomes. You should refer to the Work Plan you provide in your appendices. In doing so, you should:

- Describe the plan for managing the overall program, including managing all partners and sub-recipients. The plan should describe the approach that you will use to monitor and track progress, completion, and quality of all program objectives and activities. It should also demonstrate an understanding of the complexity of the overall program and potential challenges.
- Describe the process for ensuring all staff responsible for executing the project, including partner staff, are actively engaged, well-trained, and prepared to successfully fulfill their roles and responsibilities.
- Describe the composition of the project team, to include the roles and responsibilities of all staff and how they will contribute to achieving the project's objectives and activities. Describe who will have day-to-day responsibility for key tasks including, but not limited to, leadership of the overall program and of specific tasks, monitoring the program's progress, monitoring implementation partners, collection of performance measures, and preparation of reports.
- Describe the experience and expertise of key proposed staff as it relates to:
 - Advancing health equity,
 - Implementing evidence-based programs,
 - Coordinating large scale implementation efforts,
 - Establishing and fostering a network of partners,
 - Engaging key stakeholders, and
 - Collecting and using performance measures data for continuous quality improvement.
- Describe the process and timeline for recruiting and hiring staff and how the process will ensure a team of diverse staff who are reflective of and understand the community/population.
- Describe any potential challenges or risks to the project and the plans for addressing them.

b. Budget Narrative Content

You must complete the required budget forms and submit a budget narrative with detailed justification as part of your application. You must enter the project budget on the Budget Information Non-construction Programs standard form (SF-424A) according to the directions provided with this standard form. The budget narrative consists of a detailed line-item budget that includes calculations for all costs and activities by "object class categories" identified on the SF-424A and justification of the costs.

Project budget calculations must include estimation methods, quantities, unit costs, and other similar quantitative detail sufficient to verify the calculations. If matching or cost sharing is required, you must include a detailed listing of any funding sources identified in box 18 of the SF-424 (Application for Federal Assistance). You must state the method you are selecting for your indirect cost rate. See Indirect Costs (Section D.3.b.1.o)) for further information. If you are providing in-kind contributions of any type or value, including costs otherwise covered by your indirect cost rate, you must identify those costs, and you should, as appropriate, include the value of the in-kind contribution as proposed cost-sharing (voluntary or required) (45 C.F.R. § 75.306).

Please be sure to carefully review Section D.7 Funding Restrictions for specific information regarding allowable, unallowable, and restricted costs.

You must provide an object class category budget using Section B, box 6 of the SF-424A for the first year of the proposed project. For awards with an anticipated period of performance of one year or less, this will be the budget request for the entire project. Provide a budget justification, which includes explanatory text and line-item detail, for the entire first year of the proposed project. The budget narrative should describe how the categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs.

For subsequent budget years in an anticipated multi-year project, provide a summary narrative and line-item budget for each year beyond the first. For categories or items that differ significantly from the first budget year, provide a detailed justification explaining these changes.

Do not include costs beyond the first budget period in the object class budget in box 6 of the SF-424A or box 18 of the SF-424; the amounts entered in these sections should only reflect the first budget period.

Your budget narrative should justify the overall cost of the project as well as the proposed cost per activity, service delivered, and/or product. For example, the budget narrative should define the amount of work you have planned and expect to perform, what it will cost, and an explanation of how the result is cost effective. If you are proposing to provide services to clients, you should describe how many clients you expect to serve, the unit cost of serving each client, and how this is cost effective.

Use the following guidelines for preparing the detailed object class budget required by box 6 of the SF-424A. The object class budget organizes your proposed costs into a set of defined categories outlined below. Both federal and non-federal resources (if applicable) must be detailed and justified in the budget narrative. "Federal resources" refers only to the HHS/OASH funds for which you are applying under this NOFO. "Non-federal resources" are all other non-HHS/OASH federal and non-federal resources. We recommend you present budget amounts and

computations in a columnar format: first column, object class categories; second column, federal funds requested; third column, non-federal resources; and last column, total budget.

Object Class	Federal Funds Requested	Non-federal Resources	Total Budget
Personnel	\$100,000	\$25,000	\$125,000

Subrecipient/contract and consultant detailed costs should all be included in those specific line items, not in the overall project object class line items. For example, subrecipient travel should be included in the Contractual line item not in Travel. **Subrecipient/contract and consultant activities must be described in sufficient detail to describe accurately the project activities that each will conduct.**

1. Object Class Descriptions and Required Justifications

a. Personnel Description

Costs of staff salaries and wages, excluding benefits.

b. Personnel Justification

Clearly identify the PD/PI, if known at the time of application. Provide a separate table for personnel costs detailing for each proposed staff person: the title; full name (if known at time of application), time commitment to the project as a percentage or full-time equivalent; annual salary and/or annual wage rate; federally funded award salary; non-federal award salary, if applicable; and total salary. No salary rate may exceed the statutory limitation in effect at the time you submit your application (see D.7.2) Funding Restrictions, *Salary Rate Limitation* for details). Do not include the costs of consultants, personnel costs of delegate agencies, or of specific project(s) and/or businesses to be financed by the applicant. **Contractors and consultants should not be placed under this category.**

Position Title and Full Name	Percent Time	Annual Salary	Federally-funded Salary	Non-federal Salary	Total Project Salary
Project Director, John K. Doe	50%	\$100,000	\$50,000	\$0	\$50,000
Data Assistant, Susan R. Smith	10%	\$30,000		\$3,000	\$3,000

c. Fringe Benefits Description

Costs of employee fringe benefits unless treated as part of an approved indirect cost rate.

d. Fringe Benefits Justification

Provide a breakdown of the amounts and percentages that comprise fringe benefit costs such as health insurance, Federal Insurance Contributions Act (FICA) taxes, retirement insurance, and taxes.

e. Travel Description

Costs of travel by staff of the applicant organization only. **Do not** include travel costs for subrecipients or contractors under this object class.

f. Travel Justification

For each trip proposed for applicant organization staff only, show the date of the proposed travel, total number of traveler(s); travel destination; duration of trip; per diem; mileage allowances, if privately owned vehicles will be used; and other transportation costs and subsistence allowances. **Do not** include travel costs for subrecipients or contractors under this object class.

g. Equipment Description

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. (Acquisition cost means the cost of the asset including the cost to ready the asset for its intended use.

Acquisition cost for equipment, for example, means the net invoice price of the equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Acquisition costs for software includes those development costs capitalized in accordance with generally accepted accounting principles (GAAP). Ancillary charges, such as taxes, duty, protective in transit insurance, freight, and installation may be included in or excluded from the acquisition cost in accordance with the non-Federal entity's regular accounting practices.) See 45 C.F.R. § 75.2 for additional information.

h. Equipment Justification

For each type of equipment requested you must provide a description of the equipment; the cost per unit; the number of units; the total cost; and a plan for use of the equipment in the project; as well as a plan for the use, and/or disposal of, the equipment after the project ends. An applicant organization that uses its own definition for equipment should provide a copy of its policy, or section of its policy, that includes the equipment definition; include this with your Budget Narrative file. Reference the policy in this justification and include the policy copy in your Budget Narrative file (not your appendices).

i. Supplies Description

Costs of all tangible personal property other than those included under the Equipment category. This includes office and other consumable supplies with a per-unit cost of less than \$5,000.

j. Supplies Justification

Specify general categories of supplies and their costs. Show computations and provide other information that supports the amount requested.

k. Contractual Description

Costs of all contracts or subawards for services and goods except for those that belong under other categories such as equipment, supplies, construction, etc. Include third-party evaluation contracts, if applicable, and contracts or subawards with subrecipient organizations (with budget detail), including delegate agencies and specific project(s) and/or businesses to be financed by the applicant. **This line item is not for individual consultants.**

l. Contractual Justification

Demonstrate that all procurement transactions will be conducted in a manner to provide, to the maximum extent practical, open, and free competition. Recipients and subrecipients are required to use 45 C.F.R. § 75.329 procedures and must justify any anticipated procurement action that is expected to be awarded without competition and exceeds the simplified acquisition threshold fixed by 41 U.S.C. § 134 and currently set at \$250,000. Recipients may be required to make pre-award review and procurement documents, such as requests for proposals or invitations for bids, independent cost estimates, etc., available to HHS/OASH.

Whenever you intend to transfer a substantive part of the project effort to another entity (including non-employee individuals), you must provide a detailed budget and budget narrative for each subrecipient/contractor, by title/name, along with the same supporting information referred to in these instructions. If you plan to select the subrecipients/contractors post-award and a detailed budget is not available at the time of application, you must provide information on the nature of the work to be transferred, the estimated costs, and the process for selecting the subrecipient/contractor.

m. Other Description

Enter the total of all other costs. Such costs, where applicable and appropriate, may include but are not limited to: consultants; insurance; professional services (including audit charges); space and equipment rent; printing and publication; training, such as tuition and stipends; participant support costs including incentives, staff development costs; and any other costs not addressed elsewhere in the budget.

n. Other Justification

Provide computations, a narrative description, and a justification for each cost under this category.

o. Indirect Costs Description

Total amount of indirect costs. This category has one of two methods that you may select. You may only select one and must clearly identify that selection in your submitted budget.

- Your organization currently has an indirect cost rate approved by the Department of Health and Human Services (HHS) or another cognizant federal agency. You should enclose a copy of the current approved rate agreement in your Budget Narrative file. If you request a rate that is less than allowed, your authorized representative must submit a signed acknowledgement that the organization is accepting a lower rate than allowed.
- Per 45 C.F.R. § 75.414 (f) Indirect (F&A) costs, “any non-Federal entity [i.e., applicant] that has never received a negotiated indirect cost rate, ... may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. As described in § 75.403, costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate for a rate, which the non-Federal entity may apply to do at any time.”

The de minimis rate method only applies if you have never received an approved negotiated indirect cost rate from HHS or another cognizant federal agency. If you are waiting for approval of an indirect cost rate, you may request the 10% de minimis rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs to the award.

Indirect costs on Federal awards for training are limited to a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of \$25,000 (45 C.F.R. § 75.414 (c)(1)(i)).

p. Indirect Costs Justification

Provide the calculation for your indirect costs total, i.e., show each line item included in the base, the total of these lines, and the application of the indirect rate. If you have multiple approved rates, indicate which rate as described in your approved agreement is being applied and why that rate is being used. For example, if you have both on-campus and off-campus rates, identify which is being used and why.

q. Program Income Description

Program income means gross income earned by your organization that is directly generated by this project if funded except as provided in 45 C.F.R. § 75.307(f). Program income includes but is not limited to income from fees for services performed or the use or rental of real or personal property acquired under the award. Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulations, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and

interest earned on any of them. See also 45 C.F.R. § 75.307 and 35 U.S.C. §§ 200-212 (applies to inventions made under Federal awards).

r. Program Income Justification

Describe and estimate the sources and amounts of program income that this project may generate, if funded. All program income generated as a result of awarded funds must be used within the scope of the approved project-related activities. Any program income earned by the recipient must be used under the addition/additive method unless otherwise specified in Section C.2. These funds should not be added to your budget, unless you are using the funds as cost sharing or matching, if applicable. This amount should be reflected in box 7 of the SF-424A.

s. Non-Federal Resources Description

Amounts of non-federal resources that will be used to support the project as identified in box 18 of the SF-424. For all federal awards, any shared costs or matching funds and all contributions, including cash and third-party in-kind contributions, must be accepted as part of the recipient's cost sharing or matching when such contributions meet all of the criteria listed in 45 C.F.R. § 75.306.

For awards that require matching by statute, you will be held accountable for projected commitments of non-federal resources in your application budgets and budget justifications by budget period or by period of performance for fully-funded awards, even if the justification by budget period, or by period of performance for fully-funded awards, exceeds the amount required. Your failure to provide the required matching amount may result in the disallowance of federal funds. If you are funded, you will be required to report these funds on your Federal Financial Reports.

For awards that do not require matching or cost sharing by statute or regulation, where "cost sharing" refers to costs of a project in addition to Federal funds requested that you voluntarily propose in your budget, if your application is successful, we will include this non-federal cost sharing in the approved project budget and you will be held accountable for the non-federal cost-sharing funds as shown in the Notice of Award (NOA). Failure to meet a cost sharing or matching obligation that is part of the approved project budget on the NOA may result in the disallowance of federal funds.

If you are funded, you will be required to report cost sharing or matching funds on your quarterly Federal Financial Reports. You will not receive any preference, priority, or special consideration in the funding process for voluntarily including non-Federal cost sharing in your proposed budget.

t. Non-Federal Resources Justification

You must provide detailed budget information for every funding source identified in box 18. "Estimated Funding (\$)" on the SF-424. Provide this documentation as part of your Budget Narrative file, not your Appendices.

You must fully identify and document in your application the specific costs or contributions you propose in order to meet a matching requirement. You must

provide documentation in your application on the sources of funding or contribution(s). In-kind contributions must be accompanied by a justification of how the stated valuation was determined. Matching or cost sharing must be documented by budget period (or by period of performance for fully-funded awards).

Unrecovered indirect costs may be included as part of your cost sharing or matching only with prior approval of the grants management officer. Your budget narrative must clearly state that it is your intent to include unrecovered indirect costs as part of your cost sharing or matching. You should include a copy of your negotiated cost rate to support the justification. Unrecovered indirect cost means the difference between the amount charged to the Federal award and the amount which could have been charged to the Federal award under your approved negotiated indirect cost rate. (See 45 C.F.R. § 75.306(c)).

If your application does not include the required supporting documentation for required or voluntary cost-sharing or matching, it will be disqualified from competitive review (Section C.4(k)).

2. Plan for Recipient Oversight of Federal Award Funds

You must include a plan for oversight of federal award funds which describes:

- how your organization will provide oversight of federal funds and how award activities and partner(s) will adhere to applicable federal award and programmatic regulations. Include identification of risks specific to your project as proposed and how your oversight plan addresses these risks.
- the organizational systems that demonstrate effective control over and accountability for federal funds and program income, compare outlays with budget amounts, and provide accounting records supported by source documentation.
- for any program incentives proposed, the specific internal controls that will be used to ensure only qualified participants will receive them and how they will be tracked.
- organizational controls that will ensure timely and accurate submission of Federal Financial Reports to the OASH Grants and Acquisitions Management Division via the Payment Management System as well as timely and appropriate withdrawal of cash from the Payment Management System.

If your internal controls are available online, it is recommended that you provide the link as part of your plan in the budget narrative. We have also included supplementary information in Section I.1, which contains questions applicants may find useful in considering their Recipient Plans for Oversight of Federal Funds.

c. Appendices

All items described in this section will count toward the total page limit of your application. You must submit them as **a single electronic file** uploaded to the Attachments section of your Grants.gov application.

1. Work Plan

Include a detailed work plan that reflects, and is consistent with, the Project Narrative and Budget Narrative, and covers all years of the period of performance. Your work plan should include a statement of the project's overall goal, anticipated outcome(s), key SMARTIE objectives (specific, measurable, achievable, relevant, time-bound, inclusive, and equitable), how the objectives align with the expectations of this opportunity, and the major tasks, action steps, or activities to achieve the goal and outcome(s). For each major task of each year, action step, or activity, the work plan should identify the person(s) responsible, timeline for completing activities (including start- and end-dates), and measures of success.

2. Logic Model

You may submit a detailed logic model that describes the inputs, objectives, activities, outputs, and short- and long-term outcomes of the proposed project. See the resource section for help on developing a logic model.

3. Map of the Communities to be Served by the Project

Include a map of your defined geographic area(s) that you will serve, to include location of the proposed settings where EBP implementation will occur.

4. Memoranda of Agreement (MOAs) and/or Letters of Commitment (LOCs)

If available at the time of submission, you should submit signed MOAs or signed Letters of Commitment (LOCs) for each partner (or one signed MOA with all partners) and include specific roles, responsibilities, resources, and contributions of partner(s) to the project. If you are unable to submit signed MOAs, you should submit an unsigned MOA(s). The signed LOCs must detail the specific role and resources that the partner will provide, or activities that the partner will assume, in support of the project. The LOC should describe the organization's expertise, experience, and access to the targeted population(s). Fully executed MOAs **will be required within 30 days** following the issuance of any award made under this announcement.

Letters of commitment are not the same as letters of support. Letters of support are letters that are general in nature that speak to the writer's belief in the capability of an applicant to accomplish a goal/task. Letters of support also may indicate an intent or interest to work together in the future, but they lack specificity. You should NOT provide letters of support; letters of support will not be considered during the review.

5. Organizational Chart

Include an organizational chart that demonstrates where the project resides within the greater organization, the management structure for the project, and what formal partners are involved in the project.

6. Curriculum Vitae/Résumés/Biosketches for Key Project Personnel

You must submit with your application curriculum vitae/résumés/biosketches of the Project Director/Principal Investigator and all other Key Personnel. All Key Personnel should be identified by project role and organizational title. Also include position descriptions for all open positions that you will need to fill if funds are awarded. Key Personnel includes those individuals who will oversee the technical, professional, managerial, and support functions and/or assume responsibility for assuring the validity and quality of your organization's program. This includes at a minimum Program Director and Program Manager/Program Coordinator (if applicable). You should use full names (first, middle, last) on these documents to distinguish individuals for verification in the System for Award Management exclusion records. Omission of a middle name or initial may delay the award of an approved application. You should use the formatting common to those documents. (See <https://grants.nih.gov/grants/forms/biosketch.htm> for templates and sample biographical sketches.)

7. References Cited

You should include your references cited in your project narrative as an appendix. You may use any standard format that you choose as long as it will clearly lead the reader to your source of the information or data.

4. Unique Entity Identifier and System for Award Management (SAM)

Your organization must register online in the System for Award Management (SAM). Grants.gov will reject submissions from applicants with nonexistent or expired SAM Registrations. You will find instructions on the Grants.Gov web site as part of the organization registration process at <https://www.grants.gov/web/grants/applicants/organization-registration.html>.

To register your organization, you will need a unique entity identifier (UEI). On April 4, 2022, the federal government completed its transition to the twelve-digit UEI(SAM) number as the required UEI for registration in SAM.gov.

You may begin the registration process, including receiving your UEI(SAM) at <https://sam.gov/content/entity-registration>. An Entity Registration Checklist is available at https://www.fsd.gov/gsafsd_sp/sys_attachment.do?sys_id=d6d6b5f31b120dd0cc45ea04bc4bcb81. You may register in SAM as either an entity applying for Federal Assistance Awards Only (e.g., grants and cooperative agreements) or All Awards (including procurement awards).

The Entity Registration Checklist contains a list of representations and certifications that must be certified by the organization as part of the SAM registration process annually. This list is reproduced in Section I.4. In accordance with the federal government's efforts to reduce reporting burden for recipients, we have transitioned to the common certification and representation requirements within SAM and no longer require SF-424B. By submitting your application to this NOFO, your authorized representative also certifies to these representations and certifications by signing Box 21 of SF-424A

Whether you are registering a new entity or renewing your registration, you must submit a notarized letter formally appointing an Entity Administrator to SAM.gov. For detailed instructions on the content of the letter and process for domestic entities see:

https://www.fsd.gov/gsafsd_sp?id=kb_article_view&sysparm_article=KB0016652&sys_kb_id=f228607a1b2e8d54937fa64ce54bcbdb&spa=1.

You should allow a minimum of five days to complete an initial SAM registration. Allow up to 10 business days after you submit your registration for it to be active in SAM. This timeframe may be longer if SAM flags the information you provide for manual validation. You will receive an email alerting you when your registration is active.

You must renew your SAM registration each year. Organizations registered to apply for Federal awards through <http://www.grants.gov> will need to renew their registration in SAM. If you are successful and receive an award, you must maintain an active SAM registration with current information at all times during which your organization has an active award or an application or plan under consideration by an HHS agency.

You should make sure your SAM registration information is accurate, especially your organization's legal name and physical address including your ZIP+4. Should you successfully compete and receive an award, your organization's legal name and physical address must be included on a Notice of Award as it appears in SAM registration.

For instructions on updating information in your SAM registration see https://www.fsd.gov/sys_attachment.do?sys_id=d08b64ab1b4434109ac5ddb6bc4bcbbc.

It may take 24 hours or more for SAM updates to take effect in Grants.gov, so if you plan to apply for this funding opportunity or think you might apply, you should ensure your organization's registration is active in SAM well before the application deadline and will be active through the competitive review period.

HHS/OASH cannot make an award until you have complied with these requirements. In accordance with 2 C.F.R. § 25.205, at the time an award is ready to be made, if you have not complied with these requirements, HHS/OASH:

- May determine that you are not qualified to receive an award; and
- May use that determination as a basis for making an award to another applicant.

Should you successfully compete and receive an award, all first-tier sub-award recipients must have a UEI number at the time you, the recipient, make a sub-award to them.

5. Submission Dates and Times

You must submit your application for this funding opportunity by **the date and time indicated below**. Your submission time will be determined by the date and time stamp provided by Grants.gov when you **complete** your submission.

If you fail to submit your application by the due date and time, we will not review it, and it will receive no further consideration. You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or with <https://grants.gov>.

Grants.gov can take up to 48 hours to notify you of a successful or rejected submission. You are better off having a less-than-perfect application successfully submitted and under consideration than no application.

If your submission fails due to a system problem with Grants.gov, we may consider your application if you provide verification from Grants.gov indicating system problems existed at the time of your submission **and that time was before the submission deadline**. A “system problem” does not include known issues for which Grants.gov has posted instructions regarding how to successfully submit an application such as compatible Adobe versions or file naming conventions. **As the applicant, it is your responsibility to review all instructions available on Grants.gov regarding successfully submitting an application.**

a. Application Deadline

April 18, 2023

Your application is due by 6:00 PM Eastern Time

You must submit electronically via Grants.gov unless you obtain a written exemption from this requirement 2 business days in advance of the deadline from the Director, Grants and Acquisitions Management (GAM) Division, Office of the Assistant Secretary for Health (OASH), Department of Health and Human Services (HHS). To obtain an exemption, you must request one via email from GAM, and provide details as to why you are technologically unable to submit electronically through Grants.gov. Your request should be submitted at least 4 business days prior to the application deadline to ensure your request can be considered prior to 2 business days in advance of the deadline.

If you request an exemption, include the following in your e-mail request: the HHS/OASH announcement number; your organization's UEI number; your organization's name, address and telephone number; the name and telephone number of your Authorizing Official; the Grants.gov Tracking Number (e.g., GRANT####) assigned to your submission; and a copy of the "Rejected with Errors" notification from Grants.gov. Send the request with supporting documentation to OASH_Grants@hhs.gov.

Failure to have an active System for Account Management (SAM) registration prior to the application due date will not be grounds for receiving an exemption to the electronic submission requirement. Failure to follow Grants.gov instructions to ensure software compatibility will not be grounds for receiving an exemption to the electronic submission requirement.

GAM will only accept applications via alternate methods (hardcopy paper via U.S. mail or other provider or PDF via email) from applicants obtaining prior written approval. If you receive an exemption, you must still submit your application by the deadline. Only applications submitted through the Grants.gov portal or alternate format (hardcopy paper via U.S. mail or other service or PDF via email) with an approved written exemption will be accepted. See Section D.8 (“Other Submission Requirements”) for information on application submission mechanisms.

To ensure adequate time to submit your application successfully, OASH recommends that you register as early as possible in Grants.gov because the registration process can take up to one month. You must register an authorizing official for your organization. OASH does not determine your organization's authorizing official; your organization makes that designation. For information on registering for Grants.gov, refer to <https://grants.gov> or contact the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding Federal holidays) at 1-800-518-4726 or support@grants.gov.

Your organization is strongly encouraged to register multiple authorized organization representatives in Grants.gov to ensure someone is available to submit your application.

b. Technical Assistance

We will provide a technical assistance webinar for potential applicants on February 21, 2023 at 2:00pm Eastern. The webinar will be **repeated** live at 6:00pm Eastern to accommodate additional times zones. Questions gathered at both webinars will be posted on <https://www.grants.gov/>. Login details will be posted at <https://opa.hhs.gov/>.

We recommend you review the entire announcement promptly so you can have any questions answered well in advance of the application due date. We also recommend you subscribe to this announcement in Grants.gov so that you receive notice of any amendments, question and answer documents, or other updates.

6. Intergovernmental Review

This program is not subject to the Intergovernmental Review requirements of Executive Order 12372, "Intergovernmental Review of Federal Programs," as implemented by 45 C.F.R. part 100.

7. Funding Restrictions

Direct and Indirect Costs proposed and, if successful, charged to the HHS/OASH award must meet the cost requirements of 45 C.F.R. part 75 "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards," Subpart E—Cost Principles. These requirements apply to you, the applicant, and any subrecipients. You should thoroughly review these regulations before developing your proposed budget.

Indirect costs may be included per 45 C.F.R. § 75.414. See Section D.3.b Budget Narrative for more information. To obtain a negotiated indirect cost rate with the Federal Government you may contact the U.S. Department of Health and Human Services Cost Allocation Services (CAS) regional office that is applicable to your State. CAS regional contact information is available at <https://rates.psc.gov/fms/dca/map1.html>.

a. Pre-Award Costs

Pre-award costs are NOT allowed.

Pre-award costs (per 45 C.F.R. § 75.458) are those incurred prior to the effective date of the

Federal award directly pursuant to the negotiation and in anticipation of the Federal award where such costs are necessary for efficient and timely performance of the scope of work.

b. Salary Rate Limitation

Each year's appropriations act limits the salary rate that we may award and you may charge to HHS/OASH grants and cooperative agreements. You should not budget award funds to pay the salary of an individual at a rate in excess of Federal Executive Pay Scale Executive Level II. As of January 2023, the Executive Level II salary is \$212,100. This amount reflects an individual's base salary exclusive of fringe benefits and any income that an individual working on the award project may be permitted to earn outside of the duties to the applicant organization. This salary rate limitation also applies to subawards/subcontracts under an HHS/OASH award. An example of the application of this limitation for an individual devoting 50% of their time to this award is broken down below:

Individual's <i>actual</i> base full-time salary: \$350,000 50% of time devoted to project, i.e., 0.5 FTE	
Direct salary (\$350,000 x 0.5)	\$175,000
Fringe (25% of salary)	\$43,750
Total	\$218,750
Amount that may be claimed on the application budget due to the legislative salary rate limitation: Individual's base full-time salary <i>adjusted</i> to Executive Level II: \$212,100 with 50% of time devoted to the project	
Direct salary (\$212,100 x 0.5)	\$106,050
Fringe (25% of salary)	\$26,512.50
Total amount allowed	\$132,562.50

Appropriate salary rate limits will apply as required by law.

8. Other Submission Requirements

a. Electronic Submission

HHS/OASH requires that all applications be submitted electronically via the Grants.gov portal unless an exemption has been granted. If you submit an application via any other means of electronic communication, including facsimile or electronic mail, it *will not* be accepted for

review unless you receive an exemption as described in the DATES section of this announcement.

You may access the Grants.gov website portal at <https://grants.gov>.

Applications, excluding required standard forms, must be submitted as three (3) files (see acceptable file types below). One file must contain the entire Project Narrative, another the entire Budget Narrative including supporting documentation described in the Budget Narrative content section; and the third file must contain all documents in the Appendices. Any additional files submitted as part of the Grants.gov application will not be accepted for processing and will be excluded from the application during the review process.

Any files uploaded or attached to the Grants.gov application must be Adobe PDF, Microsoft Word, or image formats (JPG, GIF, TIFF, or BMP only) and must contain a valid file format extension in the filename. **We will not accept Microsoft Excel files.**

In addition, the use of compressed file formats such as ZIP, RAR, or Adobe Portfolio will not be accepted. We will not contact you for resubmission of uncompressed versions of files. Compressed files in the application will not be forwarded to the independent merit review panel for consideration.

We strongly recommend that electronic applications be uploaded as Adobe PDF. If you convert to PDF prior to submission, you may prevent any unintentional formatting that might occur with submission of an editable document. Although Grants.gov allows you to attach any file format as part of your application, we restrict this practice and only accept the file formats identified above for compatibility with our other systems. Any file submitted as part of the Grants.gov application that is not in a file format listed above will not be accepted for processing and will be excluded from the application during the review process.

Any file submitted as part of the Grants.gov application that contains password protection will not be accepted for processing and will be excluded from the application during the review process. We will not contact you for passwords or resubmission of unprotected files. Unprotected information in the application will be forwarded for consideration but password protected portions will not. You should avoid submitting personally identifiable information such as personal contact information on résumés.

You must submit your application in a format that can easily be copied and read by reviewers. We do not recommend that you submit scanned copies through Grants.gov unless you confirm the clarity of the documents. Pages cannot be reduced resulting in multiple pages on a single sheet to avoid exceeding the page limitation. If you submit documents that do not conform to these instructions, we will exclude them from your application during the review process.

b. Important grants.gov Information

You may access the electronic application for this program on <https://grants.gov>. You must search the downloadable application page by the Opportunity Number or Assistance Listing (formerly CFDA) number, both of which can be found on page 1 of this funding opportunity announcement.

To ensure successful submission of your application, you should carefully follow the step-by-step instructions provided at <http://www.grants.gov/web/grants/applicants/apply-for-grants.html>.

These instructions are kept up-to-date and also provide links to Frequently Asked Questions and other troubleshooting information. **You are responsible for reviewing all Grants.gov submission requirements on the Grants.gov site.**

You should contact Grants.gov with any questions or concerns regarding the electronic application process conducted through Grants.gov. See Section G.3 for contact information.

See Section D.4 for requirements related to UEI numbers and SAM registration.

c. Program-Specific Requirements

There are no program specific requirements.

E. APPLICATION REVIEW INFORMATION

1. Criteria

Federal staff and an independent review panel will assess all eligible applications according to the following criteria. Disqualified applications will not be reviewed against these criteria.

a. Focus on Areas of Greatest Need and Disparities (20 points)

- Extent to which applicant clearly defines the geographic boundaries and describes the community or communities and population(s) of focus.
- Extent to which the applicant clearly demonstrates
 - An understanding of the current need of the community(ies) and population(s) of focus that places them at the highest risk for disparities related to teen pregnancy and STIs within the community(ies).
 - A clear understanding of what is impacting sexual and reproductive health outcomes and positive youth development in the community(ies) and population(s), and what resources are already available in the community to address the needs.
 - The proposed project will fill gaps in TPP services for the community and population of focus and will not duplicate existing programs and activities.

b. Selection and Implementation of Evidence-Based Teen Pregnancy Prevention Programs to Scale (15 points)

- Extent to which the applicant clearly and separately describes the number of youth, parent/caregivers, and/or other individuals that they will reach each year with evidence-based programs in each of the 3 (or more) settings. The applicant includes specific details on how they obtained the estimates. The demographics of the community(ies) selected supports the estimates. Estimates also appear accurate and reasonable to achieve.
- Extent to which the proposed 3 (or more) settings clearly align with:
 - The need(s) of the population of focus; and
 - The various physical and social environments where youth live, learn, work, play, and worship.

- Extent to which the strategies for implementing EBPs to scale in the community maximize access to EBPs, seem feasible, and are likely to result in reaching as many youth as possible in each of the 3 (or more) settings. The strategies include implementation at the highest-level system-wide and getting buy-in at the grassroots level (e.g., implementation throughout child welfare agency and buy-in from case managers at residential homes).
- Extent to which the process described for identifying EBPs is likely to result in selecting EBPs that are a good fit for the needs of the community and population of focus.

c. Proposed Approach (20 points)

- Extent to which the proposed approach aligns with the diverse needs of the community and population and is likely to have the greatest impact on reducing disparities in unintended teen pregnancy, sexual and reproductive health outcomes, and promoting positive youth development among those who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality.
- Extent to which the proposed project is executed in an equitable, safe, supportive, and inclusive environment, using trauma-informed and positive youth development approaches. Policies and practices will integrate inclusive, equitable, trauma-informed, and positive youth development approaches.
- Extent to which there is a clear and feasible process that will ensure all materials used and information disseminated within the project is age appropriate, medically accurate, culturally and linguistically appropriate, trauma-informed, and inclusive of all youth.
- Extent to which the applicant proposes an effective community-driven approach that includes a clear and equitable community engagement strategy. This includes the extent to which the community engagement strategy ensures key stakeholders (especially youth), reflective of the community and population of focus, are meaningfully engaged in the design, implementation, and monitoring of the overall project.
- Extent to which the approach for creating a robust network of partners that will lead to increasing awareness of, access to, and utilization of adolescent-friendly services by the population of focus.
- Extent to which the applicant has a clear plan for monitoring: 1) implementation of EBPs with fidelity and quality; 2) meaningful engagement of youth, parents/caregivers, and the community in the project; 3) opportunities for and integration of inclusive, equitable, trauma-informed, and positive youth development approaches; 4) increase in awareness of, access to, and utilization of adolescent-friendly supportive services.

d. Organizational Capability and Experience (15 points)

- Extent to which the organization has demonstrated a positive working relationship and commitment to advance equity in adolescent health and reduce disparities in unintended teen pregnancy and STIs in the focus community.
- Extent to which the organization demonstrates capacity, experience, and expertise to execute their proposed project.

- Extent to which the organization demonstrated the capacity to meet the demands of the project with strong relationships and buy-in from key stakeholders, organizations, and leaders in the community.
 - Extent to which the organization has policies in place to execute the proposed project in an equitable, safe, supportive, and inclusive manner and is committed to utilizing trauma-informed and positive youth development approaches in their programs and services.
 - Extent to which the organization has the experience and expertise to engage, in an equitable and inclusive manner, youth as key decision-makers in the project.
- 1.

e. Collaboration and Partnerships (15 points)

- Extent to which the applicant describes the diversity of partners who will be engaged, the extent to which those partners are reflective of the various sectors of the community, and the process for fostering and maintaining such partnerships to meet project goals, objectives, and outcomes.
- Extent to which the descriptions of the partnerships that already exist and those that they will need to establish to support this project support the project goals, objectives, and outcomes. To include at what level the partnership exists/will exist (e.g., district-level vs. school-level vs. classroom-level; network of clinics vs. individual clinic), and the likelihood that the partnership will enable implementation of the EBP to scale in the community.

f. Project Management (10 points)

- Extent to which the applicant describes clear and feasible strategies to oversee funding and a project of this scope and size to include judiciously and efficiently managing financial resources; monitoring and tracking progress, completion, and quality of all program objectives and activities; monitoring and managing partners/subrecipients, as well as effectively managing and supporting staff performance.
- Extent to which the applicant identifies potential challenges and barriers to project success and has clear and feasible strategies to adapt and overcome such challenges and barriers.
- Extent to which the applicant describes clear and feasible strategies to ensure all staff responsible for implementing the project, including partner staff, are actively engaged, well-trained, and prepared to successfully fulfill their roles and responsibilities.
- Extent to which applicants process for recruiting and hiring staff will ensure a team of diverse staff who are reflective of and understand the community and population that the applicant will serve.

g. Work Plan and Budget (5 points)

- Extent to which the work plan has clear goals, SMARTIE (specific, measurable, achievable, relevant, time-bound, inclusive, and equitable) objectives, and specific activities that reflects, and is consistent with, the proposed approach.

- Extent to which the applicant proposes a work plan that is reasonable, realistic, and that they can complete in the proposed time period.
- Extent to which the budget and budget narrative clearly aligns with the proposed work plan, especially to the degree it clearly aligns with the target reach (i.e., number of participants estimated to receive EBPs).

2. Review and Selection Process

An independent review panel will evaluate applications that are not disqualified and meet the responsiveness criteria (Section C.3). These reviewers are experts in their fields, and are drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies. Based on the Application Review Criteria as outlined under Section E.1, the reviewers will comment on and rate the applications, focusing their comments and ratings on the identified criteria. In addition to the independent review panel, Federal staff will review each application for programmatic, budgetary, and grants management compliance.

The Deputy Assistant Secretary for Population Affairs will provide recommendations for funding to the Grants Management Officer to conduct risk analysis. No award decision is final until a Notice of Award is issued by the Grants Management Officer.

In providing these recommendations the Deputy Assistant Secretary for Population Affairs will take into consideration the following additional factors(s):

- Equitable geographic distribution.
- Equitable distribution of project sites among rural, suburban, and urban communities.
- Maximize benefit in historically underserved communities and populations of focus.
- Diversity of implementation settings (e.g., school, clinic, houses of worship, etc.)

3. Review of Risk Posed by Applicant

GAM will evaluate, in accordance with 45 C.F.R. § 75.205, each application recommended for funding by the program official indicated in Review and Selection Process for risks before issuing an award. This evaluation may incorporate results of the evaluation of eligibility or the quality of an application. If we determine that a Federal award will be made, special conditions that correspond to the degree of risk assessed will be applied to the Federal award. Such conditions may include additional programmatic or financial reporting or releasing funds on a reimbursable rather than cash advance basis. We will use a risk-based approach and may consider any items such as the following:

- a. Your financial stability;
- b. Quality of management systems and ability to meet the management standards prescribed in 45 C.F.R. part 75;
- c. History of performance. Your record in managing Federal awards, if you are a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and

conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

- d. Reports and findings from audits performed; and
- e. Your ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

Prior to making a Federal award with a total Federal share greater than the simplified acquisition threshold (currently \$250,000), we are required to review and consider any information about you that is in the designated integrity and performance system accessible through the System for Award Management (SAM) (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). You may, at your option, review information in SAM and comment on any information about yourself that a Federal awarding agency previously entered and is currently available through SAM. We will consider any comments by you, in addition to the other information in the designated system, in making a judgment about your integrity, business ethics, and record of performance under Federal awards when completing the review of risk.

If we do not make an award to you because we determine your organization does not meet either or both of the minimum qualification standards as described in 45 C.F.R. § 75.205(a)(2), we must report that determination to FAPIIS, if certain conditions apply. At a minimum, the information in the system if you are a prior Federal award recipient must “demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics.” 45 C.F.R. § 75.205(a)(2); see also 45 C.F.R. §75.212 for additional information.

4. Final Award Decisions, Anticipated Announcement, and Federal Award Dates

Upon completion of risk analysis and concurrence of the Grants Management Officer, OASH will issue Notices of Award. No award decision is final until a Notice of Award is issued. All award decisions, including the level of funding if an award is made, are final and you may not appeal.

OASH seeks to award funds as much in advance of the anticipated project start date shown in Section B “Federal Award Information,” as practicable, with a goal of 10-15 days. Note this is an estimated start date and award announcements may be made at a later date and with a later period of performance start date.

F. FEDERAL AWARD ADMINISTRATION INFORMATION

1. Federal Award Notices

We do not release information about individual applications during the review process. If you would like to track your application, please see instructions at <https://www.grants.gov/web/grants/applicants/track-my-application.html>.

The official document notifying you that an application has been approved for funding is the Notice of Award (NOA), approved by a Grants Management Officer within GAM. If you are successful, you will receive this document via a system notification from our grants management system (Grant Solutions) and/or via e-mail. This document notifies the successful recipient of the amount awarded, the purposes of the award, the anticipated length of the period of performance, terms and conditions of the award, and the amount of funding to be contributed by the recipient to project costs, if applicable.

If you receive an NOA, we strongly encourage you to read the entire document to ensure your organization's information is correct and that you understand all terms and conditions. You should pay specific attention to the terms and conditions, as some may require a time-limited response. The NOA will also identify the Grants Management Specialist and Program Project Officer assigned to the award for assistance and monitoring.

If you are unsuccessful or deemed ineligible according to the disqualification criteria, you will be notified by OASH by email and/or letter. If your application was reviewed by the independent review panel, you may receive summary comments pertaining to the application resulting from the review process. We do not customarily release application scores.

You may receive a letter indicating that your application was "approved but unfunded." This does not mean you will receive an award or funding. Applications designated "approved but unfunded" are typically kept active for up to one year. During that time, the program office may consider an application with this status for award under this NOFO should funds become available. The status "approved but unfunded" does not guarantee that we will fund your project. We will not transfer an "approved but unfunded" application for consideration under a new NOFO. You would need to resubmit your application, with any updated material, for consideration under that new NOFO.

2. Administrative and National Policy Requirements

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 C.F.R. part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

In addition, your organization must comply with all terms and conditions outlined in the Notice of Award, the U.S. Department of Health and Human Services (HHS) Grants Policy Statement

(GPS), requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable, as well as any requirements or limitations in any applicable appropriations acts. The current HHS GPS is available at <https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>. Please note HHS plans to revise the HHS GPS to reflect changes to the regulations; 45 C.F.R. parts 74 and 92 which have been superseded by 45 C.F.R. part 75.

You may only use award funds to support activities outlined in the approved project plan. If your application is funded, your organization will be responsible for the overall management of activities within the scope of the approved project plan. Please consult the HHS GPS Section II and 45 C.F.R. § 75.308 for aspects of your funded project that will require prior approval from the Grants Management Officer for any changes. Modifications to your approved project that will require prior approval include, but are not limited to: a change in the scope or the objective(s) of the project or program (even if there is no associated budget revision, such as reduction in services, closing of service or program site(s)); significant budget revisions, including changes in the approved cost-sharing or matching; a change in a key person specified in your application; reduction in time devoted to the project by the approved project director or principal investigator, either as percentage of full-time equivalent of 25% or more or absence for 3 months or more; or the subawarding, transferring or contracting out of any work that was not described in the approved proposal.

The termination provisions in 2 CFR §§ 200.340(a)(1)-(4) are the termination provisions that are applicable to awards issued under this NOFO. No additional termination provisions apply unless otherwise noted under Section F.3 Program Specific Terms and Conditions.

3. Program Specific Terms and Conditions

a. Paperwork Reduction Act Clearance Packages

Any collection of information you conduct as defined in 5 C.F.R. § 1320.3(c) may require OMB clearance under the Paperwork Reduction Act if it is a requirement of your award to collect that information. You would be responsible for preparing the clearance package necessary to obtain Paperwork Reduction Act clearance and submitting it to the project officer. The project officer will assist in the submission of the package to OMB and notify you when the approval has been received or request additional information.

4. Closeout of Award

Upon expiration of your period of performance, you must submit within 120 days all necessary documentation to closeout your award. If we do not receive acceptable final performance, financial, and/or property reports in a timely fashion within the closeout period, and we determine that closeout cannot be completed with your cooperation or that of the PD/PI, we must complete a unilateral closeout with the information available to us. (See F.16 Reporting below for closeout reporting requirements.)

If you do not submit all reports within one year of the period of performance end date, we must report your material failure to comply with the terms and conditions of the award with the OMB-designated integrity and performance system (currently FAPIIS). As a result, we may also determine that enforcement actions are necessary, including on another existing or future award, such as withholding support or a high-risk designation.

5. Lobbying Prohibitions

You shall not use any funds from an award made under this announcement for other than normal and recognized executive legislative relationships. You shall not use funds for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

You shall not use any funds from an award made under this announcement to pay the salary or expenses of any employee or subrecipient, or agent acting for you, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

The above prohibitions include any activity to advocate or promote any proposed, pending, or future Federal, State, or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

6. Non-Discrimination Requirements

Should you successfully compete for an award, as a recipient of federal financial assistance (FFA) from HHS you will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See

<https://www.hhs.gov/civil-rights/forproviders/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/forindividuals/nondiscrimination/index.html>.

- For guidance on meeting the legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals. See <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>.
- For information on the specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
- HHS-funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>.
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

Contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws at <https://www.hhs.gov/ocr/about-us/contact-us/index.html> or call 1-800-368-1019 or TDD 1-800-537-7697.

The *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* (National CLAS Standards), 78 Fed. Reg. 58539, 58543 (HHS Office of Minority Health, 2013), <https://www.gpo.gov/fdsys/pkg/FR-2013-09-24/pdf/2013-23164.pdf>, provides a practical framework for applicants to provide quality health care and services to culturally and linguistically diverse communities, including persons with limited English proficiency. For further guidance on providing culturally and linguistically appropriate services, you should review the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care at <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>.

7. Smoke- and Tobacco-free Workplace

The HHS/OASH strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. This is consistent with the HHS/OASH mission to protect and advance the physical and mental health of the American people.

8. Acknowledgement of Funding

Each year's annual appropriation requires that when issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all organizations receiving Federal funds, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state— (1) the percentage of the total costs of the program or project which will be financed with

Federal money; (2) the dollar amount of Federal funds for the project or program; and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

You must also acknowledge Federal support in any publication you develop using funds awarded under this program, with language such as:

This [project/publication/program/website, etc.] was supported by [Award Number] issued by the Office of the Assistant Secretary for Health of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funded by [PROGRAM OFFICE].

Recipients must also include a disclaimer stating the following

The contents are solely the responsibility of the author(s) and do not necessarily represent the official views of, nor an endorsement by, [PROGRAM OFFICE], OASH, HHS, or the U.S. Government. For more information, please visit [PROGRAM OFFICE website, if available].

9. HHS Rights to Materials and Data

All publications you develop or purchase with funds awarded under this announcement must be consistent with the requirements of the program. You own the copyright for materials that you develop under this award, and pursuant to 45 C.F.R. § 75.322(b), HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for Federal purposes, and to authorize others to do so. In addition, pursuant to 45 C.F.R. § 75.322(d), the Federal government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for Federal purposes.

10. Trafficking in Persons

Awards issued under this NOFO are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. § 7104) (See <https://www.govinfo.gov/content/pkg/USCODE-2010-title22/html/USCODE-2010-title22-chap78-sec7104.htm>).

11. Efficient Spending

This award may also be subject to the HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items, and Printing and Publications available at <https://www.hhs.gov/grants/contracts/contract-policies-regulations/efficient-spending/>.

12. Whistleblower Protection

If you receive an award, you will be subject to a term and condition that applies the terms of 48 C.F.R. § 3.908 to the award, and requires that you inform your employees in writing of employee whistleblower rights and protections under 41 U.S.C. § 4712 in the predominant native language of the workforce.

13. Health Information Technology (IT) Interoperability

Health information technology is defined in Section 3000 of the Public Health Service Act (42 U.S.C. § 300jj). HHS has substantially adopted and codified that definition at 45 C.F.R. § 170.102. The regulation defines health information technology as hardware, software, integrated technologies or related licenses, IP, upgrades, or packaged solutions sold as services that are designed for or support the use by health care entities or patients for the electronic creation, maintenance, access, or exchange of health information.

If you receive an award under this NOFO that involves:

- a. implementing, acquiring, or upgrading health IT for activities, you are required to utilize health IT that meets standards and implementation specifications adopted in 45 CFR Part 170, Subpart B, if such standards and implementation specifications can support the activity.
- b. implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under [Section 4101, 4102, and 4201 of the HITECH Act](#), you are required to utilize health IT certified under the Office of the HHS Office of the National Coordinator for Health Information technology (ONC) Health IT Certification Program, if certified technology can support the activity. See <https://www.healthit.gov/topic/certification-ehrs/certification-health-it>.

If standards and implementation specifications adopted in 45 CFR Part 170, Subpart B cannot support the activity, recipients and subrecipients are encouraged to utilize health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at <https://www.healthit.gov/isa/>.

14. Prohibition on certain telecommunications and video surveillance services or equipment.

As described in 2 C.F.R. 200.216, recipients and subrecipients are prohibited from obligating or spending grant funds (to include direct and indirect expenditures as well as cost share and program) to:

- a. Procure or obtain;
- b. Extend or renew a contract to procure or obtain; or

- c. Enter into a contract (or extend or renew a contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
 - i. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
 - ii. Telecommunications or video surveillance services provided by such entities or using such equipment.
 - iii. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country.

15. Human Subjects Protection

Federal regulations (45 C.F.R part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, you must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in 45 C.F.R. part 46. Additional information is available at <https://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>.

Recipients that plan to engage in research involving human subjects are encouraged to provide information regarding participation in research in their recruitment efforts and provide a link to <https://www.hhs.gov/about-research-participation>.

OASH may require, as part of any award, the submission of all IRB approvals within 5 days of the IRB granting the approval and before any work requiring IRB approval begins.

16. Research Integrity

An applicant for or recipient of PHS support for biomedical or behavioral research, research training or activities related to that research or research training must comply with 42 C.F.R. part 93, including have written policies and procedures for addressing allegations of research misconduct that meet the requirements of part 93, file an Assurance of Compliance with the Office of Research Integrity (ORI), and take all reasonable and practical steps to foster research

integrity consistent with 42 C.F.R. § 93.300. The assurance must state that the recipient (1) has written policies and procedures in compliance with this part for inquiring into and investigating allegations of research misconduct; and (2) complies with its own policies and procedures and the requirements of part 93. More information is available at <https://ori.hhs.gov/assurance-program>.

17. Reporting

a. Performance Project Reports (PPR)

You must submit periodic performance project reports on a semi-annual basis. Your performance reports must address content required by 45 C.F.R. § 75.342(b)(2). The awarding program office may provide additional guidance on the content of the progress report. You must submit your performance reports by the due date indicated in the terms and conditions of your award via upload to our grants management system (GrantSolutions.gov).

You will also be required to submit a final performance report covering the entire period of performance 120 after the end of the period of performance. The awarding program office may provide additional guidance on the content of the progress report. You must submit the final report by upload to our grants management system (GrantSolutions.gov).

b. Performance Measures

OPA requires the recipient to submit performance measures each year on a semi-annual basis. Performance measures from the TPP2020 Tier 1 cohort are available in the Supplemental Materials (Section I.7) These have been approved by the Office of Management and Budget (OMB) and assigned OMB No. 0990-0438 (Expires 8/31/2023, pending renewal). Final performance measures will be provided to recipients during the first six months of funding.

c. Financial Reports

You will be required to submit quarterly Federal Financial Reports (FFR) (SF-425). Your specific reporting schedule will be issued as a condition of award. You will also be required to submit a final FFR covering the entire period of performance 120 days after the end of the period of performance. You must submit FFRs via HHS Payment Management System (PMS) (<https://pms.psc.gov>).

Once submitted and accepted, your financial reports will be available in GrantSolutions, which is our grant management system.

d. Audits

If your organization expends \$750,000 or greater in federal funds, it must undergo an independent audit in accordance with 45 C.F.R. 75, subpart F.

e. Non-competing Continuation Applications and Awards

Each year of the approved period of performance, you will be required to submit a noncompeting application which includes a progress report for the current budget year, and work plan, budget and budget justification for the upcoming year. Specific guidance will be provided via Grant Solutions well in advance of the application due date. OASH will award continuation funding based on availability of funds, satisfactory progress of the project, grants management compliance, including timely reporting, and continued best interests of the government. Progress is assessed relative to meeting the goals, objectives, and outcomes in the approved, funded project as described in the approved work plan and other supporting documents.

For the optional competitive additional year of funding for transition to sustainability, application guidance and review criteria will be provided during the third year of the project.

Failure to provide final progress or financial reports on other awards from HHS may affect continuation funding.

f. FFATA and FSRS Reporting

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System (<https://www.FSRS.gov>) for all sub-awards and sub-contracts issued for \$30,000 or more as well as addressing executive compensation for both recipient and sub-award organizations.

g. Reporting of Matters Relating to Recipient Integrity and Performance

If the total value of your currently active grants, cooperative agreements, and procurement contracts from all Federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this Federal award, then you must maintain the currency of information reported to the System for Award Management (SAM) that is made available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)) about civil, criminal, or administrative proceedings described in paragraph A.2 of Appendix XII to 45 C.F.R. part 75—Award Term and Condition for Recipient Integrity and Performance Matters. This is a statutory requirement (41 U.S.C. § 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for Federal procurement contracts, will be publicly available. For more information about this reporting requirement related to recipient integrity and performance matters, see Appendix XII to 45 C.F.R. part 75.

h. Other Required Notifications

Before you enter into a covered transaction at the primary tier, in accordance with 2 C.F.R. § 180.335, you as the [participant](#) must notify OASH, if you know that you or any of the principals for that covered transaction:

- Are presently excluded or disqualified;
- Have been convicted within the preceding three years of any of the offenses listed in 2 C.F.R. § [180.800\(a\)](#) or had a [civil judgment](#) rendered against you for one of those offenses within that time period;
- Are presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, [State](#) or local) with commission of any of the offenses listed in 2 C.F.R. § [180.800\(a\)](#); or
- Have had one or more public transactions (Federal, [State](#), or local) terminated within the preceding three years for cause or default.

At any time after you enter into a covered transaction, in accordance with 2 C.F.R. § 180.350, you must give immediate written [notice](#) to OASH if you learn either that—

- You failed to disclose information earlier, as required by 2 C.F.R. § [180.335](#); or
- Due to changed circumstances, you or any of the principals for the transaction now meet any of the criteria in 2 C.F.R. § [180.335](#).

G. CONTACTS

1. Administrative and Budgetary Requirements

For information related to administrative and budgetary requirements, contact the HHS/OASH grants management specialist listed below.

Duane Barlow
OASH Grants and Acquisitions Management
1101 Wootton Parkway, Plaza Level
Rockville, MD 20852
Phone: 240-453-8822
Email: duane.barlow@hhs.gov

2. Program Requirements

For information on program requirements, please contact the program office representative listed below.

Jaclyn Ruiz
1101 Wootton Parkway, Suite 200
Rockville, MD 20852
Phone: 240-453-2846
Email: Jaclyn.Ruiz@hhs.gov

3. Electronic Submission Requirements

For information or assistance on submitting your application electronically via Grants.gov, please contact Grants.gov directly. Assistance is available 24 hours a day, 7 days per week.

GRANTS.GOV Applicant Support

Website: <https://www.grants.gov>

Phone: 1-800-518-4726

Email: support@grants.gov

H. OTHER INFORMATION

1. Awards under this Announcement

We are not obligated to make any Federal award as a result of this announcement. If awards are made, they may be issued for periods shorter than indicated. Only the grants officer can bind the Federal government to the expenditure of funds.

If you receive communications to negotiate an award or request additional or clarifying information, this does not mean you will receive an award; it only means that your application is still under consideration.

2. Application Elements

The below is a summary listing of all the application elements required for this funding opportunity.

- Application for Federal Assistance (SF-424)
- Budget Information for Non-construction Programs (SF-424A)
- Disclosure of Lobbying Activities (SF-LLL)
- Project Abstract Summary
- Project Narrative – Submit all Project Narrative content as a single acceptable file, specified above.
- Budget Narrative – Submit all Budget Narrative content as a single acceptable file, specified above.
- Appendices – Submit all appendix content as a single acceptable file, specified above **in the Attachments section of your Grants.gov application.**
 - Work Plan
 - Logic Model
 - Map of the Communities to be Served by the Project
 - Memoranda of Agreement and/or Letters of Commitment
 - Organizational Chart
 - Curriculum Vitae/Résumé/Biosketches and Position Descriptions for Key Project Personnel
 - References Cited

I. SUPPLEMENTARY MATERIALS

1. Acronyms

AI/AN	American Indian/Alaskan Native
EBP	Evidence-based programs
FAPIIS	Federal Awardee Performance and Integrity Information System
FFATA	Federal Financial Accountability and Transparency Act
FFR	Federal Financial Report (SF-425)
FSRS	FFATA Subaward Reporting System
GAM	Grants and Acquisitions Management Division
GMO	Grants Management Officer
GMS	Grants Management Specialist
GPS	Grants Policy Statement
HHS	Department of Health and Human Services
LGBTQI+	Lesbian, gay, bisexual, transgender, queer and intersex
MIP	Monitoring and Improvement Plan
MOA	Memorandum of Agreement
NOA	Notice of Award
NOFO	Notice of Funding Opportunity
OASH	Office of the Assistant Secretary for Health
OMB	Office of Management and Budget
OPA	Office of Population Affairs
PD/PI	Project Director/Principal Investigator
PHS	Public Health Service
PPR	Performance Project Report
SPOC	State Single Point of Contact
STD	Sexually transmitted disease
STI	Sexually transmitted infection
TPP	Teen Pregnancy Prevention
TPPER	Teen Pregnancy Prevention Evidence Review

2. Considerations in Recipient Plans for Oversight of Federal Funds

(See also Section D.3.b.2)

To the maximum extent possible, a recipient organization should segregate responsibilities for receipt and custody of cash and other assets; maintaining accounting records on the assets; and

authorizing transactions. In the case of payroll activities, the organization, where possible, should segregate the timekeeping, payroll preparation, payroll approval, and payment functions.

Questions for consideration in developing your plan may include:

- Do the written internal controls provide for the segregation of responsibilities to provide an adequate system of checks and balances?
- Are specific officials designated to approve payrolls and other major transactions
- Does the time and accounting system track effort by cost objective?
- Are time distribution records maintained for all employees when his/her effort cannot be specifically identified to a particular program cost objective?
- Do the procedures for cash receipts and disbursements include:
 - Receipts are promptly logged in, restrictively endorsed, and deposited in an insured bank account?
 - Bank statements are promptly reconciled to the accounting records, and are reconciled by someone other than the individuals handling cash, disbursements and maintaining accounting records?
 - All disbursements (except petty cash or EFT disbursements) are made by pre-numbered checks?
 - Supporting documents (e.g., purchase orders, Invoices, etc.) accompany checks submitted for signature and are marked "paid" or otherwise prominently noted after payments are made?

3. Financial Assistance General Certifications and Representations

When your organization completes its registration (new or renewal) in SAM.gov, your organization has attested to the accuracy of the below. Note that HHS awards are currently subject to 45 C.F.R. part 75. Where applicable the parallel citation to 45 C.F.R. part 75 is supplied in brackets following the 2 C.F.R. part 200 citation.

- a. Has the legal authority to apply for federal assistance and the institutional, managerial and financial capability to ensure proper planning, management, and completion of any financial assistance project covered by this Certifications and Representations document (See 2 C.F.R. § 200.113 Mandatory disclosures [45 C.F.R. § 75.113], 2 C.F.R. § 200.214 Suspension and debarment [45 C.F.R. § 75.213], OMB Guidance A- 129, "Policies for Federal Credit Programs and Non-Tax Receivables");
- b. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives (See 2 C.F.R. § 200.302 Financial Management [45 C.F.R. § 75.302] and 2 C.F.R. § 200.303 Internal controls [45 C.F.R. § 75.303]);

- c. Will disclose in writing any potential conflict of interest to the federal awarding agency or pass through entity in accordance with applicable federal awarding agency policy (See 2 C.F.R. § 200.112 Conflict of interest [45 C.F.R. § 75.112]);
- d. Will comply with all limitations imposed by annual appropriation acts;
- e. Will comply with the U.S. Constitution, all federal laws, and relevant Executive guidance in promoting the freedom of speech and religious liberty in the administration of federally-funded programs (See 2 C.F.R. § 200.300 Statutory and national policy requirements [45 C.F.R. § 75.300] and 2 C.F.R. § 200.303 Internal controls [45 C.F.R. § 75.303]);
- f. Will comply with all applicable requirements of all other federal laws, executive orders, regulations, and public policies governing financial assistance awards and any federal financial assistance project covered by this certification document, including but not limited to:
 - 1. Trafficking Victims Protection Act (TVPA) of 2000, as amended, 22 U.S.C. § 7104(g);
 - 2. Drug Free Workplace, 41 U.S.C. § 8103;
 - 3. Protection from Reprisal of Disclosure of Certain Information, 41 U.S.C. § 4712;
 - 4. National Environmental Policy Act of 1969, as amended, 42 U.S.C. § 4321 et seq;
 - 5. Universal Identifier and System for Award Management, 2 C.F.R. part 2;
 - 6. Reporting Subaward and Executive Compensation Information, 2 C.F.R. part 170;
 - 7. OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Non-procurement), 2 C.F.R. part 180;
 - 8. Civil Actions for False Claims Act, 31 U.S.C. § 3730;
 - 9. False Claims Act, 31 U.S.C. § 3729, 18 U.S.C. §§ 287 and 1001;
 - 10. Program Fraud and Civil Remedies Act, 31 U.S.C. § 3801 et seq;
 - 11. Lobbying Disclosure Act of 1995, 2 U.S.C. § 1601 et seq;
 - 12. Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000d et seq;
 - 13. Title VIII of the Civil Rights Act of 1968, 42 U.S.C. § 3601 et seq;
 - 14. Title IX of the Education Amendments of 1972, as amended; 20 U.S.C. § 1681 et seq

15. Section 504 of the Rehabilitation Act of 1973, as amended; 29 U.S.C. § 794; and
16. Age Discrimination Act of 1975, as amended, 42 U. S.C. § 6101 et seq.

4. References

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<http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf>

5. Glossary

Adaptation - Changes made to the program content, program delivery, or other core components of an EBP.

Adolescent-friendly services - Services for youth that are equitable, accessible, acceptable, appropriate, and effective [21].

Age appropriateness - Ensures that topics, messages, and teaching methods are suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group [28]. An age-appropriate program addresses students' needs, interests, concerns, developmental and emotional maturity levels, experiences, and current knowledge and skill levels. Learning is relevant and applicable to students' daily lives and concepts and skills are covered in a logical sequence [29].

Agency - Adolescents' ability to set goals aligned with values, perceive oneself as able to act on the goal, and then act towards achieving the goal [18].

Community – An area defined by clear geographic boundaries in order to ensure that the number of youths served can be identified.

Core Components - The parts of the evidence-based program or its implementation that is determined by the developer to be the key ingredients related to achieving the outcomes associated with the program.

Culturally and linguistically appropriate - Assures that materials and language used are respectful of and responsive to the cultural and linguistic needs of the population being served. This includes being respectful and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs [30].

Evidence-based programs - Programs that have been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors.

Equitable environment - Ensures youth have equal access to and rights to the same opportunities and resources as others.

Expectant and/or Parenting Teen - For purposes of this NOFO, the term expectant teen refers to any adolescent expecting a child, regardless of gender.

Fidelity - Degree to which an implementer adheres to the core components of an evidence-based program.

Fit - how well a program matches, or is appropriate for, the community, organization, stakeholders, and potential participants (i.e., youth, parents/caregivers).

Health equity - The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities [12].

Inclusivity - When all people, especially youth, are fully included, supported, and can actively participate in and benefit from the information they need to make healthy choices. This includes ensuring that program materials and practices do not alienate, exclude, or stigmatize individuals of diverse lived experiences and backgrounds, which includes but is not limited to, individuals who belong to underserved communities, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise historically marginalized and adversely affected by persistent poverty or inequality.

Meaningful youth engagement - An inclusive, intentional, mutually respectful partnership between youth and adults whereby power is shared, respective contributions are valued, and young people's ideas, perspectives, skills and strengths are integrated into the design and delivery of programs, strategies, policies, funding mechanisms and organizations that affect their lives and their communities.

Medical accuracy - Verified or supported by the weight of research conducted in compliance with accepted scientific methods; and published in peer-reviewed journals, where applicable or comprising information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete [32].

Parents/Caregivers – This may include but is not limited to biological, adoptive, and single parents; siblings; extended family; foster parents; “chosen” family members such as mentors or trusted adults.

Positive Youth Development- An intentional, pro-social approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances youths' strengths; and promotes

positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths.

Scale - Expanding the reach of programs with the aim of increasing impact [13].

Trauma-informed approach - Refers to how a program, agency, organization, or community thinks about and responds to those who have experienced or may be at risk for experiencing trauma. It is an approach that: (1) realizes the widespread impact of trauma and potential paths for recovery; (2) recognizes the signs and symptoms of trauma in youth, families, staff, and others; (3) responds by fully integrating knowledge about trauma into policies, procedures, and practices; and (4) seeks to actively resist re-traumatization.

6. Relevant Resources for Applicants

Note that this is a list of some, but not all, of the relevant resources available to applicants. OPA does not endorse any of the resources listed other than those developed by OPA.

Adaptations

- Reproductive Health National Training Center. Introduction to Adaptations eLearning <https://rhntc.org/sites/default/files/elearning/adaptations/index.html#/lessons/Psp3gZMwPysGgufkWuHNYICYyZhSKPZe>

Community Needs Assessment

- Agency for Healthcare Research and Quality. Tool 1B: Stakeholder Analysis. <https://www.ahrq.gov/professionals/systems/hospital/fallpxtoolkit/fallpxtk-tool1b.html>
- Center for Community Health and Development at the University of Kansas. Section 8. Identifying and Analyzing Stakeholders and Their Interests. <https://ctb.ku.edu/en/table-of-contents/participation/encouraging-involvement/identify-stakeholders/main>
- Centers for Disease Control and Prevention. GIS and Public Health at CDC. <https://www.cdc.gov/gis/index.htm>
- University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps. <https://www.countyhealthrankings.org/explore-health-rankings/rankings-data-documentation>

Culturally and Linguistically Appropriate

- Office of Minority Health. The National CLAS Standards. <https://thinkculturalhealth.hhs.gov/clas/standards>

Evidence-based Programs

- Office of the Assistant Secretary for Planning and Evaluation (ASPE). TPP Evidence Review. <https://tppevidencereview.youth.gov/>

Health Equity

- Centers for Disease Control and Prevention. Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease.
<https://www.cdc.gov/nccdphp/dnpao/health-equity/health-equity-guide/pdf/HealthEquityGuide.pdf>
- Communities in Schools. Diversity, Equity, Inclusion Resource Guide.
<https://www.communitiesinschools.org/articles/article/dei-resource-guide/>

Implementing EBPs to Scale

- Office of Population Affairs. Implementation Study, Briefs, and Case Studies.
<https://opa.hhs.gov/research-evaluation/teen-pregnancy-prevention-tpp-program-evaluations/fy-2015-2019-opa-tpp-grant#Tier1B>

Logic Models

- Centers for Disease Control and Prevention. Framework for Program Evaluation. <https://www.cdc.gov/evaluation/steps/step2/index.htm>

Center for Community Health and Development at the University of Kansas. Community Tool Box. Developing a Logic Model or Theory of Change. <https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/logic-model-development/main>

Meaningful Youth Engagement

- Office of Population Affairs. Listen Up! Youth Listening Session Toolkit.
https://opa.hhs.gov/sites/default/files/2021-01/OPA_Youth_Toolkit_Final_508.pdf

Positive Youth Development

- Office of Adolescent Health. A Checklist for Putting Positive Youth Development into Action in TPP Programs.
https://rhntc.org/sites/default/files/resources/oah_pyd_checklist_2015-04-10.pdf

SMARTIE Work Plan

- Centers for Disease Control and Prevention. National Breast and Cervical Cancer Early Detection Program. Writing Effective Objectives.
<https://www.cdc.gov/cancer/nbccedp/pdf/smartie-objectives-508.pdf>

Trauma-Informed Approaches

- Office of Adolescent Health. A Checklist for Integrating a Trauma-Informed Approach into TPP Programs.
https://rhntc.org/sites/default/files/resources/oah_trauma_informed_2015-05-11.pdf
- Reproductive Health National Training Center. Trauma-informed Approaches.
<https://rhntc.org/sites/default/files/elearning/understanding-trauma/index.html>
- Reproductive Health National Training Center. Introduction to Adaptations eLearning
<https://rhntc.org/sites/default/files/elearning/adaptations/index.html#/lessons/Psp3gZMwPysGufkWuHNYICYyZhSKPZe>

7. TPP20 Tier 1 Performance Measures

Dissemination

How many manuscripts have you had accepted for publication in the past year (including both articles that were published and those that have been accepted but not yet published)? Do not include manuscripts previously reported as published. _____

Please list the references for any published manuscripts published in the past year.

During the reporting period, indicate the number of times each approach was used uniquely to communicate information to youth, caregivers, and the community about the TPP-funded grant project services and interventions available.

_____ Blogs/Online articles

_____ Social Media posts (such as Facebook, Twitter, Instagram, YouTube, etc.)

_____ # reactions

_____ # reshares

_____ # comments

_____ Peer Reviewed Publication (include box to require grantee to enter citation)

During the reporting period, indicate the number of times each approach was used uniquely to raise awareness within the community about optimal health and the issue of teen pregnancy prevention, sexually transmitted infections (STIs).

_____ Blogs/Online articles

_____ Social Media posts (such as Facebook, Twitter, YouTube, Instagram, etc.)

_____ # reactions

_____ # reshares

_____ # comments

_____ Peer Reviewed Publication (include box to require grantee to enter citation)

During the reporting period, where was information about the project presented? Write the number of times each presentation occurred.

_____ National Conference/Event (include box to require grantee to enter citation)

_____ Statewide Conference/Event (include box to require grantee to enter citation)

_____ Local Meeting/Event

How many social media accounts (such as Facebook Twitter, Instagram, YouTube) does your organization use to share information about the TPP grant project? _____

Of these accounts, how many are specific to the TPP grant project? _____

How many followers does your TPP grant project specific social media account(s) have as of the

end of the reporting period {DATE}? _____

Partners

Indicate the number of formal partners involved in implementing the grant-funded project during the reporting period. Formal partners are external organizations/agencies with whom the grantee has a written agreement (such as signed MOU, contract, or Letter of Commitment), and who are integral to the implementation and evaluation of the grant-funded project. Examples of partners may include program/intervention implementers (such as those organizations that provide sites, staffing, or both for TPP programming), partners who provide the supportive services to Tier 1 program participants, organizations that recruit TPP program participants, and/or organizations that provide ongoing strategic support to the project.

Total Number of Formal Partners (unduplicated, report as of the end of the 6 month reporting period) _____

Partner retention:

How many formal partners were involved with the project at the start of the grant year (Date)? _____

Of all the project's formal partners that were involved at the start of the grant year, how many were still involved in the project at the end of the reporting period? _____

Sustainability

During this reporting period, how much additional funding (that is, funding in addition to the TPP grant) have you secured to assist with project activities (i.e. program implementation, evaluation, communication, etc.)? _____

How many partners have firm plans in place to continue the project activities (program implementation, training, research, etc.) after the end of OPA grant funding? _____

How many different sources of funding do you have in place to support the grant project? _____

Training

Trainings would include professional development activities or technical assistance relevant to the implementation of project activities and provided to anyone responsible for implementing any aspect of the TPP grant project. Trainings may be for staff (from grantee and partner agencies) or community members (for example, youth trained as peer educators, community members serving on advisory groups.) Stakeholders who receive the TPP intervention as the end user or target population of the TPP intervention/program proven effective should be included under the reach section and not under training.

In the reporting period, how many trainings (professional development or technical assistance activities relevant to the project) have been provided through the TPP grant project to anyone affiliated with implementing the project? _____

In the reporting period, how many individuals affiliated with the TPP grant project (such as partner agencies, community members, stakeholders, project staff, youth who work with the project) have you or one of your partners trained via the grant funding (training includes any professional development or technical assistance relevant to the implementation of the project)?

Name of the TPP Program (Tier 1) being delivered:

Tier 1 grantees would report the name of the effective program (i.e. program proven effective).

State/Territory where implemented:

Setting of Implementation: *select one or more of the following that best describes where the majority of sessions in the section took place*

In-school (Programs that take place primarily or exclusively during a school day on a school campus. This category may include public or private schools, traditional or alternative schools, of any grade level).

Clinic-based

Faith-based

Runaway and homeless youth (such as drop in shelter/centers, other)

Out-of-home (such as the child welfare system/foster care, group homes, residential centers.

Juvenile justice should be counted separately below)

Juvenile justice (such as detention centers, residential centers –serving uniquely juvenile justice youth, camps)

other out-of-school time/community (programs that primarily take place outside of school hours, and may be located within a community organization not listed above or on a school campus before or after the school day)

Technology-based (includes programs that do not take place in a physical location, such as virtual programs, text messaging, apps, internet-based programs, etc.)

Urbanicity of Implementation Site: urban, rural, suburban

Reach and Demographics of TPP Participants

For each section (class or group) of TPP effective programs implemented with youth, how many youth participated in your program for at least one activity in the reporting period? Report total numbers per section and numbers by each demographic category below:

Gender – Male, Female, Transgender, Does not identify, Not reported

Age – 10 or younger, 11, 12, 13, 14, 15, 16, 17, 18, 19, >19, Not reported

Grade – 6 or less, 7, 8, 9, 10, 11, 12, GED program, Technical/vocational training/college,

Ungraded, Not currently in school, Not reported

Ethnicity – Hispanic or Latinx, Not Hispanic or Latinx, Not reported

Race – American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, More than one race, Not reported

Total

For each section (class or group) of the effective program (Tier 1) with non-youth participants, how many non-youth participants attended at least one activity of your effective program (Tier 1)

in the reporting period? Indicate the unduplicated total number in each category.

Caregivers (such as parents, legal guardians, siblings, extended family; foster parents; “chosen” family members of adolescents): _____

Youth-serving professionals (such as social workers, health care providers, teachers, juvenile justice staff, court staff): _____

For each section (class or group) of the TPP effective program, how many non-youth participants attended at least 1 supplemental activity (that is, an activity other than the effective program/promising intervention) during the reporting period? Indicate the unduplicated total number in each category.

Caregivers (parents or legal guardians of adolescents): _____

Youth-serving professionals (social workers, health care providers, teachers, juvenile justice staff, court staff): _____

Dosage of TPP effective programs

What is the average (mean) attendance for program participants in each section? (determined by the percentage of sessions attended by each participant in the section) _____

How many participant in each section received at least 75% of the programming? _____

Observational Fidelity and Quality

Session Information:

Note: these must be reported as whole numbers

Number of sessions (lessons) planned _____

Number of sessions (lessons) completed _____

Number of sessions (lessons) observed _____

Observer reported fidelity

Using the fidelity monitoring tool from the program/intervention developer, report the adherence (%) for observed sessions within each section.

For each effective program (meeting or lesson) that was observed during the section, what is the percent adherence to the number of activities planned? (Grantees who observe more than one session per section report the average (mean) adherence percentage for the session)

Adherence = number of activities completed/number of activities planned

Observer reported quality (Based on the TPP observation form).

Rate the overall quality of the session observed on scale of 1 (poor) – 5 (excellent).

Fidelity Process Form (see the TPP Fidelity Process form)

What is the overall total score on the TPP fidelity process form (Scale of 0 – 26).

Stakeholder Engagement Measures

Project stakeholder engagement: How many stakeholders (such as youth, youth-serving

professionals, caregivers, potential end-users or other community members) were engaged within the grant project during the reporting period? Report the number for each category below.

Youth _____

Caregivers _____ (such as parents, guardians, foster parents of youth)

Community members _____ (such as teachers, educators, social workers, health workers, juvenile justice officers, other Youth-serving professionals, faith leaders, business leaders)

FY2020 Tier 1 Referrals and Linkages to Supportive Services

In the reporting period, how many TPP program participants were referred by grant project staff to supportive services providers of the following services (Collect # of each):

Reproductive Health Care -----

Mental Health Services _____

Substance Abuse Prevention/Treatment Services _-----

Primary Health Care -----

Educational Services -----

Vocational Education/Workforce Development -----

Violence Prevention _____

Exhibit B



U.S. Department of Health and Human Services

Office of Population Affairs

Notice of Funding Opportunity: Teen Pregnancy Prevention Tier 2 Rigorous Evaluation
Cooperative Agreements

Opportunity Number: AH-TP2-23-001

Application Due Date:
05/17/2023 at 6:00 PM Eastern

OVERVIEW

FEDERAL AGENCY NAME

The Office of the Assistant Secretary for Health, Office of Population Affairs

FUNDING OPPORTUNITY TITLE

Teen Pregnancy Prevention Tier 2 Rigorous Evaluation Cooperative Agreements

ACTION

Notice

ANNOUNCEMENT TYPE

Initial CA (Cooperative Agreement)

FUNDING OPPORTUNITY NUMBER

AH-TP2-23-001

ASSISTANCE LISTING NUMBER AND PROGRAM:

93.297 , Teen Pregnancy Prevention

DATES

Application Deadline: 05/17/2023 by 6:00 PM Eastern.

Technical Assistance Webinar: 03/20/2023 at 3:00 PM Eastern.

EXECUTIVE SUMMARY

The Office of Population Affairs announces the availability of funds for Fiscal Year (FY) 2023 under the authority of Division H, Title II of the Consolidated Appropriations Act, 2023 (Public Law No. 117-328).

This notice solicits applications for projects that will rigorously evaluate promising interventions for preventing unintended teen pregnancy, sexually transmitted infections (STIs), behavioral risk factors underlying teen pregnancy, or other associated risk factors. Evaluating promising interventions includes developing, replicating, refining, and testing additional models and innovative strategies for preventing unintended teenage pregnancy. The goal of this initiative is to identify effective interventions for future replication by adolescent health practitioners and youth-serving professionals, and to disseminate the research findings and lessons learned to inform future studies. Applicants should propose rigorous impact evaluations that are either randomized control trials (RCTs) or quasi-experimental designs (QEDs) with a comparison

condition. To ensure health equity, OPA is particularly interested in evaluations of promising interventions in populations and settings with great need and with significant health disparities. OPA anticipates funding a wide range of adolescent health innovations under this opportunity. All interventions proposed for evaluation under this initiative should already have compelling, positive preliminary evidence from previous research and demonstrated support from previous participants and communities. OPA expects the intervention to fit the population and setting proposed for the application.

OPA intends to make available approximately \$11.475 million for an estimated 11-15 awards. The amount of funding an applicant may request ranges from \$500,000 to \$1,000,000 per year for a period of up to five years (five 12-month budget periods). Awards may have a period of performance of up to 5 years. Funding for budget periods after the first will be based on the availability of funds, satisfactory progress of the project, grants management compliance, and continued best interests of the government.

The Office of the Assistant Secretary for Health (OASH) encourages all applicants to review all program requirements, eligibility information, application format and submission information, evaluation criteria, and other information in this funding announcement to ensure that their applications comply with all requirements and instructions.

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A. Program Description

The Office of Population Affairs announces the availability of funds for Fiscal Year (FY) 2023 under the authority of Division H, Title II of the Consolidated Appropriations Act, 2023 (Public Law No. 117-328).

The primary focus of OASH is leading America to healthier lives, especially for those who have suffered historic disparities. In support of this vision, OPA promotes health across the reproductive lifespan through innovative, evidence-based sexual and reproductive health and family planning programs, services, strategic partnerships, evaluation, and research. The Teen Pregnancy Prevention (TPP) program is a national, evidence-based program that funds diverse organizations working to reach adolescents to improve sexual and reproductive health outcomes and promote positive youth development.

The TPP program supports medically accurate, age-appropriate, and complete programs to reduce unintended teen pregnancy, sexually transmitted infections (STIs), behavioral risk factors underlying teen pregnancy, or other associated risk factors (such as, but not limited to, initiation of sexual activity, frequency of sexual activity, number of sexual partners, contraceptive use, substance use, intimate partner violence (IPV)). The TPP program supports numerous rigorous, independent evaluation studies that significantly contribute to the field's knowledge of where, when, and with whom programs are most effective. To continue expanding the evidence base and addressing the changing needs of youth and communities, the TPP program replicates, refines, develops, tests, and evaluates promising interventions, additional models, and innovative strategies to advance adolescent health, by preventing unintended teen pregnancy and risk factors underlying or associated with teen pregnancy.

The purpose of this initiative is to fund rigorous impact and implementation evaluation of promising interventions for preventing unintended teen pregnancy, STIs, behavioral risk factors underlying teen pregnancy, or other associated risk factors. Through the awards, OPA aims to identify effective interventions for replication by adolescent health practitioners and youth-serving professionals, disseminate the research findings and lessons learned to inform future studies, and ultimately expand the knowledge base for TPP programming. This funding will support rigorous evaluations designed to answer important research question(s) about the impact and implementation of TPP interventions.

1. Background

In 2020, the U.S. teen birth rate (measured as births per 1000 females ages 15-19), was 15.4 (Centers for Disease Control and Prevention Vital Statistics, 2020). The U.S. teen birth rate is higher than that found in most developed countries (Sedgh G., 2015). Persistent disparities in U.S. teen births exist by race and ethnicity. In the U.S., birth rates are higher among American Indian/Alaska Native (AI/AN), Black, Hispanic, and Native Hawaiian and Pacific Islander (NHPI) adolescents than among teens overall. In 2020, AI/AN adolescent females had the highest birth rate (25.7), followed by Black adolescents (24.4) (Centers for Disease Control and Prevention Vital Statistics, 2020).

Beyond racial and ethnic disparities, some adolescents experience higher rates of unintended pregnancy and births than others. For example, young women living in foster care are more than twice as likely to become pregnant than young women not in foster care (James, 2009). Youth involved in the juvenile justice system experience higher rates of risky sexual behaviors compared to their non-system involved peers and are at higher risk for pregnancy and parenting (Sedlak, 2010). Adolescent lesbian and bisexual females are more likely to have ever been pregnant than their heterosexual peers (Saewyc, 2014).

In the U.S., teens and young adults, ages 15 to 24, account for nearly half of all new cases of sexually transmitted infections (STI) (Centers for Disease Control and Prevention S., 2020). Persistent and noteworthy disparities exist by race, ethnicity, geography, and among those that have been historically underserved, marginalized, and adversely affected by persistent

poverty. Young gay and bisexual males have disproportionately high rates of HIV, syphilis, and other STIs (Centers for Disease Control and Prevention S., 2020).

We aim to equitably bolster adolescent health outcomes and advance health equity through the development, evaluation, and dissemination of new and innovative approaches. Health equity is: “The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities” (Healthy People, 2030; Office of the Assistant Secretary for Health/Office of Disease Prevention and Health Promotion., 2022). Advancing health equity in teen pregnancy prevention will require sustained, multi-pronged, multi-level interventions and strategies that are both innovative and evidence based. It also requires projects to be greatly attuned to the needs of their community and population to fully understand what inequities exist and the underlying causes contributing to them. Through this deep examination, projects can then work toward providing user-centered, high-quality programming and services that improve sexual and reproductive health outcomes and promote positive youth development.

To date, the HHS Teen Pregnancy Prevention Evidence Review (TPPER) has identified 48 programs with evidence of effectiveness; most of these effective programs are implemented in school-based settings and used with general populations in-person (Lugo-Gil, et al., 2018). To ensure health equity, we are particularly interested in rigorous evaluations of promising interventions in populations and settings with great need and with significant health disparities. This may include, but is not limited to, interventions in juvenile justice or foster care/child welfare settings, with expectant and parenting youth, youth with disabilities, with youth experiencing homelessness, or male-identifying youth. We recognize that in-person, school-based programming for general populations may not fully reach the youth who experience disproportionate rates of unintended teen pregnancy; therefore, we also are interested in evaluating TPP interventions that are self-paced and self-delivered, such as technological interventions as well as short-duration programs. Additionally, we are interested in funding projects that potentially impact not only individuals but also the communities and systems within which individuals are situated.

We seek evaluations of interventions that address key adolescent health disparities and have the potential to make a significant contribution to preventing unintended teen pregnancy. We anticipate funding a wide range of adolescent health innovations under this funding announcement; the eligible interventions may include, but are not limited to, programs, curricula, clinical interventions, technological interventions, systems-level interventions, community-level approaches, and others. Interventions may work directly with adolescents, their caregivers, and/or with youth-serving professionals to address adolescent health behaviors relevant to teen pregnancy prevention. We expect any intervention proposed for evaluation under this initiative to already have compelling, positive preliminary evidence from previous formative evaluation and prior research, including documented effects on intended outcomes. We expect the intervention to have demonstrated support from previous participants and communities. The intervention should fit the population and setting proposed for the application. Interventions should have a clearly described theory of change and logic model (See Section 2.a.).

TPP Interventions rigorously evaluated previously under federal funding are not appropriate for this funding unless significant changes have been made to the intervention to address findings from the previous evaluation results. Interventions that are not appropriate for this funding unless significantly adapted include any interventions implemented and evaluated under the following awards:

- Phase 2 Rigorous Evaluation of Promising TPP Interventions (TPP20 Tier 2 Phase 2) – (<https://opa.hhs.gov/grant-programs/teen-pregnancy-prevention-program-tpp/tpp-grantees/current-tpp-grantees>),
- Rigorously Evaluating New TPP Approaches (Tier 2b) – 2015-2020 (<https://opa.hhs.gov/grant-programs/teen-pregnancy-prevention-program-tpp/tpp-grantees/past-tpp-grantees-2015-2020>),
- TPP FY2010 Tier 2 Research and Demonstration (<https://opa.hhs.gov/sites/default/files/2020-07/summary-researchdemonstration.pdf>), and
- Personal Responsibility Education Program Innovative Strategies (PREIS) funding (FY2010, FY2015, FY2019) (<https://www.acf.hhs.gov/fysb/grant-funding/personal-responsibility-education-innovative-strategies-preis-grantee-profiles>)

Interventions identified as effective by the HHS Teen Pregnancy Prevention Evidence Review (TPPER) are also not appropriate for this funding (<https://tppevidencereview.youth.gov/FindAProgram.aspx>), unless significant adaptations are proposed to the intervention, ultimately creating a new intervention. Minor changes to an Evidence-Based Program (EBP) to improve its fit and relevancy are more appropriate within TPP Tier 1 replication initiative awards (AH-TP1-23-001). Major changes to an Evidence-Based Program (EBP) that substantially change the model's core components, logic model, or delivery mechanism in a manner that changes the intended outcomes are appropriate for rigorous evaluation under this NOFO. The NOFO supplemental materials (Section I) include a complete list of interventions that are not eligible without substantial modification.

2. Expectations for Funded Projects

Award recipients under this announcement should meet each of the below expectations in the execution of their funded project:

a. Implement Promising Interventions

We expect projects to evaluate interventions for the purpose of preventing unintended teen pregnancy, reduce STIs among adolescents, address behavioral risk factors underlying teen pregnancy, or address other associated risk factors for unintended teen pregnancy. We encourage recipients to target resources to populations disproportionately impacted by unintended teen pregnancy and STIs, to reduce health disparities and thereby achieve greater equity in adolescent health. In addition, we expect selection of interventions that fill gaps in the existing evidence base, including interventions that use different modalities for implementation (e.g., self-paced, technology, non-school settings) and interventions that impact not only individuals but also the communities and systems within which individuals are situated.

We expect recipients to implement interventions that have compelling, positive preliminary evidence from previous formative evaluation and prior research, including documented effects on intended outcomes. The recipient's chosen intervention(s) should have demonstrated support from previous participants and communities. The intervention should be a good fit for the population and setting proposed for the application. Interventions should have a clearly described theory of change and logic model. Projects should not duplicate interventions that have already been rigorously evaluated and published on the OPA website.

This opportunity is for research and demonstration projects, and not service delivery. Service delivery may be incidental or ancillary to the project but service delivery is not the primary purpose of this initiative. Other than piloting, we do not expect recipients to implement the intervention with participants who are not in the study sample.

b. Conduct Rigorous Evaluation of the Intervention

We expect all recipients to conduct a rigorous impact and implementation evaluation of their proposed intervention. We expect rigorous impact evaluations to have the most robust possible design that is feasible for the intervention in the setting and with the intended population. When feasible, we expect the evaluation design to meet the criteria for the quality of an evaluation study per the criteria in the HHS Teen Pregnancy Prevention Evidence Review (TPPER), version 6.0. (<https://tppevidencereview.youth.gov/ReviewProtocol.aspx>). TPPER is a systematic process for reviewing evaluation studies against a rigorous standard to identify programs with evidence of effectiveness in reducing teen pregnancy, STIs, or associated sexual risk behaviors. TPPER defines the criteria for the quality of an evaluation study and the strength of evidence for a particular intervention. HHS recently updated the evidence review standards in Fall 2022. Recipients may collect additional outcomes beyond those recognized currently by the TPPER, as long as at least one of the study outcomes is a sexual risk behavior, and the other outcomes collected are "associated risk factors" clearly associated with unintended teen pregnancy.

We expect recipients to conduct either randomized control trials (RCTs) or quasi-experimental designs (QEDs) with a comparison group.

- RCTs are experiments that randomly assign participants into different, unique groups: the treatment group and the comparison. We expect all recipients conducting randomized evaluations to use the intent-to-treat (ITT) framework for primary analyses. In an ITT framework, evaluators compare the participant outcomes between the individuals assigned to receive the intervention and those not assigned to the intervention (ACF OPRE, 2016).
- QEDs form intervention and comparison groups through methods other than random assignment of participants. Researchers use QEDs for impact evaluations when random assignment is not feasible. QEDs include methods such as Propensity Score Matching (PSM), Regression Discontinuity Designs (RDD), and Interrupted Time Series (ITS) (ACF OPRE, 2016).

Recipients may conduct either efficacy or effectiveness studies. Efficacy studies evaluate interventions under ideal conditions, often with the close involvement of the intervention

developer, whereas effectiveness studies evaluate an intervention during routine or natural conditions (ACF OPRE, 2016).

Recipients may conduct supplementary analyses in addition to the rigorous impact and implementation evaluations. These additional analyses may include cost studies, qualitative data analyses, or core components analyses. We strongly encourage testing of the core components as part of the rigorous evaluation.

We expect recipients to have a detailed evaluation design finalized by the end of the planning period. We expect that all studies shall have a counterfactual, and there will be equivalency between the study groups at baseline. Additionally, we expect the programming received by the study groups to be different enough to allow for a meaningful test. We expect recipients to register their studies with an online registry such as clinicaltrials.gov.

We expect recipients to have a data collection plan finalized by the end of the planning period. We expect recipients to collect and analyze outcomes that are relevant to the intervention's logic model and proposed research questions. Recipients should include at least one sexual behavioral outcome. We expect recipients to collect all study data during the period of performance. We anticipate that recipients will collect survey data at baseline, at one short term follow-up (e.g., between 0 months-1-year post-intervention), and at one long-term follow-up (e.g., 9 months or more post-intervention). Recipients should justify any additional data points proposed beyond these three points and discuss feasibility and necessity with us after award, during the planning period. We expect recipients to submit an analysis plan to us for review and feedback during the third year of funding; we will provide templates during that year. We expect recipients to use the final 6-9 months of the award for data analysis and reporting. We expect recipients to submit a final evaluation report to us summarizing their evaluation findings and lessons learned. We will review and provide feedback on this report.

We expect recipients to monitor and report to us on their progress recruiting, consenting, and retaining study participants. We expect recipients to make steady and consistent progress toward enrolling their study sample during each year of their award. A general benchmark is to enroll at least 25% of the sample by the end of year 2, at least 50% of the sample by the end of year 3, at least 75% of the sample by the end of year 4, and reach 100% of the sample size during year 5. We expect recipients to meet the TPPER standards for attrition (TPPER protocol, version 6.0, Section C.2 on pp. 5-7).

We expect recipients to address limitations, bias, and possible threats to internal and external validity within their studies. Recipients should conduct their studies through a credible and neutral process, which includes, at a minimum, evaluation staff who do not have perceived or actual conflict of interest and can remain independent of the intervention. We strongly encourage use of an independent, external evaluator.

As a condition of the award, we require recipients to participate in ongoing OPA-sponsored Evaluation Technical Assistance. Further, as a condition of the award, we expect recipients to participate in an OPA-directed Federal evaluation, if selected and funding for such an evaluation becomes available.

c. Participate in a planning and piloting period

During the first 6 - 12 months of the award, recipients will engage in a planning and piloting period. During the planning and piloting period, we expect recipients to work closely with us to refine, improve, and finalize the evaluation design and methods. We expect recipients to finalize the intervention materials and ensure that the intervention is a good fit for the participants using end-user feedback.

In addition, during the planning and pilot period, recipients should obtain any necessary Institutional Review Board (IRB) approvals for the evaluation. The duration of the planning period is contingent upon each recipient's demonstrated readiness but should not exceed 12 months. By the end of Year 1, we expect that all recipients will be ready to begin the evaluation. Failure of a recipient to receive OPA approval for their evaluation plan or make satisfactory progress toward completion of planning period milestones by the end of year one may impact funding for Year 2 (Section F.17.e).

Recipients should complete key milestones during the planning and piloting period to ensure readiness for full implementation of the study, such as:

- training staff;
- ensuring that the project implementation sites are not duplicative of other TPP-funded projects;
- finalizing agreements with all key partners and subrecipients;
- obtaining OPA approval of the evaluation design and instruments;
- completing the OPA materials review process (see Section A.2.d.);
- pilot-testing intervention materials to incorporate user-feedback, demonstrate desirability, and ensure fit and appropriateness;
- pilot-testing evaluation instruments and procedures;
- finalizing instruments and obtaining approval(s) from an Institutional Review Board (IRB).

d. Complete OPA Material Review

Recipients must ensure that all materials delivered to study participants are medically accurate and age appropriate. We also expect recipients to ensure that all materials are complete, culturally and linguistically appropriate, trauma-informed, user-centered, and inclusive of all youth. Project materials include intervention and comparison group materials, such as but not limited to curricula, facilitator manuals, participant manuals, videos, podcasts, posters, scripts, participant booklets, pamphlets, and handouts. We expect recipients to demonstrate that subject-matter experts have reviewed materials in relevant areas (e.g., age appropriateness). Recipients must make any necessary changes to materials prior to implementation. We expect recipients to inform us of their review process, findings, and plans to address any issues identified during the planning period. We expect recipients to submit for review and approval prior to implementation

any changes made to the intervention to address issues identified during materials reviews for medical accuracy, age appropriateness, completeness, cultural and linguistic appropriateness, trauma-informed approaches, user-centeredness, and inclusivity. We also expect recipients to submit all program materials for a medical accuracy review. Recipients may not begin implementation with the materials until after OPA has approved the use of the materials. We expect recipients to finalize all intervention materials prior to beginning the rigorous evaluation. Once the evaluation has begun, recipients should not make major changes to the intervention materials to avoid negatively impacting the evaluation.

e. Collaborate with Partners and Maintain Organizational Capacity

We expect recipients to use partnerships to fulfill capacity needs and successfully complete the project. Recipients and key partners should have the collective expertise necessary to successfully accomplish the goals and objectives for the overall project. We expect recipients will engage key partners in the project and maintain a collaborative environment. Each recipient is responsible for ensuring all partners meet the project expectations successfully and fulfill their roles. Recipients should assess the professional development needs of project staff on a regular basis and ensure that staff have the training needed to complete their roles in the project. We expect recipients to collaborate, coordinate, and share information with other OPA recipients, as appropriate, to prevent unnecessary duplication of activities, and ensure sharing and best use of available resources across funded projects.

f. Engage Participants in Ongoing Project Planning and Implementation

We expect recipients to engage the intended population in planning and implementing the project. Members of the intended population should provide ongoing input into the planning, implementation, and evaluation of the intervention to ensure that the project addresses their needs, fills existing gaps, does not duplicate programs or services already available, and is a good fit for the population, setting, or community(ies). Members of the intended population should also provide feedback to ensure that the intervention is relevant and likely to resonate with their peers. Finally, recipients should consult members of the intended population when developing messaging about project findings and branding or packaging intervention materials for dissemination.

g. Monitor and Improve the Project

We expect recipients to monitor the overall project and, make ongoing improvements to the project based on key findings. This could include improvements to either the evaluation or implementation procedures, for example.

We expect recipients to conduct an implementation evaluation designed to answer questions about intervention delivery during the study. At a minimum, we expect the implementation evaluation to address dosage, fidelity, quality, context, and counterfactual experience (Office of Adolescent Health, 2017). We expect recipients to conduct periodic monitoring of the programs and services offered within study sites and communities by other organizations to ensure that the project does not duplicate other services, and that the study clearly accounts for the experiences

of the comparison group. In addition, recipients must monitor the progress of participant enrollment, consent, and retention within the study as described in the rigorous evaluation expectations (Section A.2.b).

The monitoring process must include performance measures specific for the awarded project. In addition, recipients must collect uniform performance measures and report to us on a semi-annual basis. Section I.6 includes a list of the draft measures (OMB #0990-0348 Expiration Date: August 2023, pending renewal). We will provide final measures for the TPP 2023 cohort during the first 6 months of the project. Recipients are required to obtain and document any necessary permissions to collect these data. Documentation may include formal agreements with partners (MOAs), consent forms from parent/guardians, copies of school district approvals, citation to state law, etc. to collect these data. Recipients may be required to provide the supporting documentation for review, on request. Recipients have the responsibility to ensure they have appropriate permissions to collect all required performance measure data prior to collecting the data. There are no exceptions or waivers for this requirement.

While implementing and evaluating some non-curricular approaches, such as technological innovations, systems-level, and community-level approaches, you may find that some OPA measures or constructs (e.g., such as dosage, fidelity, and quality) are not relevant to your intervention. If you identify a need to change a measure, you would need prior approval from OPA to use alternate or proxy measures for dosage, fidelity, and/or quality. We expect recipients to develop the measures that future implementors of the intervention could use to monitor fidelity, quality, and dosage, and include those in their final program package (Section A.2.h.). There are no exceptions or waivers for this requirement.

We expect recipients to determine whether the intervention implementation occurred as originally intended in the approved project. We expect recipients to monitor the dosage of the intervention participants receive. We expect recipients to establish and implement a fidelity monitoring process for the intervention. The process should include, at a minimum, collection of data on fidelity and quality of implementation, reviewing and analyzing the data on a regular basis, and using the data to make continuous quality improvements to the implementation of the intervention. We expect recipients to collect qualitative contextual data relevant to the environment in which the intervention is being developed. Recipients should observe a minimum of 10% of all intervention sessions and 100% of intervention facilitators for fidelity and quality on an annual basis.

Recipients implementing and evaluating some non-curricular approaches, such as technological innovations, systems-level, and community-level approaches, may find that some OPA measures or constructs (such as dosage, fidelity, and quality) are not relevant to their intervention. If a recipient identifies a need to change a measure, we require prior approval to use alternate or proxy measures for dosage, fidelity, and/or quality. Recipients must develop the measures that future implementors of the intervention could use to monitor fidelity, quality, and dosage, and include those in their final program package (Section A.2.h.).

h. Document and Package the Intervention

By the end of Year 5, successful projects should have documented the evaluated intervention with sufficient detail so that other organizations may replicate the intervention to scale. Recipients should provide us with a complete electronic package of the final implementation-ready intervention by the end of the project (see Section F.9 regarding intellectual property rights). Implementation-ready interventions must include all the necessary components that will allow someone other than the original developer to implement the intervention. To be implementation-ready, an intervention package must include clearly defined program materials and core components, define all necessary staff supports and training needed for implementors, and specify guidelines and tools for monitoring implementation fidelity and quality (see Section A.2.g). We will provide guidance to recipients during the first six months of the awards.

We expect recipients to articulate the core components of the intervention(s) they are evaluating. Articulating the components of the intervention will help fill knowledge gaps about what makes an intervention effective and which components drive successful programming. We strongly encourage recipients to test the core components as part of the rigorous impact evaluation described previously (Section A.2.b). We will provide all recipients with a TPP components checklist and instructions during the first six months of the award, and recipients must use the checklist to describe the components of their interventions at the end of the planning period. To complete the components checklist, recipients will describe the intended content of the intervention, the delivery mechanism and format, the staff delivering the content, the dosage of the intervention, the location for implementation, and features of the group intended to receive the intervention. Additional information about the core components checklist and expectations may be found within the resources section of the NOFO (Section I, Resources, Core Components).

Recipients must update the checklist at the end of the project. We expect recipients and their partners to develop a plan for distributing the intervention to others who might be interested in replicating it in the future; this plan should account for any training needed.

i. Disseminate Project Results

We expect recipients to develop and implement a plan for widely disseminating the results of the evaluation, including implementation evaluation results, impact evaluation results, lessons learned, successes, and challenges. We expect recipients to write a final evaluation report summarizing the key findings and lessons learned from their projects. The final evaluation report should be in the format of a journal article for a journal of the recipient's choice. We expect recipients to disseminate their evaluation findings and lessons learned through presentations at professional conferences.

In addition to the traditional methods of dissemination, we expect recipients to work with us to share findings broadly with key project partners, community members, youth-serving professionals, researchers, other OPA recipients, the public, and policymakers.

We expect the dissemination plan will include publication of at least one article in a peer-reviewed journal and presentations at professional conferences. When published, the article should be freely, immediately, and equitably accessible to the public. In addition to

disseminating information about the evaluation results, we expect recipients to develop a plan for disseminating information about the intervention to organizations who may want to replicate the intervention in the future.

3. Federal Agency Substantial Involvement

Recipients will receive funding under a cooperative agreement. A cooperative agreement is a form of assistance that allows for substantial involvement by federal agency. Additional details of the substantial involvement for awards made under this NOFO are described in Section B.3.

B. Federal Award Information

1. Legal Authority

Division H, Title II of the Consolidated Appropriations Act, 2023 (Public Law No. 117-328)

2. Award Information

We intend to make funds available for competing CA (Cooperative Agreement) awards.

We will fund awards in annual increments and generally for a period of performance up to 5 year(s), although we may approve shorter periods of performance. Budget periods may also vary from the estimate indicated below due to timing of award issuance or other administrative factors.

Recipients will be required to submit a non-competing continuation application for each budget period after the first. Funding for all approved budget periods beyond the first is generally level with the initial award amount and is contingent upon the availability of funds, satisfactory progress of the project, adequate stewardship of Federal funds, and the best interests of the Government.

We anticipate offering a competing continuation for an additional budget period for the purpose of providing funding to support selected recipients in transitioning successful projects to sustainability. Funding available for this addition budget period is not guaranteed at all nor expected to be at the same level of previous budget periods.

Award Information

Estimated Federal Funds Available	\$11,475,000
Anticipated Number of Awards	16
Award Ceiling (Federal Funds including indirect costs)	\$1,000,000 per budget period

Award Floor (Federal Funds including indirect costs)	\$500,000 per budget period
Anticipated Start Date	08/15/2023
Estimated Period of Performance	Not to exceed 5 year(s)
Anticipated Initial Budget Period Length	12 months
Type of Award	Cooperative Agreement
Type of Application Accepted	Electronic via Grants.gov ONLY unless an exemption is granted.

3. Federal Agency Substantial Involvement

Awards made under this NOFO will be cooperative agreements. A cooperative agreement is a form of assistance that allows for substantial involvement by the program office. Substantial involvement is in addition to the usual monitoring and technical assistance provided under a grant (e.g., assistance from the assigned Federal project officer, monthly conference calls, occasional site visits, ongoing review of plans and progress, participation in relevant meetings, provision of training and technical assistance). Substantial programmatic involvement for cooperative agreements under this NOFO may include:

- Approving key personnel changes, including the project director/principal investigator and lead evaluator, or others identified as essential in the proposal.
- Reviewing and approving of program materials prior to use in the project to ensure the materials are medically accurate, age appropriate, complete, culturally and linguistically appropriate, trauma-informed, user-centered, and inclusive of all youth,
- Reviewing progress at planning period milestones and providing approval to move forward,
- Advising on the evaluation design plan and, survey instruments prior to initiating the evaluation,
- Advising on the evaluation analysis plans prior to implementation,
- Advising on and acceptance of final evaluation report.

C. Eligibility Information

1. Eligible Applicants

Any public or private (profit or nonprofit) entity located in a State (which includes one of the 50 United States, District of Columbia, Commonwealth of Puerto Rico, U.S. Virgin Islands, Commonwealth of the Northern Mariana Islands, American Samoa, Guam, Republic of Palau, Federated States of Micronesia, and the Republic of the Marshall Islands) is eligible to apply for an award under this announcement.

Faith-based organizations and American Indian/Alaskan Native/Native American (AI/AN/NA) organizations that are public or private entities are eligible to apply. Public or private community-based organizations are eligible to apply.

Examples of eligible Organizations include:

- State governments
- County governments
- City or township governments
- Special district governments
- Independent school districts
- Public and State controlled institutions of higher education
- Native American tribal governments (Federally recognized)
- Public housing authorities/Indian housing authorities
- Native American tribal organizations (other than Federally recognized tribal governments)
- Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education
- Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education
- Private institutions of higher education
- For profit organizations other than small businesses
- Small businesses

2. Cost Sharing or Matching

You are not required to provide cost sharing or matching in your proposed budget. If you voluntarily include cost sharing in your application, you must include in your budget narrative a non-federal sources justification as described in Section D.3.b.1.t or your application will be disqualified (Section C.4.k). Voluntary cost sharing is not expected for research applications. During the merit review of an application, cost sharing will only be considered in the overall review of the adequacy of the total proposed budget (Federal and non-Federal share) to support the project proposed.

Applications including cost sharing or matching, whether required or voluntary, that result in an award will include the cost sharing or matching commitment on the notice of award at the level proposed in the application. See Section D.3.b.1.s. Any change in the responsibility to provide cost sharing or matching at that level will require prior approval of the grants management officer.

Cost-Sharing or Matching may include any in-kind contributions necessary to the execution of the proposed project (45 C.F.R. § 75.306).

3. Other - Application Responsiveness Criteria

We will review your application to determine whether it meets the responsiveness criteria below. If your application does not meet the responsiveness criteria, we will disqualify it from the competition; we will not review it beyond the initial screening. The responsiveness criteria are as follows

There are no Other - Application Responsiveness Criteria.

4. Application Disqualification Criteria

If you successfully submit an application, the OASH Grants and Acquisitions Management (GAM) Division will determine whether your application is eligible according to section C.1 Eligible Applicants. If we determine your application fails to meet the criteria described below, we will disqualify it, that is, **we will not review it and will give it no further consideration.**

- a. You must submit your application electronically via <https://grants.gov/> (unless an exemption was granted by the grants management officer 2 business days prior to the deadline) by the date and time indicated in Section D.5 of this announcement.
- b. If you successfully submit multiple applications from the same organization for the same project, we will only review the last application received by the deadline.
- c. You must complete the required forms in the application package: SF-424, SF-424A, SF-LLL, and Project Abstract Summary (Section D.2.a).
- d. Your application must be submitted in the English language and must be in terms of U.S. dollars (45 C.F.R. § 75.111(a)).
- e. Your Project Narrative section of the application must be double-spaced, on the equivalent of 8 ½ " x 11" page size, with 1" margins on all sides (top, bottom, left and right) and font size not less than 12 points (Section D.2.a).
- f. Your Project Narrative must not exceed 50 pages. The following items do not count toward the Project Narrative page limit: all required forms, including SF-424, SF-424A, SF-LLL, Project Abstract Summary, and Budget Narrative (including budget tables)(Section D.2.a).
- g. Your total application (i.e., the Project Narrative plus Appendices) must not exceed 100 pages. The following items do not count toward the Project Narrative page limit: all required forms, including SF-424, SF-424A, SF-LLL, Project Abstract Summary, and Budget Narrative (including budget tables)(Section D.2.a).
- h. Your Federal funds request including indirect costs must not be above the maximum indicated in Award Ceiling (Section B.2).

- i. Your Federal funds request including indirect costs must not be below the Minimum indicated in Award Floor, if any (Section B.2).
- j. Your application must meet the Other - Application Responsiveness Criteria outlined above (Section C.3).
- k. If your application includes cost sharing (voluntary or required, Section C.2), you must include in your budget narrative a non-federal sources justification.

D. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package

You may obtain an application package electronically by accessing Grants.gov at <https://www.grants.gov/>. You can find it by searching on the Assistance Listing (formerly CFDA) number shown on page 1 of this funding opportunity announcement. If you have problems accessing the application or difficulty downloading, contact:

OASH Grants and Acquisitions Management Division

Phone: 240-453-8822

Email: OASH_Grants@hhs.gov

2. Content and Form of Application Submission

a. Application Format

Your application must be prepared using the forms and information provided in the online application package. This includes but is not limited to:

- SF-424 Application for Federal Assistance
- SF-424A Budget Information for Non-Construction Programs
- SF-LLL Disclosure of Lobbying Activities
- Project Abstract Summary

We encourage individuals to use their full name (first, middle, last) on the Standard Forms and other documents such as résumés/curricula vitae/biographical sketches to distinguish them for verification in the System for Award Management exclusion records. Delays may result in award processing if full names are not provided.

Only one Project Director/Principal Investigator (PD/PI) will be named on any resulting award. You should clearly identify the individual in that role in your application. This individual should be the person who will be responsible for the programmatic aspects of the project if an award is made. A placeholder PD/PI is strongly discouraged because this may not present a clear picture for the review. Furthermore, once an award is issued a request for a change in PD/PI requires prior approval of the grants management officer (45 C.F.R. § 75.308(c)(1)(ii-iii)).

The Project Narrative, and total application including appendices, must adhere to the page limit indicated in Application Disqualification Criteria listed in Section C.4. The page limit does not

include the Budget Narrative (including budget tables), required forms, assurances, and certifications as described in the Application Disqualification Criteria.

You must double-space the Project Narrative pages.

Your application must be submitted in the English language and must be in the terms of U.S. dollars (45 C.F.R. § 75.111(a))

You should use an easily readable typeface, such as Times New Roman or Arial. You must use 12-point font. You may single-space tables or use alternate fonts but you must ensure the tables are easy to read.

Please do not number pages or include a table of contents. Our grants management system will generate page numbers once your application is complete. If your application exceeds the specified page limits for the Project Narrative or Project Narrative plus Appendices (Section C.4(f)-(g)) when printed on 8.5" X 11" paper as determined by OASH/GAM, the application will not be reviewed further. We recommend you print out your application before submitting electronically to ensure that it is within the page limits and is easy to read.

b. Appendices Format

Your appendices should include any specific documents outlined in Section D.3.c, under the heading "Appendices" in the Application Content section of this announcement. Your documents should be easy to read. You should use the same formatting specified for the Project Narrative. However, documents such as résumés/curricula vitae, organizational charts, tables, or letters of commitment may use formatting common to those documents, but the pages must be easy to read. All of your appendices must be uploaded as a single, consolidated file in the Attachments section of your Grants.gov application.

c. Project Abstract Summary Format

You must complete the Project Abstract Summary form provided in the application package. The abstract will be used to provide reviewers with an overview of the application and will form the basis for the application summary in grants management and program summary documents. Furthermore, if your project is funded, HHS will publish the abstract from your form on TAGGS.hhs.gov and USASpending.gov. The abstract may also appear on the program office website or other government website. Therefore, do not include sensitive or proprietary information in your abstract.

Research awards may enter zero for "Estimated number of people to be served as a result of the award of this grant."

d. Budget Narrative Format

The Budget Narrative should use the formatting required of the Project Narrative for the explanatory text. Budget tables may be single-spaced but should be laid out in an easily-readable format and within the printable margins of the page.

3. Application Content

Successful applications will contain the following information:

a. Project Narrative Content

The Project Narrative is the most important part of the application, because it will be used as the primary basis to determine whether your project meets the minimum requirements for an award under this announcement. The Project Narrative should provide a clear and concise description of your project. HHS/OASH recommends that your project narrative include the following components:

1. Significance of the Proposed Intervention

In this section, describe how the intervention is unique, innovative, and potentially addresses gaps in the adolescent health/TPP fields. Indicate how you will ensure that the intervention does not duplicate other programming that is already available to the population of focus. Tell us why your proposed project is likely to prevent unintended teen pregnancy, sexually transmitted infections (STIs), behavioral risk factors underlying teen pregnancy, or other associated risk factors. Describe how the project will add to the knowledge base. Identify your intervention by name and clearly and succinctly describe the who, what, when, where, why, and how of your intervention. Include the priority population that will receive the intervention. Indicate the setting where the intervention will take place. Describe the intervention, including, but not limited to a description of participant materials, the topics and themes covered by the intervention, the duration of the intervention, and how you will deliver the intervention to participants. Tell us who implements the intervention and what qualifications or training staff need to implement the intervention.

- If your intervention is a systems-level or community-level one, describe the boundaries of the system or community.
- If your intervention is technology-based, note any equipment end-users need to access the intervention.
- If your intervention is a major adaptation of a program identified as effective by TPPER, explain clearly what major adaptations you have made, how the core components have changed, and demonstrate that your intervention is essentially a new one.
- If anyone has rigorously evaluated your intervention before, and the results of previous studies did not identify evidence of effectiveness, explain why the significance of the intervention warrants additional rigorous impact evaluation of the intervention.

Describe your theory of change for the intervention. You may reference a logic model included in your appendices (Section D.3.c) to support your narrative; an optional sample template is available under the Related Documents tab on grants.gov for this opportunity. You should clearly indicate the outcome measures for your evaluation, including at least one sexual risk behavior. You may also examine non-sexual behavioral risk factors underlying teenage pregnancy (such as increased parent-child interactions, increased positive relationships with peers, improved mental health, reduced substance use, or other similar factors). If using such

measures, clearly demonstrate how the outcomes are related to preventing unintended teen pregnancy and address the needs of the community and population of focus. You should justify the significance of your intervention and why your intervention is well-suited to a rigorous evaluation. Your theory of change and logic model should be consistent with the intervention description.

Summarize all previous testing, research, and evaluation done on the intervention. Specify the type of evaluation(s) done such as formative evaluation, implementation evaluation, or pre-post tests, or other types. Describe the key findings on TPP-relevant outcomes (such as sexual behaviors, knowledge of contraception use, intentions to use contraception, etc.). Explain specifically how the prior research supports your theory of change. Indicate why the research shows that the intervention has promise and merit for reducing unintended teen pregnancy.

Summarize any research that shows the intervention is user-centered and therefore a good fit for the participants. Describe any data that shows previous participants liked the intervention, or that the community supports the intervention. Provide evidence that the intervention will have good uptake among the priority population. Include data that shows whether previous participants had a favorable experience, high levels of engagement, or satisfaction with the intervention. Describe any previous user testing to develop or refine the intervention and specify how you used past participant feedback to develop and refine the intervention.

Describe any resources or processes used during the development of the intervention to ensure that materials are medically accurate, age appropriate, complete, culturally and linguistically appropriate, trauma-informed, user-centered, and inclusive of all youth. Describe the status of the materials with respect to meeting the requirements of the OPA materials review process during the first year of the project. Include in your appendices any Memorandum of Agreement (MOA) from the developer/purveyor/copyright holder of the intervention indicating that you have permission to use and to make any changes to materials in response to the OPA materials review.

2. Impact Evaluation Design

Provide a thorough description of your impact evaluation design in your application; an optional sample template is available under the Related Documents tab on grants.gov for this opportunity. Propose the most robust design that is feasible for your intervention and setting and justify why that is the case. Where feasible, propose an evaluation design consistent with the study quality standards of the HHS TPP evidence review protocol, version 6.0 (<https://tppevidencereview.youth.gov/ReviewProtocol.aspx>). Your impact evaluation design should include the following:

a. Research Questions

State your proposed research questions. Indicate which questions are primary and which are secondary. Focus each question on a single outcome at a single time point.

Explain clearly how each research questions aligns with the intervention and its theory of change as described above (Section C.1.a.1.). You may reference material you included in the proposed

intervention section of your application (Section C.1.a.1.).

You should include at least one research question that assesses the intervention's impact on a sexual risk behavior (such as initiation of sexual activity, frequency of sex, number of sexual partners, contraceptive use, STIs, pregnancies, births, etc.).

You may propose additional research questions that address other behavioral risk factors underlying unintended teen pregnancy or other associated risk factors for unintended teen pregnancy (such as mental health, educational attainment, healthy relationships, intimate partner violence, substance use, etc.). The outcomes must align with your intervention's logic model. Provide supporting information that clearly links all proposed research questions and outcomes to the reduction of unintended teen pregnancy. Clearly demonstrate how the outcomes you are testing would address the needs of the community and population of focus.

Describe how answering these questions will improve programs, outcomes, and/or policies for youth.

b. Type of Study Proposed and Justification

Describe the type of study proposed. Appropriate studies are either RCTs or QEDs with comparison group (Section B.2.b). Indicate whether you would conduct an efficacy or effectiveness trial. Justify why the type of study proposed is the most robust design feasible for the intervention and setting for your project. Your evaluation should include a comparison group to meet OPA's standards of rigor.

c. Description of the Formation of Study Groups

Describe how you will form the study groups (i.e., intervention and comparison). Describe differences between your study groups, along with strategies to minimize potential contamination.

- For RCTs, clearly state the unit of random assignment and indicate that you have aligned it with the unit of analysis. Briefly describe the random assignment procedure, including whether you plan to use blocking/stratification and a justification for doing so.
- For QEDs, describe the method for formation of the comparison/counterfactual.

d. Comparison Experiences and Study Context

Describe any intervention or programming your team will provide to the individuals in the comparison group. Indicate any other TPP-relevant programming the comparison group members might receive in addition to programming provided by your project team (e.g., for example, business as usual programming provided by the study sites). Contrast the proposed comparison group experience to the experience of individuals receiving the intervention. Describe how the team will ensure that the experiences of both the intervention and comparison groups would be sufficiently different from each other.

Confirm that the study groups will have different levels of exposure to TPP content. Describe why the proposed programming for the comparison group will not affect contrast between the groups.

e. Data Collection Plan and Outcomes

Describe your plans for obtaining data for the study. Specify what data will you obtain, and clearly state how the data aligns with the outcomes for your research questions. Indicate the timing of data collection. Most projects collect baseline data, short-term follow-up data, and either intermediate or long-term follow-up data (Section A.2.b). Describe any systems that you will use to enter and store data. Justify why your data collection plan is likely to be successful.

If conducting surveys, describe the survey instrument(s) you will administer. Indicate how you will administer surveys to participants (e.g., by phone, in-person, web-based). Indicate whether the mode of data collection is the same for the intervention and comparison groups. Indicate the proposed timeline for participant recruitment, consent and assent, and data collection. Demonstrate that all proposed data collections will take place within the 5-year period of performance. Align this information with the project work plan in the appendix. If you propose using secondary or administrative data for your analysis, describe the secondary data source(s) that you would use. Indicate how and from whom you would obtain permission for obtaining the data. Verify that the timing of the data would align with the timing of your project. Describe the variables that align with your research questions and verify that outcomes would be available for both the intervention (treatment) and counterfactual (comparison or control) groups. Summarize your evaluator's relevant experience with the collection and analysis of the type(s) of data you propose for the study (you may reference information contained in your capacity section below; See Section C.1.a.6).

f. Human Subjects Protections, Data Privacy and Security

Identify the Institutional Review Board (IRB) you will use during the study, including the Federal-wide Assurance number and IRB registration number. Include a proposed timeline for acquiring the approval of the IRB for the proposed activities. Any award based on your application does not supersede the need for IRB review, approval, or determination of an exemption. **Do not** include in your application the package prepared for your IRB review.

Discuss your process for obtaining consent and assent from study participants. Describe the estimated rate of consent for study participants and provide a reasonable justification of the expected consent rate based on previous studies conducted by your team. Discuss the timing of the consent process relative to the formation of the study groups (for an RCT, this would be relative to the timing of random assignment). Estimate the number or proportion of sample members who will provide consent, relative to the number of individuals recruited for potential participation. Provide evidence that the evaluation team has achieved a similar consent rate in a similar evaluation. If consent must happen after random assignment, describe how your team will keep the consent process blind to treatment status.

Describe how you will securely store any sensitive data collected from study participants.

g. Statistical Power, and Minimal Detectable Effect (MDE) Size

Describe how you plan to estimate the causal impact of the intervention. Show the minimum detectable effect (MDE) size needed for an impact and explain how you calculated the MDE.

Estimate the statistical power for the study and demonstrate that the power is consistent with study design. Describe the statistical power analysis used to arrive at the sample size. Calculate a Minimum Detectable Effect (MDE) that has an 80% chance of being statistically significant at a specific alpha level, for each outcome. Describe the outcomes and assumptions used in the statistical power calculations. Provide sufficient justification as to why the study will find an effect larger than the MDE calculated.

If you plan to conduct analyses of subgroups, present additional statistical power analyses to estimate those MDEs.

h. Sample Size, Recruitment, and Retention

State your proposed sample size, based on your Power calculations above. Explain the plan to recruit participants for the study and justify that your team can recruit the full sample within the period of performance at the proposed implementation sites or communities. Indicate how you will maximize the participation of individuals who are part of the evaluation sample – both treatment and comparison groups. Indicate whether the IRB is likely to approve any proposed incentives. Describe how the incentives would successfully improve participation. Describe and justify the expected survey response rates. Describe any barriers and challenges to participant recruitment and retention you expect to encounter and how you plan to address them.

We expect most evaluation designs to be sufficiently well-powered to detect impacts for the primary research question(s) (80 percent chance of being statistically significant at the $p < .05$ level). We encourage applicants with anticipated small sample sizes (e.g., projects in juvenile justice or foster care settings) to propose Bayesian analyses to supplement their analysis or to propose other approaches suited to small samples with a and justification for the approach. Examples of relevant evaluation technical assistance resources are in Section I.5.

Describe how you will maintain sufficient participant contact information that will ensure the evaluation team can maintain contact with participants throughout the entire study.

i. Readiness and Feasibility

Describe the readiness of all study materials, processes, and procedures. The materials should include participant materials delivered to either the treatment or comparison groups, study instruments, and Institutional Review Board (IRB) application materials, etc. You should reference the timelines in your project's work plan (Section D.3.c). Demonstrate that your project is likely to be ready for full implementation by the end of the 12-month planning period.

j. Biases, Limitations, Threats to Validity, and Independence of Evaluation

Explain how you will conduct the evaluation through a credible and neutral process, including evaluation staff who do not have perceived or actual conflict of interest and can remain independent from the intervention. Tell us how you will ensure that the evaluation and the implementation of the intervention are independent from each other.

Explain any other limitations and biases, and how you plan to address them.

k. Supplemental analyses

Describe and justify any supplemental or exploratory analyses you plan to complete in addition to the impact and implementation evaluation. The additional analyses may include cost studies, qualitative data analyses, core components analyses, etc. Include any exploratory analyses proposed to uncover relationships between variables.

You may use the Treatment on Treated (TOT) Framework for supplemental analyses (ACF OPRE, 2016). If you do, demonstrate that you can complete the supplemental analyses by the end of the project and with the proposed staffing level without compromising the quality of the impact evaluation.

3. Implementation Evaluation and Project Improvement

Describe how you will monitor the implementation of the intervention throughout the study. Indicate the criteria that you will use to assess whether your intervention's implementation occurred as you intended. Indicate how will you measure the dosage (the amount of the intervention received by participants). Describe what fidelity adherence to the key project activities looks like and how you will monitor this during the study. Tell us how you will assess overall quality of implementation. You may use the TPP performance measures (Section I.6) as a basis for your dosage, fidelity adherence, and quality metrics. Indicate any other implementation metrics that you intend to track.

Tell us how you will collect and assess participant engagement. Indicate how will you monitor the context within which the study takes place and how you would ensure that your project does not duplicate other programming already offered within proposed sites or communities. Include any benchmarks that will you set for the implementation measures to ensure successful implementation of the intervention. Describe how will you use the implementation data to assess and improve the project.

Describe how you will monitor the experience of the comparison group throughout the study, including programming that comparison group members may receive outside the study. Indicate what data your team will use, and how often you will collect and assess that data.

Describe the process for monitoring the quality of the evaluation as it is occurring. Indicate what data you will use in the monitoring process, such as sample intake, response rates at baseline and follow-up, and intervention participation rates, etc. Indicate who would collect, monitor, and review the implementation data, how often you would review the data, and to describe how you

might use the data to make project improvements.

Describe how you will obtain, review, and use feedback from the intervention participants, end users, and other key community members, on the project throughout the period of performance.

Describe how any state and local policies at your sites may affect data collection and your plans to address any challenges, particularly in collecting the uniform TPP performance measures.

4. Organizational Capability, Partnerships, and Staffing

Describe your organization's capability to successfully manage and implement the proposed rigorous evaluation project. You should describe the structure of your organization (or the division of a larger agency which will have responsibility for this project), the nature and scope of its work, and the relevant capabilities it possesses. Describe the relevant capabilities of your organization not included elsewhere in the project narrative. Include and refer to your organizational chart in your appendices (See Section D.3.c).

Name all the organizations that you plan work with on the project. Indicate the roles and responsibilities of each organization on the project. The roles may include serving as study sites, recruiting study participants, implementing the intervention, or collecting data, etc. Describe clearly how each organization will contribute to achieving the project's objectives and outcomes. You should include supporting documentation for the partnerships (MOAs or LOCs) as described in Section D.3.c. For any proposed partnerships where an MOA will not be available when you submit your application, describe the timeline for securing an MOAs.

Identify the key personnel for the project, describe their role on the project, and include their organization of affiliation. Key personnel should include at minimum the Principal Investigator/Project Director (PI/PD) and Lead Evaluator for the project. Identify any additional project personnel whose contributions are essential to the project. Summarize the relevant skills, experience, and training for each key personnel position that demonstrates the person selected is well-suited to their role on the project.

Describe the PI/PD's relevant experience in overseeing, leading, and implementing projects of similar size and scope, with similar populations or settings, and using similar evaluation designs as that proposed.

Describe the Lead Evaluator's previous experience or training in conducting impact evaluations with a design similar to the design proposed; conducting implementation evaluations or process studies; working with similar interventions and populations; maintaining high sample retention and response rates; and managing and analyzing data. Show clearly that the Lead Evaluator has previous success using the methods proposed for this study and has familiarity with any administrative datasets proposed for use in the study. You may refer to the CVs/resumes/biosketches in the Appendices (Section D.3.c).

Explain why the proposed evaluation team has the capability to successfully execute the evaluation design. Explain why the staffing of the evaluation team is sufficient to successfully

complete all aspects of the study, including management, oversight, evaluation monitoring, data collection, data preparation, data analysis, and report writing. Provide evidence from previous evaluations that demonstrates successful recruitment, engagement, and retention of the participants throughout the study. Describe the evaluation team's experience disseminating evaluation findings and lessons learned in peer-reviewed publications, presentations at professional meetings, and briefings with key partners.

Describe who will be responsible for implementing the intervention and justify that the intervention team can deliver the intervention with high quality. Include any relevant, prior experience the implementation team has working with the priority population, within the proposed setting, and with the intervention (or similar interventions). Identify the team members or partner organizations responsible for implementing the intervention. Describe the successful results the intervention team has implementing interventions like the proposed project; successful results might include, for example, interventions conducted with high levels of participant engagement, attendance, participant satisfaction, or high quality. Support the information you provide with CVs/resumes/biosketches or position descriptions within your appendices.

Indicate any additional team members or partnering organizations that will recruit participants. Describe their ability to recruit a sample of the priority population large enough to meet the sample size estimates indicated earlier within your evaluation design.

Indicate whether any of your project team has previous experience collecting participant feedback and using the feedback to adjust programs.

Identify any plans to hire additional staff after an award, including a timeline for when you would hire them. You should include job descriptions in your appendices for any open positions.

Describe how you will assess and deliver any training and professional development for project staff relevant to their role, including training in delivering the intervention. Your plan should ensure that all staff responsible for implementing and evaluating the intervention are well-trained and prepared to successfully fulfill their roles and responsibilities. Indicate how you and your partners will hire and retain staff who are qualified, well-trained, and actively engaged in the project.

5. Project Management and Work Plan

Describe your project management approach with reference to the Work Plan table or chart submitted in your appendices (Section D.3.c). Specify who would have day-to-day responsibility for key tasks such as: leadership of the overall project, monitoring the evaluation, monitoring the quality of intervention implementation, preparation of reports; dissemination activities, and communications with other partners and HHS/OASH. Describe the approach that you will use to monitor and track progress on the project's tasks and objectives.

Clearly identify the individual who will serve as the PI/PD and that individual's qualifications, competing time commitments, and related ongoing projects. HHS/OASH expects that,

throughout the award period, the PI/PD will have substantial knowledge about all aspects of the project.

Include the time that your key project staff will spend on the project relative to their other commitments and justify that the proposed commitment to this project is sufficient for completion of all project goals, objectives, and activities, described in your work plan.

b. Budget Narrative Content

You must complete the required budget forms and submit a budget narrative with detailed justification as part of your application. You must enter the project budget on the Budget Information Non-construction Programs standard form (SF-424A) according to the directions provided with this standard form. The budget narrative consists of a detailed line-item budget that includes calculations for all costs and activities by "object class categories" identified on the SF-424A and justification of the costs.

Project budget calculations must include estimation methods, quantities, unit costs, and other similar quantitative detail sufficient to verify the calculations. If matching or cost sharing is required, you must include a detailed listing of any funding sources identified in box 18 of the SF-424 (Application for Federal Assistance). You must state the method you are selecting for your indirect cost rate. See Indirect Costs (Section D.3.b.1.o)) for further information. If you are providing in-kind contributions of any type or value, including costs otherwise covered by your indirect cost rate, you must identify those costs, and you should, as appropriate, include the value of the in-kind contribution as proposed cost-sharing (voluntary or required) (45 C.F.R. § 75.306).

Please be sure to carefully review Section D.7 Funding Restrictions for specific information regarding allowable, unallowable, and restricted costs.

You must provide an object class category budget using Section B, box 6 of the SF-424A for the first year of the proposed project. For awards with an anticipated period of performance of one year or less, this will be the budget request for the entire project. Provide a budget justification, which includes explanatory text and line-item detail, for the entire first year of the proposed project. The budget narrative should describe how the categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs.

For subsequent budget years in an anticipated multi-year project, provide a summary narrative and line-item budget for each year beyond the first. For categories or items that differ significantly from the first budget year, provide a detailed justification explaining these changes.

Do not include costs beyond the first budget period in the object class budget in box 6 of the SF-424A or box 18 of the SF-424; the amounts entered in these sections should only reflect the first budget period.

Your budget narrative should justify the overall cost of the project as well as the proposed cost per activity, service delivered, and/or product. For example, the budget narrative should define the amount of work you have planned and expect to perform, what it will cost, and an explanation of how the result is cost effective. If you are proposing to provide services to clients,

you should describe how many clients you expect to serve, the unit cost of serving each client, and how this is cost effective.

Use the following guidelines for preparing the detailed object class budget required by box 6 of the SF-424A. The object class budget organizes your proposed costs into a set of defined categories outlined below. Both federal and non-federal resources (if applicable) must be detailed and justified in the budget narrative. "Federal resources" refers only to the HHS/OASH funds for which you are applying under this NOFO. "Non-federal resources" are all other non-HHS/OASH federal and non-federal resources. We recommend you present budget amounts and computations in a columnar format: first column, object class categories; second column, federal funds requested; third column, non-federal resources; and last column, total budget.

Sample Budget Table

Object Class	Federal Funds Requested	Non-federal Resources	Total Budget
Personnel	\$100,000	\$25,000	\$125,000

Subrecipient/contract and consultant detailed costs should all be included in those specific line items, not in the overall project object class line items. For example, subrecipient travel should be included in the Contractual line item not in Travel. **Subrecipient/contract and consultant activities must be described in sufficient detail to describe accurately the project activities that each will conduct.**

1. Object Class Descriptions and Required Justifications

a. Personnel Description

Costs of staff salaries and wages, excluding benefits.

b. Personnel Justification

Clearly identify the PD/PI, if known at the time of application. Provide a separate table for personnel costs detailing for each proposed staff person: the title; full name (if known at time of application), time commitment to the project as a percentage or full-time equivalent; annual salary and/or annual wage rate; federally funded award salary; non-federal award salary, if applicable; and total salary. No salary rate may exceed the statutory limitation in effect at the time you submit your application (see D.7.2) Funding Restrictions, *Salary Rate Limitation* for details). Do not include the costs of consultants, personnel costs of delegate agencies, or of specific project(s) and/or businesses to be financed by the applicant. **Contractors and consultants should not be placed under this category.**

Sample Personnel Table

Position Title and Full Name	Percent Time	Annual Salary	Federally -funded Salary	Non-federal Salary	Total Project Salary

Project Director, John K. Doe	50%	\$100,000	\$50,000	\$0	\$50,000
Data Assistant, Susan R. Smith	10%	\$30,000		\$3,000	\$3,000

c. Fringe Benefits Description

Costs of employee fringe benefits unless treated as part of an approved indirect cost rate.

d. Fringe Benefits Justification

Provide a breakdown of the amounts and percentages that comprise fringe benefit costs such as health insurance, Federal Insurance Contributions Act (FICA) taxes, retirement insurance, and taxes.

e. Travel Description

Costs of travel by staff of the applicant organization only. **Do not** include travel costs for subrecipients or contractors under this object class.

f. Travel Justification

For each trip proposed for applicant organization staff only, show the date of the proposed travel, total number of traveler(s); travel destination; duration of trip; per diem; mileage allowances, if privately owned vehicles will be used; and other transportation costs and subsistence allowances. **Do not** include travel costs for subrecipients or contractors under this object class.

g. Equipment Description

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. (Acquisition cost means the cost of the asset including the cost to ready the asset for its intended use.

Acquisition cost for equipment, for example, means the net invoice price of the equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Acquisition costs for software includes those development costs capitalized in accordance with generally accepted accounting principles (GAAP). Ancillary charges, such as taxes, duty, protective in transit insurance, freight, and installation may be included in or excluded from the acquisition cost in accordance with the non-Federal entity's regular accounting practices.) See 45 C.F.R. § 75.2 for additional information.

h. Equipment Justification

For each type of equipment requested you must provide a description of the equipment; the cost per unit; the number of units; the total cost; and a plan for use of the equipment in the project; as well as a plan for the use, and/or disposal of, the

equipment after the project ends. An applicant organization that uses its own definition for equipment should provide a copy of its policy, or section of its policy, that includes the equipment definition; include this with your Budget Narrative file. Reference the policy in this justification and include the policy copy in your Budget Narrative file (not your appendices).

i. Supplies Description

Costs of all tangible personal property other than those included under the Equipment category. This includes office and other consumable supplies with a per-unit cost of less than \$5,000.

j. Supplies Justification

Specify general categories of supplies and their costs. Show computations and provide other information that supports the amount requested.

k. Contractual Description

Costs of all contracts or subawards for services and goods except for those that belong under other categories such as equipment, supplies, construction, etc. Include third-party evaluation contracts, if applicable, and contracts or subawards with subrecipient organizations (with budget detail), including delegate agencies and specific project(s) and/or businesses to be financed by the applicant. **This line item is not for individual consultants.**

l. Contractual Justification

Demonstrate that all procurement transactions will be conducted in a manner to provide, to the maximum extent practical, open, and free competition. Recipients and subrecipients are required to use 45 C.F.R. § 75.329 procedures and must justify any anticipated procurement action that is expected to be awarded without competition and exceeds the simplified acquisition threshold fixed by 41 U.S.C. § 134 and currently set at \$250,000. Recipients may be required to make pre-award review and procurement documents, such as requests for proposals or invitations for bids, independent cost estimates, etc., available to HHS/OASH.

Whenever you intend to transfer a substantive part of the project effort to another entity (including non-employee individuals), you must provide a detailed budget and budget narrative for each subrecipient/contractor, by title/name, along with the same supporting information referred to in these instructions. If you plan to select the subrecipients/contractors post-award and a detailed budget is not available at the time of application, you must provide information on the nature of the work to be transferred, the estimated costs, and the process for selecting the subrecipient/contractor.

m. Other Description

Enter the total of all other costs. Such costs, where applicable and appropriate, may include but are not limited to: consultants; insurance; professional services (including audit charges); space and equipment rent; printing and publication; training, such as

tuition and stipends; participant support costs including incentives, staff development costs; and any other costs not addressed elsewhere in the budget.

n. Other Justification

Provide computations, a narrative description, and a justification for each cost under this category.

o. Indirect Costs Description

Total amount of indirect costs. This category has one of two methods that you may select. You may only select one and must clearly identify that selection in your submitted budget.

- Your organization currently has an indirect cost rate approved by the Department of Health and Human Services (HHS) or another cognizant federal agency. You should enclose a copy of the current approved rate agreement in your Budget Narrative file. If you request a rate that is less than allowed, your authorized representative must submit a signed acknowledgement that the organization is accepting a lower rate than allowed.
- Per 45 C.F.R. § 75.414 (f) Indirect (F&A) costs, “any non-Federal entity [i.e., applicant] that has never received a negotiated indirect cost rate, ... may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. As described in § 75.403, costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate for a rate, which the non-Federal entity may apply to do at any time.”

The de minimis rate method only applies if you have never received an approved negotiated indirect cost rate from HHS or another cognizant federal agency. If you are waiting for approval of an indirect cost rate, you may request the 10% de minimis rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs to the award.

Indirect costs on Federal awards for training are limited to a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of \$25,000 (45 C.F.R. § 75.414 (c)(1)(i)).

p. Indirect Costs Justification

Provide the calculation for your indirect costs total, i.e., show each line item included in the base, the total of these lines, and the application of the indirect rate. If you have multiple approved rates, indicate which rate as described in your approved agreement is being applied and why that rate is being used. For example, if you have both on-campus and off-campus rates, identify which is being used and why.

q. Program Income Description

Program income means gross income earned by your organization that is directly generated by this project if funded except as provided in 45 C.F.R. § 75.307(f). Program income includes but is not limited to income from fees for services performed or the use or rental of real or personal property acquired under the award. Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulations, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them. See also 45 C.F.R. § 75.307 and 35 U.S.C. §§ 200-212 (applies to inventions made under Federal awards).

r. Program Income Justification

Describe and estimate the sources and amounts of program income that this project may generate, if funded. All program income generated as a result of awarded funds must be used within the scope of the approved project-related activities. Any program income earned by the recipient must be used under the addition/additive method unless otherwise specified in Section C.2. These funds should not be added to your budget, unless you are using the funds as cost sharing or matching, if applicable. This amount should be reflected in box 7 of the SF-424A.

s. Non-Federal Resources Description

Amounts of non-federal resources that will be used to support the project as identified in box 18 of the SF-424. For all federal awards, any shared costs or matching funds and all contributions, including cash and third-party in-kind contributions, must be accepted as part of the recipient's cost sharing or matching when such contributions meet all of the criteria listed in 45 C.F.R. § 75.306.

For awards that require matching by statute, you will be held accountable for projected commitments of non-federal resources in your application budgets and budget justifications by budget period or by period of performance for fully-funded awards, even if the justification by budget period, or by period of performance for fully-funded awards, exceeds the amount required. Your failure to provide the required matching amount may result in the disallowance of federal funds. If you are funded, you will be required to report these funds on your Federal Financial Reports.

For awards that do not require matching or cost sharing by statute or regulation, where "cost sharing" refers to costs of a project in addition to Federal funds requested that you voluntarily propose in your budget, if your application is successful, we will include this non-federal cost sharing in the approved project budget and you will be held accountable for the non-federal cost-sharing funds as shown in the Notice of Award (NOA). Failure to meet a cost sharing or matching obligation that is part of the approved project budget on the NOA may result in the disallowance of federal funds.

If you are funded, you will be required to report cost sharing or matching funds on your quarterly Federal Financial Reports. You will not receive any preference,

priority, or special consideration in the funding process for voluntarily including non-Federal cost sharing in your proposed budget.

t. Non-Federal Resources Justification

You must provide detailed budget information for every funding source identified in box 18. "Estimated Funding (\$)" on the SF-424. Provide this documentation as part of your Budget Narrative file, not your Appendices.

You must fully identify and document in your application the specific costs or contributions you propose in order to meet a matching requirement. You must provide documentation in your application on the sources of funding or contribution(s). In-kind contributions must be accompanied by a justification of how the stated valuation was determined. Matching or cost sharing must be documented by budget period (or by period of performance for fully-funded awards).

Unrecovered indirect costs may be included as part of your cost sharing or matching only with prior approval of the grants management officer. Your budget narrative must clearly state that it is your intent to include unrecovered indirect costs as part of your cost sharing or matching. You should include a copy of your negotiated cost rate to support the justification. Unrecovered indirect cost means the difference between the amount charged to the Federal award and the amount which could have been charged to the Federal award under your approved negotiated indirect cost rate. (See 45 C.F.R. § 75.306(c)).

If your application does not include the required supporting documentation for required or voluntary cost-sharing or matching, it will be disqualified from competitive review (Section C.4(k)).

2. Plan for Recipient Oversight of Federal Award Funds

You must include a plan for oversight of federal award funds which describes:

- how your organization will provide oversight of federal funds and how award activities and partner(s) will adhere to applicable federal award and programmatic regulations. Include identification of risks specific to your project as proposed and how your oversight plan addresses these risks.
- the organizational systems that demonstrate effective control over and accountability for federal funds and program income, compare outlays with budget amounts, and provide accounting records supported by source documentation.
- for any program incentives proposed, the specific internal controls that will be used to ensure only qualified participants will receive them and how they will be tracked.
- organizational controls that will ensure timely and accurate submission of Federal Financial Reports to the OASH Grants and Acquisitions Management Division via the Payment Management System as well as timely and appropriate withdrawal of cash from the Payment Management System.

If your internal controls are available online, it is recommended that you provide the link as part of your plan in the budget narrative. We have also included supplementary

information in Section I.1, which contains questions applicants may find useful in considering their Recipient Plans for Oversight of Federal Funds.

c. Appendices

All items described in this section will count toward the total page limit of your application. You must submit them as **a single electronic file** uploaded to the Attachments section of your Grants.gov application.

1. Work Plan

Your work plan should reflect, and be consistent with, the project narrative and budget narrative, and must cover all years of the proposed project. However, each year's activities should be fully attainable in one budget year. You may propose multi-year activities, as well as activities that build upon each other, but each phase of the project must be discreet and attainable within a single budget year. Your work plan should include a statement of the project's overall goal, anticipated outcome(s), key objectives, and the major tasks, action steps, or products that will be pursued or developed to achieve the goal and outcome(s). For each major task of each year, action step, or product, your work plan should identify the timeframes involved (including start- and end-dates), and the lead person responsible for completing the task. Activities/tasks should link to SMARTIE (specific, measurable, achievable, relevant, time-bounded, inclusive, and equitable) objectives, which then tie to overall goals and measurable outcomes (See the Resources in Section I.5 for more information about SMARTIE objectives). The work plan table should include tasks relevant to the evaluation and the implementation of the intervention. The work plan should include planning period activities (during the first year), all data collection activities, and allow 6-9 months at the end of the project for data analysis and reporting. The work plan should address all the expectations in Section A.2, such as developing program packages and dissemination plans. The work plan should be consistent with the project narrative.

2. Logic Model

Submit with its application a detailed logic model that describes the inputs, objectives, activities, outputs, and short- and long-term outcomes of the intervention being tested through the proposed project. All program objectives, activities, and anticipated outcomes shall be reflected in the logic model and demonstrate that the proposed project reflects a coherent approach. The logic model should visualize how the intervention's theory of change operates on participants to achieve the TPP-relevant outcomes.

3. Memoranda of Agreement (MOAs) and/or Letters of Commitment (LOCs)

If available at the time of submission, signed MOAs or signed LOCs may be submitted for each partner (or one signed MOA with all partners) and include specific roles, responsibilities, resources, and contributions of partner(s) to the project. Submit a signed MOA or LOC from the intervention developer/purveyor/copyright holder indicating that you may use the materials as described within the application in the project.

Signed LOCs must detail the specific role and resources that will be provided, or activities that will be undertaken, in support of the applicant. The organization's expertise, experience, and access to the targeted population(s) should also be described in the LOC. Fully-executed MOAs may be required within the first 30 days following the start of the project of any award made under this announcement.

MOAs and LOCs are not the same as letters of support. Letters of support are letters that are general in nature that speak to the writer's belief in the capability of an applicant to accomplish a goal/task. Letters of support also may indicate an intent or interest to work together in the future, but they lack specificity. You should NOT provide letters of support, and letters of support will not be considered during the review.

4. Organizational Chart

Include an organizational chart that reflects the management structure for the project and demonstrates where the project resides within the greater organization.

5. Curriculum Vitae/Résumés/Biosketches for Key Project Personnel

Submit with your application curriculum vitae, résumés, or biosketches of the Project Director/Principal Investigator, Lead Evaluator, and all other Key Personnel. Key Personnel includes those individuals who will oversee the technical, professional, managerial, and support functions and/or assume responsibility for assuring the validity and quality of your organization's program. This includes at a minimum Program Manager/Program Coordinator. You should use full names (first, middle, last) on these documents to distinguish them for verification in the System for Award Management exclusion records. You should use the formatting common to those documents. (See <https://grants.nih.gov/grants/forms/biosketch.htm> for templates and sample biographical sketches.)

6. References Cited

Include your references cited in your project narrative as an appendix. Include citations for all evidence of evaluations conducted on the proposed intervention to date. You may use any standard format that you choose as long as it will clearly lead the reader to your source of the information or data.

4. Unique Entity Identifier and System for Award Management (SAM)

Your organization must register online in the System for Award Management (SAM). Grants.gov will reject submissions from applicants with nonexistent or expired SAM Registrations. You will find instructions on the Grants.Gov web site as part of the organization registration process at <https://www.grants.gov/web/grants/applicants/organization-registration.html>.

To register your organization, you will need a unique entity identifier (UEI). On April 4, 2022, the federal government completed its transition to the twelve-digit UEI(SAM) number as the required UEI for registration in SAM.gov.

You may begin the registration process, including receiving your UEI(SAM) at <https://sam.gov/content/entity-registration>. An Entity Registration Checklist is available at https://www.fsd.gov/gsafsd_sp/sys_attachment.do?sys_id=d6d6b5f31b120dd0cc45ea04bc4bcb81. You may register in SAM as either an entity applying for Federal Assistance Awards Only (e.g., grants and cooperative agreements) or All Awards (including procurement awards).

The Entity Registration Checklist contains a list of representations and certifications that must be certified by the organization as part of the SAM registration process annually. This list is reproduced in Section I.4. In accordance with the federal government's efforts to reduce reporting burden for recipients, we have transitioned to the common certification and representation requirements within SAM and no longer require SF-424B. By submitting your application to this NOFO, your authorized representative also certifies to these representations and certifications by signing Box 21 of SF-424A

Whether you are registering a new entity or renewing your registration, you must submit a notarized letter formally appointing an Entity Administrator to SAM.gov. For detailed instructions on the content of the letter and process for domestic entities see: https://www.fsd.gov/gsafsd_sp?id=kb_article_view&sysparm_article=KB0016652&sys_kb_id=f228607a1b2e8d54937fa64ce54bcbdb&spa=1.

You should allow a minimum of five days to complete an initial SAM registration. Allow up to 10 business days after you submit your registration for it to be active in SAM. This timeframe may be longer if SAM flags the information you provide for manual validation. You will receive an email alerting you when your registration is active.

You must renew your SAM registration each year. Organizations registered to apply for Federal awards through <http://www.grants.gov> will need to renew their registration in SAM. If you are successful and receive an award, you must maintain an active SAM registration with current information at all times during which your organization has an active award or an application or plan under consideration by an HHS agency.

You should make sure your SAM registration information is accurate, especially your organization's legal name and physical address including your ZIP+4. Should you successfully compete and receive an award, your organization's legal name and physical address must be included on a Notice of Award as it appears in SAM registration.

For instructions on updating information in your SAM registration see https://www.fsd.gov/sys_attachment.do?sys_id=d08b64ab1b4434109ac5ddb6bc4bcbbc.

It may take 24 hours or more for SAM updates to take effect in Grants.gov, so if you plan to apply for this funding opportunity or think you might apply, you should ensure your organization's registration is active in SAM well before the application deadline and will be active through the competitive review period.

HHS/OASH cannot make an award until you have complied with these requirements. In accordance with 2 C.F.R. § 25.205, at the time an award is ready to be made, if you have not complied with these requirements, HHS/OASH:

- May determine that you are not qualified to receive an award; and
- May use that determination as a basis for making an award to another applicant.

Should you successfully compete and receive an award, all first-tier sub-award recipients must have a UEI number at the time you, the recipient, make a sub-award to them.

5. Submission Dates and Times

You must submit your application for this funding opportunity by **the date and time indicated below**. Your submission time will be determined by the date and time stamp provided by Grants.gov when you **complete** your submission.

If you fail to submit your application by the due date and time, we will not review it, and it will receive no further consideration. You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or with <https://grants.gov>. Grants.gov can take up to 48 hours to notify you of a successful or rejected submission. You are better off having a less-than-perfect application successfully submitted and under consideration than no application.

If your submission fails due to a system problem with Grants.gov, we may consider your application if you provide verification from Grants.gov indicating system problems existed at the time of your submission **and that time was before the submission deadline**. A “system problem” does not include known issues for which Grants.gov has posted instructions regarding how to successfully submit an application such as compatible Adobe versions or file naming conventions. **As the applicant, it is your responsibility to review all instructions available on Grants.gov regarding successfully submitting an application.**

a. Application Deadline

May 17, 2023

Your application is due by 6:00 PM Eastern Time

You must submit electronically via Grants.gov unless you obtain a written exemption from this requirement 2 business days in advance of the deadline from the Director, Grants and Acquisitions Management (GAM) Division, Office of the Assistant Secretary for Health (OASH), Department of Health and Human Services (HHS). To obtain an exemption, you must request one via email from GAM, and provide details as to why you are technologically unable to submit electronically through Grants.gov. Your request should be submitted at least 4 business days prior to the application deadline to ensure your request can be considered prior to 2 business days in advance of the deadline.

If you request an exemption, include the following in your e-mail request: the HHS/OASH announcement number; your organization's UEI number; your organization's name, address and telephone number; the name and telephone number of your Authorizing Official; the Grants.gov Tracking Number (e.g., GRANT####) assigned to your submission; and a copy of the "Rejected with Errors" notification from Grants.gov. Send the request with supporting documentation to

OASH_Grants@hhs.gov.

Failure to have an active System for Account Management (SAM) registration prior to the application due date will not be grounds for receiving an exemption to the electronic submission requirement. Failure to follow Grants.gov instructions to ensure software compatibility will not be grounds for receiving an exemption to the electronic submission requirement.

GAM will only accept applications via alternate methods (hardcopy paper via U.S. mail or other provider or PDF via email) from applicants obtaining prior written approval. If you receive an exemption, you must still submit your application by the deadline. Only applications submitted through the Grants.gov portal or alternate format (hardcopy paper via U.S. mail or other service or PDF via email) with an approved written exemption will be accepted. See Section D.8 (“Other Submission Requirements”) for information on application submission mechanisms.

To ensure adequate time to submit your application successfully, OASH recommends that you register as early as possible in Grants.gov because the registration process can take up to one month. You must register an authorizing official for your organization. OASH does not determine your organization’s authorizing official; your organization makes that designation. For information on registering for Grants.gov, refer to <https://grants.gov> or contact the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding Federal holidays) at 1-800-518-4726 or support@grants.gov.

Your organization is strongly encouraged to register multiple authorized organization representatives in Grants.gov to ensure someone is available to submit your application.

b. Technical Assistance

We will provide a technical assistance webinar for potential applicants on March 20, 2023, at 3:00 PM Eastern. Login details will be posted at <https://opa.hhs.gov/>.

We recommend you review the entire NOFO promptly, so that you can have any questions answered well in advance of the application due date. We also recommend you subscribe to this NOFO in Grants.gov, so that you will receive any amendments, question and answer documents, or other updates.

6. Intergovernmental Review

This program is not subject to the Intergovernmental Review requirements of Executive Order 12372, “Intergovernmental Review of Federal Programs,” as implemented by 45 C.F.R. part 100.

7. Funding Restrictions

Direct and Indirect Costs proposed and, if successful, charged to the HHS/OASH award must meet the cost requirements of 45 C.F.R. part 75 “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards,” Subpart E—Cost Principles. These

requirements apply to you, the applicant, and any subrecipients. You should thoroughly review these regulations before developing your proposed budget.

Indirect costs may be included per 45 C.F.R. § 75.414. See Section D.3.b Budget Narrative for more information. To obtain a negotiated indirect cost rate with the Federal Government you may contact the U.S. Department of Health and Human Services Cost Allocation Services (CAS) regional office that is applicable to your State. CAS regional contact information is available at <https://rates.psc.gov/fms/dca/map1.html>.

a. Pre-Award Costs

Pre-award costs are NOT allowed.

Pre-award costs (per 45 C.F.R. § 75.458) are those incurred prior to the effective date of the Federal award directly pursuant to the negotiation and in anticipation of the Federal award where such costs are necessary for efficient and timely performance of the scope of work.

b. Salary Rate Limitation

Each year's appropriations act limits the salary rate that we may award and you may charge to HHS/OASH grants and cooperative agreements. You should not budget award funds to pay the salary of an individual at a rate in excess of Federal Executive Pay Scale Executive Level II. As of January 2023, the Executive Level II salary is \$212,100. This amount reflects an individual's base salary exclusive of fringe benefits and any income that an individual working on the award project may be permitted to earn outside of the duties to the applicant organization. This salary rate limitation also applies to subawards/subcontracts under an HHS/OASH award. An example of the application of this limitation for an individual devoting 50% of their time to this award is broken down below:

Individual's <i>actual</i> base full-time salary: \$350,000 50% of time devoted to project, i.e., 0.5 FTE	
Direct salary (\$350,000 x 0.5)	\$175,000
Fringe (25% of salary)	\$43,750
Total	\$218,750
Amount that may be claimed on the application budget due to the legislative salary rate limitation: Individual's base full-time salary <i>adjusted</i> to Executive Level II: \$212,100 with 50% of time devoted to the project	
Direct salary (\$212,100 x 0.5)	\$106,050

Fringe (25% of salary)	\$26,512.50
Total amount allowed	\$132,562.50

Appropriate salary rate limits will apply as required by law.

8. Other Submission Requirements

a. Electronic Submission

HHS/OASH requires that all applications be submitted electronically via the Grants.gov portal unless an exemption has been granted. If you submit an application via any other means of electronic communication, including facsimile or electronic mail, it *will not* be accepted for review unless you receive an exemption as described in the DATES section of this announcement.

You may access the Grants.gov website portal at <https://grants.gov>.

Applications, excluding required standard forms, must be submitted as three (3) files (see acceptable file types below). One file must contain the entire Project Narrative, another the entire Budget Narrative including supporting documentation described in the Budget Narrative content section; and the third file must contain all documents in the Appendices. Any additional files submitted as part of the Grants.gov application will not be accepted for processing and will be excluded from the application during the review process.

Any files uploaded or attached to the Grants.gov application must be Adobe PDF, Microsoft Word, or image formats (JPG, GIF, TIFF, or BMP only) and must contain a valid file format extension in the filename. **We will not accept Microsoft Excel files.**

In addition, the use of compressed file formats such as ZIP, RAR, or Adobe Portfolio will not be accepted. We will not contact you for resubmission of uncompressed versions of files. Compressed files in the application will not be forwarded to the independent merit review panel for consideration.

We strongly recommend that electronic applications be uploaded as Adobe PDF. If you convert to PDF prior to submission, you may prevent any unintentional formatting that might occur with submission of an editable document. Although Grants.gov allows you to attach any file format as part of your application, we restrict this practice and only accept the file formats identified above for compatibility with our other systems. Any file submitted as part of the Grants.gov application that is not in a file format listed above will not be accepted for processing and will be excluded from the application during the review process.

Any file submitted as part of the Grants.gov application that contains password protection will not be accepted for processing and will be excluded from the application during the review process. We will not contact you for passwords or resubmission of unprotected files.

Unprotected information in the application will be forwarded for consideration but password protected portions will not. You should avoid submitting personally identifiable information such as personal contact information on résumés.

You must submit your application in a format that can easily be copied and read by reviewers. We do not recommend that you submit scanned copies through Grants.gov unless you confirm the clarity of the documents. Pages cannot be reduced resulting in multiple pages on a single sheet to avoid exceeding the page limitation. If you submit documents that do not conform to these instructions, we will exclude them from your application during the review process.

b. Important grants.gov Information

You may access the electronic application for this program on <https://grants.gov>. You must search the downloadable application page by the Opportunity Number or Assistance Listing (formerly CFDA) number, both of which can be found on page 1 of this funding opportunity announcement.

To ensure successful submission of your application, you should carefully follow the step-by-step instructions provided at <http://www.grants.gov/web/grants/applicants/apply-for-grants.html>. These instructions are kept up-to-date and also provide links to Frequently Asked Questions and other troubleshooting information. **You are responsible for reviewing all Grants.gov submission requirements on the Grants.gov site.**

You should contact Grants.gov with any questions or concerns regarding the electronic application process conducted through Grants.gov. See Section G.3 for contact information.

See Section D.4 for requirements related to UEI numbers and SAM registration.

c. Program-Specific Requirements

There are no program specific requirements.

E. APPLICATION REVIEW INFORMATION

1. Criteria

Federal staff and an independent review panel will assess all eligible applications according to the following criteria. Disqualified applications will not be reviewed against these criteria.

a. Significance of the Proposed Intervention (30 points)

- The application demonstrates the intervention's significance to the TPP/adolescent health field and innovation in addressing gaps for reducing unintended teen pregnancy, and the behavioral risk factors or other associated risk factors underlying teen pregnancy. The intervention does this through its delivery mechanism, duration, the focus population, the setting, the topics, and themes covered. Behavioral risk factors may include sexual activity, number of sexual partners, contraceptive use, sexually transmitted infections (STIs), etc. Other risk factors may include mental health, educational attainment, healthy relationships, intimate partner violence, substance use, etc.
- The articulated theory of change is reasonable, consistent with the intervention, and supported by compelling preliminary research that demonstrates the intervention is likely

to reduce unintended teen pregnancy, sexually transmitted infections (STIs), behavioral risk factors underlying teen pregnancy, or other associated risk factors.

- The evidence of end-user feedback and other information demonstrate that the intervention is well-suited for the proposed implementation. The project includes processes to ensure that the materials are medically accurate, age-appropriate, complete, culturally and linguistically appropriate, trauma-informed, user-centered, and inclusive of all youth. Previous studies indicate that the program was well-liked by participants.

b. Evaluation Design: Research Question and Study Design (15 points)

- The proposed research questions are well-reasoned, focused, well-aligned with the intervention's theory of change, and clearly address the reduction of unintended teen pregnancy, behavioral risk factors underlying unintended teen pregnancy, or other associated risk factors for unintended teen pregnancy. At least one research question assesses the intervention's impact on a sexual risk behavior associated with unintended teen pregnancy. Behavioral risk factors may include sexual activity, number of sexual partners, contraceptive use, sexually transmitted infections (STIs), etc. Other risk factors may include mental health, educational attainment, healthy relationships, intimate partner violence, substance use, etc.
- The applicant proposes an appropriate type of impact study with comparison group (either a Randomized Control Trial or a Quasi-Experimental Design) and justifies why the evaluation design proposed is the most rigorous feasible for the setting and intervention and is realistic a 5-year project.

c. Evaluation Design: Methodology (25 points)

- The applicant adequately justifies that assignment of participants to the treatment and comparison groups will ensure baseline equivalence and proper contrast between the groups for the research question.
- The estimated statistical power for the study is consistent with study design to ultimately demonstrate the effectiveness of the intervention. The statistical power analysis used to arrive at the sample size includes the Minimum Detectable Effect (MDE) that has an 80% chance of being statistically significant at a specific alpha level, for each outcome. The application considers the outcomes and assumptions used in the statistical power calculations, including presence in the area of similar interventions and available target sample, the description is consistent with the proposal as a whole.
- The applicant indicates a feasible sample size for the study, consistent with the proposed power calculations, and a clear and realistic rationale for how the team could recruit and retain enough participants to reach the proposed sample size, while accounting for attrition. The applicant describes an effective approach to maximizing and maintaining the participation of individuals within the evaluation sample. The applicant justifies its expected survey response rates, discusses potential challenges to recruitment and retention, and proposes a sound approach to addressing them.
- The application includes a sound, feasible data collection plan that will succeed. The applicant specifies the source(s) of data they will use in the study and clearly demonstrates that the evaluation team has the relevant expertise with the data collection methods and sources proposed. The applicant describes outcomes in the data collection plan that align with the intervention's logic model, theory of change, and the proposed

research questions. The timelines for data collection are realistic for a 5-year project and are consistent with the project work plan.

- The extent to which the applicant clearly describes how they would conduct the study in a credible and neutral manner, including at a minimum, evaluation staff who do not have perceived or actual conflict of interest and can remain independent of the intervention. The extent to which the applicant clearly discusses study limitations and biases and presents a sound plan that is likely to address them.
- The applicant describes a sound and feasible process for protecting human subjects that is likely to obtain participant consent and assent and secure sensitive data with appropriate IRB oversight and approval. The applicant described a feasible timeline for obtaining IRB approval(s) with the identified the IRB(s) by name.

d. Implementation of the Intervention and Project Improvement (15 points)

- The proposed implementation plan is a clear and feasible approach for ensuring a high-quality implementation of the intervention throughout the study with adequate monitoring of dosage, fidelity, overall quality of implementation, participant engagement and satisfaction, sample intake, participation, and response rates. The plan describes how and when the applicant will collect and use data to assess and improve the project. The applicant describes a sound plan to monitor the context of the evaluation and the experience of the comparison group.
- The applicant clearly describes the role(s) of all proposed partners and provides a compelling rationale for choosing its partners. The strength of proposed partnerships overall is adequate to support project activities. Signed Memoranda of Agreement (MOAs) or Letters of Commitment (LOCs) within the appendices support the partnership demonstrate the level of commitment needed for the project to be successful.
- The applicant describes a feasible and equitable strategy for engaging end-users of the intervention in the ongoing planning and implementation of the entire project. The proposed strategies are likely to obtain significant input from members of the priority population in the implementation of the intervention, conduct of the evaluation, and dissemination of findings.
- The applicant organization, its partners, and staff including the lead evaluator, PI/PD, and key project staff, demonstrate sufficient capacity and capability to successfully complete the proposed project within 5 years. The applicant demonstrates capacity i through sufficient staffing assignments; staff with the necessary and relevant experience, qualifications, and training; previous experience managing rigorous evaluation studies similar in size and scope to the proposed project; and examples of successful rigorous evaluation studies in similar settings and contexts and with similar populations as the proposed study.
- The project team demonstrates past success in project planning and improvement for the recruitment and retention of the intended population, collecting data, analyzing data, reporting on evaluation studies, and engaging community members and end-users.
- The application clearly identifies the team members/organizations responsible for implementing the intervention, and they demonstrate prior experience working with the priority population and within the proposed implementation setting. The intervention team has a clear track record of implementing interventions similar to the proposed

project. Resumes/biosketches/CVs/position descriptions within the appendices clearly support the information within the narrative.

e. Project Management and Work Plan (10 points)

- The application describes a reasonable plan for appropriate oversight for the project to manage the implementation of the intervention and its evaluation including monitoring each activity and collaboration partner. The application clearly demonstrates that the PI/PD and other key personnel have sufficient availability to ensure adequate oversight. An organization chart within the appendices supports the information in the narrative.
- The application provides a reasonable and feasible timeline for successfully completing the project within 5 years, realistically accounts for the readiness of project materials and staffing levels, and includes a planning period of up to 12 months. The project timeline includes all study implementation activities and is consistent with the evaluation design. Data collection concludes at least 6 months from the end of the project to allow sufficient time for analysis and report writing.
- The work plan is consistent with the project narrative, includes plans for disseminating project findings and lessons learned, and includes plans to document the intervention with sufficient detail so that others may replicate it after end of the award.

f. Budget (5 points)

- The budget and budget narrative are detailed, reasonable, realistic, adequate, cost-efficient, and aligned with the technical approach and work plan.

2. Review and Selection Process

An independent review panel will evaluate applications that are not disqualified and meet the responsiveness criteria (Section C.3). These reviewers are experts in their fields, and are drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies. Based on the Application Review Criteria as outlined under Section E.1, the reviewers will comment on and rate the applications, focusing their comments and ratings on the identified criteria. In addition to the independent review panel, Federal staff will review each application for programmatic, budgetary, and grants management compliance.

The Deputy Assistant Secretary for Population Affairs will provide recommendations for funding to the Grants Management Officer to conduct risk analysis. No award decision is final until a Notice of Award is issued by the Grants Management Officer.

In providing these recommendations, the Deputy Assistant Secretary for Population Affairs will take into consideration the following additional factors(s):

- Equitable geographic distribution
- Non-duplication of or overlap with existing interventions
- Diversity of any of the following: interventions, populations of focus, settings, and delivery mechanisms or location
- Technical components in the evaluation design or intervention resulting in an unacceptable risk of meeting proposed project objectives.

3. Review of Risk Posed by Applicant

GAM will evaluate, in accordance with 45 C.F.R. § 75.205, each application recommended for funding by the program official indicated in Review and Selection Process for risks before issuing an award. This evaluation may incorporate results of the evaluation of eligibility or the quality of an application. If we determine that a Federal award will be made, special conditions that correspond to the degree of risk assessed will be applied to the Federal award. Such conditions may include additional programmatic or financial reporting or releasing funds on a reimbursable rather than cash advance basis. We will use a risk-based approach and may consider any items such as the following:

- a. Your financial stability;
- b. Quality of management systems and ability to meet the management standards prescribed in 45 C.F.R. part 75;
- c. History of performance. Your record in managing Federal awards, if you are a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
- d. Reports and findings from audits performed; and
- e. Your ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

Prior to making a Federal award with a total Federal share greater than the simplified acquisition threshold (currently \$250,000), we are required to review and consider any information about you that is in the designated integrity and performance system accessible through the System for Award Management (SAM) (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). You may, at your option, review information in SAM and comment on any information about yourself that a Federal awarding agency previously entered and is currently available through SAM. We will consider any comments by you, in addition to the other information in the designated system, in making a judgment about your integrity, business ethics, and record of performance under Federal awards when completing the review of risk.

If we do not make an award to you because we determine your organization does not meet either or both of the minimum qualification standards as described in 45 C.F.R. § 75.205(a)(2), we must report that determination to FAPIIS, if certain conditions apply. At a minimum, the information in the system if you are a prior Federal award recipient must “demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics.” 45 C.F.R. § 75.205(a)(2);

see also 45 C.F.R. §75.212 for additional information.

4. Final Award Decisions, Anticipated Announcement, and Federal Award Dates

Upon completion of risk analysis and concurrence of the Grants Management Officer, OASH will issue Notices of Award. No award decision is final until a Notice of Award is issued. All award decisions, including the level of funding if an award is made, are final and you may not appeal.

OASH seeks to award funds as much in advance of the anticipated project start date shown in Section B “Federal Award Information,” as practicable, with a goal of 10-15 days. Note this is an estimated start date and award announcements may be made at a later date and with a later period of performance start date.

F. FEDERAL AWARD ADMINISTRATION INFORMATION

1. Federal Award Notices

We do not release information about individual applications during the review process. If you would like to track your application, please see instructions at <https://www.grants.gov/web/grants/applicants/track-my-application.html>.

The official document notifying you that an application has been approved for funding is the Notice of Award (NOA), approved by a Grants Management Officer within GAM. If you are successful, you will receive this document via a system notification from our grants management system (Grant Solutions) and/or via e-mail. This document notifies the successful recipient of the amount awarded, the purposes of the award, the anticipated length of the period of performance, terms and conditions of the award, and the amount of funding to be contributed by the recipient to project costs, if applicable.

If you receive an NOA, we strongly encourage you to read the entire document to ensure your organization’s information is correct and that you understand all terms and conditions. You should pay specific attention to the terms and conditions, as some may require a time-limited response. The NOA will also identify the Grants Management Specialist and Program Project Officer assigned to the award for assistance and monitoring.

If you are unsuccessful or deemed ineligible according to the disqualification criteria, you will be notified by OASH by email and/or letter. If your application was reviewed by the independent review panel, you may receive summary comments pertaining to the application resulting from the review process. We do not customarily release application scores.

You may receive a letter indicating that your application was “approved but unfunded.” This does not mean you will receive an award or funding. Applications designated “approved but unfunded” are typically kept active for up to one year. During that time, the program office may

consider an application with this status for award under this NOFO should funds become available. The status “approved but unfunded” does not guarantee that we will fund your project. We will not transfer an “approved but unfunded” application for consideration under a new NOFO. You would need to resubmit your application, with any updated material, for consideration under that new NOFO.

2. Administrative and National Policy Requirements

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 C.F.R. part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

In addition, your organization must comply with all terms and conditions outlined in the Notice of Award, the U.S. Department of Health and Human Services (HHS) Grants Policy Statement (GPS), requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable, as well as any requirements or limitations in any applicable appropriations acts. The current HHS GPS is available at <https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>. Please note HHS plans to revise the HHS GPS to reflect changes to the regulations; 45 C.F.R. parts 74 and 92 which have been superseded by 45 C.F.R. part 75.

You may only use award funds to support activities outlined in the approved project plan. If your application is funded, your organization will be responsible for the overall management of activities within the scope of the approved project plan. Please consult the HHS GPS Section II and 45 C.F.R. § 75.308 for aspects of your funded project that will require prior approval from the Grants Management Officer for any changes. Modifications to your approved project that will require prior approval include, but are not limited to: a change in the scope or the objective(s) of the project or program (even if there is no associated budget revision, such as reduction in services, closing of service or program site(s)); significant budget revisions, including changes in the approved cost-sharing or matching; a change in a key person specified in your application; reduction in time devoted to the project by the approved project director or principal investigator, either as percentage of full-time equivalent of 25% or more or absence for 3 months or more; or the subawarding, transferring or contracting out of any work that was not described in the approved proposal.

The termination provisions in 2 CFR §§ 200.340(a)(1)-(4) are the termination provisions that are applicable to awards issued under this NOFO. No additional termination provisions apply unless otherwise noted under Section F.3 Program Specific Terms and Conditions.

3. Program Specific Terms and Conditions

a. Performance Measures

If you are successful and receive a Notice of Award (NOA), you must collect uniform performance measures and report to us on a semi-annual basis. Section I.6 includes a list of the draft measures used within the TPP 2020 cohort (OMB #0990-0348 Expiration Date: August 2023, pending renewal). We will provide final measures for the TPP 2023 cohort during the first 6 months of the project. You would be required to obtain and document any necessary permissions to collect these data. Documentation may include formal agreements with partners (MOAs), consent forms from parent/guardians, copies of school district approvals, citation to state law, etc. to collect these data. You may be required to provide the supporting documentation for review, on request. You would have the responsibility to ensure you have appropriate permissions to collect all required performance measure data prior to collecting the data. There are no exceptions or waivers for this requirement.

While implementing and evaluating some non-curricular approaches, such as technological innovations, systems-level, and community-level approaches, you may find that some OPA measures or constructs (e.g., dosage, fidelity, and quality) are not relevant to your intervention. If you identify a need to change a measure, you would need prior approval from OPA to use alternate or proxy measures for dosage, fidelity, or quality. You would be required to develop the measures that future implementors of the intervention could use to monitor fidelity, quality, and dosage, and include those in the final program package (Section A.2.h.).

b. Paperwork Reduction Act Clearance Packages

If you are successful and receive a NOA, any collection of information you conduct as defined in 5 C.F.R. §1320.3(c) may require OMB clearance under the Paperwork Reduction Act if it is a requirement of your award to collect that information. You would be responsible for preparing the clearance package necessary to obtain Paperwork Reduction Act clearance and submitting it to the project officer. The project officer will assist in the submission of the package to OMB and notify you when the approval has been received or request additional information.

4. Closeout of Award

Upon expiration of your period of performance, you must submit within 120 days all necessary documentation to closeout your award. If we do not receive acceptable final performance, financial, and/or property reports in a timely fashion within the closeout period, and we determine that closeout cannot be completed with your cooperation or that of the PD/PI, we must complete a unilateral closeout with the information available to us. (See F.16 Reporting below for closeout reporting requirements.)

If you do not submit all reports within one year of the period of performance end date, we must report your material failure to comply with the terms and conditions of the award with the OMB-designated integrity and performance system (currently FAPIIS). As a result, we may also determine that enforcement actions are necessary, including on another existing or future award, such as withholding support or a high-risk designation.

5. Lobbying Prohibitions

You shall not use any funds from an award made under this announcement for other than normal and recognized executive legislative relationships. You shall not use funds for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

You shall not use any funds from an award made under this announcement to pay the salary or expenses of any employee or subrecipient, or agent acting for you, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

The above prohibitions include any activity to advocate or promote any proposed, pending, or future Federal, State, or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

6. Non-Discrimination Requirements

Should you successfully compete for an award, as a recipient of federal financial assistance (FFA) from HHS you will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/forproviders/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/forindividuals/nondiscrimination/index.html>.

- For guidance on meeting the legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals. See <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>.

- For information on the specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
- HHS-funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>.
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

Contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws at <https://www.hhs.gov/ocr/about-us/contact-us/index.html> or call 1-800-368-1019 or TDD 1-800-537-7697.

The *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* (National CLAS Standards), 78 Fed. Reg. 58539, 58543 (HHS Office of Minority Health, 2013, <https://www.gpo.gov/fdsys/pkg/FR-2013-09-24/pdf/2013-23164.pdf>), provides a practical framework for applicants to provide quality health care and services to culturally and linguistically diverse communities, including persons with limited English proficiency. For further guidance on providing culturally and linguistically appropriate services, you should review the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care at <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>.

7. Smoke- and Tobacco-free Workplace

The HHS/OASH strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. This is consistent with the HHS/OASH mission to protect and advance the physical and mental health of the American people.

8. Acknowledgement of Funding

Each year's annual appropriation requires that when issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all organizations receiving Federal funds, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state— (1) the percentage of the total costs of the program or project which will be financed with Federal money; (2) the dollar amount of Federal funds for the project or program; and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

You must also acknowledge Federal support in any publication you develop using funds awarded under this program, with language such as:

This [project/publication/program/website, etc.] was supported by [Award Number] issued by the Office of the Assistant Secretary for Health of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funded by [PROGRAM OFFICE].

Recipients must also include a disclaimer stating the following

The contents are solely the responsibility of the author(s) and do not necessarily represent the official views of, nor an endorsement by, [PROGRAM OFFICE], OASH, HHS, or the U.S. Government. For more information, please visit [PROGRAM OFFICE website, if available].

9. HHS Rights to Materials and Data

All publications you develop or purchase with funds awarded under this announcement must be consistent with the requirements of the program. You own the copyright for materials that you develop under this award, and pursuant to 45 C.F.R. § 75.322(b), HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for Federal purposes, and to authorize others to do so. In addition, pursuant to 45 C.F.R. § 75.322(d), the Federal government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for Federal purposes.

10. Trafficking in Persons

Awards issued under this NOFO are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. § 7104) (See <https://www.govinfo.gov/content/pkg/USCODE-2010-title22/html/USCODE-2010-title22-chap78-sec7104.htm>).

11. Efficient Spending

This award may also be subject to the HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items, and Printing and Publications available at <https://www.hhs.gov/grants/contracts/contract-policies-regulations/efficient-spending/>.

12. Whistleblower Protection

If you receive an award, you will be subject to a term and condition that applies the terms of 48 C.F.R. § 3.908 to the award, and requires that you inform your employees in writing of employee whistleblower rights and protections under 41 U.S.C. § 4712 in the predominant native language of the workforce.

13. Health Information Technology (IT) Interoperability

Health information technology is defined in Section 3000 of the Public Health Service Act (42 U.S.C. § 300jj). HHS has substantially adopted and codified that definition at 45 C.F.R. § 170.102. The regulation defines health information technology as hardware, software, integrated technologies or related licenses, IP, upgrades, or packaged solutions sold as services that are designed for or support the use by health care entities or patients for the electronic creation, maintenance, access, or exchange of health information.

If you receive an award under this NOFO that involves:

1.
 1. implementing, acquiring, or upgrading health IT for activities, you are required to utilize health IT that meets standards and implementation specifications adopted in 45 CFR Part 170, Subpart B, if such standards and implementation specifications can support the activity.
 2. implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Section 4101, 4102, and 4201 of the [HITECH Act](#), you are required to utilize health IT certified under the Office of the HHS Office of the National Coordinator for Health Information technology (ONC) Health IT Certification Program, if certified technology can support the activity. See <https://www.healthit.gov/topic/certification-ehrs/certification-health-it>.

If standards and implementation specifications adopted in 45 CFR Part 170, Subpart B cannot support the activity, recipients and subrecipients are encouraged to utilize health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at <https://www.healthit.gov/isa/>.

14. Prohibition on certain telecommunications and video surveillance services or equipment.

As described in 2 C.F.R. 200.216, recipients and subrecipients are prohibited from obligating or spending grant funds (to include direct and indirect expenditures as well as cost share and program) to:

- a. Procure or obtain;
- b. Extend or renew a contract to procure or obtain; or
- c. Enter into a contract (or extend or renew a contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by

Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).

- i. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
- ii. Telecommunications or video surveillance services provided by such entities or using such equipment.
- iii. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country.

15. Human Subjects Protection

Federal regulations (45 C.F.R part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, you must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in 45 C.F.R. part 46. Additional information is available at <https://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>.

Recipients that plan to engage in research involving human subjects are encouraged to provide information regarding participation in research in their recruitment efforts and provide a link to <https://www.hhs.gov/about-research-participation>.

OASH may require, as part of any award, the submission of all IRB approvals within 5 days of the IRB granting the approval and before any work requiring IRB approval begins.

16. Research Integrity

An applicant for or recipient of PHS support for biomedical or behavioral research, research training or activities related to that research or research training must comply with 42 C.F.R. part 93, including have written policies and procedures for addressing allegations of research misconduct that meet the requirements of part 93, file an Assurance of Compliance with the Office of Research Integrity (ORI), and take all reasonable and practical steps to foster research integrity consistent with 42 C.F.R. § 93.300. The assurance must state that the recipient (1) has written policies and procedures in compliance with this part for inquiring into and investigating allegations of research misconduct; and (2) complies with its own policies and procedures and the requirements of part 93. More information is available at <https://ori.hhs.gov/assurance->

[program.](#)

17. Reporting

a. Performance Project Reports (PPR)

You must submit periodic performance project reports on a semi-annual basis. Your performance reports must address content required by 45 C.F.R. § 75.342(b)(2). The awarding program office may provide additional guidance on the content of the progress report. You must submit your performance reports by the due date indicated in the terms and conditions of your award via upload to our grants management system (GrantSolutions.gov).

You will also be required to submit a final performance report covering the entire period of performance 120 after the end of the period of performance. The awarding program office may provide additional guidance on the content of the progress report. You must submit the final report by upload to our grants management system (GrantSolutions.gov).

b. Performance Measures

We assess performance relative to meeting the goals, objectives, and outcomes in the approved, funded project as described in the approved work plan and other supporting documents.

At the end of each reporting period, you should be able to describe the performance in terms of:

- total number of partners
- total number of staff trained
- reach (the number of participants receiving the intervention)
- dosage (the percentage of the intervention participants received)
- fidelity to the core components of the intervention
- overall quality of implementation

You must collect uniform performance measures and report to us on a semi-annual basis as described in Section F.3.a. Section I.6 includes a list of the draft measures used within the TPP 2020 cohort (OMB #0990-0348 Expiration Date: August 2023, pending renewal). We will provide final measures to recipients during the first 6 months of the project. You would be required to obtain and document any necessary permissions to collect these data. Documentation may include formal agreements with partners (MOAs), consent forms from parent/guardians, copies of school district approvals, citation to state law, etc. to collect these data. You may be required to provide the supporting documentation for review, on request. You would have the responsibility to ensure you have appropriate permissions to collect all required performance measure data prior to collecting the data. There are no exceptions or waivers for this requirement.

While implementing and evaluating some non-curricular approaches, such as technological innovations, systems-level, and community-level approaches, you may find that some OPA measures or constructs (e.g., such as dosage, fidelity, and quality) are not relevant to your intervention. If you identify a need to change a measure, you would need prior approval from OPA to use alternate or proxy measures for dosage, fidelity, and/or quality. You would be

required to develop the measures that future implementors of the intervention could use to monitor fidelity, quality, and dosage, and include those in their final program package (Section A.2.h.).

c. Financial Reports

You will be required to submit quarterly Federal Financial Reports (FFR) (SF-425). Your specific reporting schedule will be issued as a condition of award. You will also be required to submit a final FFR covering the entire period of performance 120 days after the end of the period of performance. You must submit FFRs via HHS Payment Management System (PMS) (<https://pms.psc.gov>).

Once submitted and accepted, your financial reports will be available in GrantSolutions, which is our grant management system.

d. Audits

If your organization expends \$750,000 or greater in federal funds, it must undergo an independent audit in accordance with 45 C.F.R. 75, subpart F.

e. Non-competing Continuation Applications and Awards

Each year of the approved period of performance, you will be required to submit a noncompeting application which includes a progress report for the current budget year, and work plan, budget and budget justification for the upcoming year. Specific guidance will be provided via Grant Solutions well in advance of the application due date. OASH will award continuation funding based on availability of funds, satisfactory progress of the project, grants management compliance, including timely reporting, and continued best interests of the government. Progress is assessed relative to meeting the goals, objectives, and outcomes in the approved, funded project as described in the approved work plan and other supporting documents.

For the optional competitive additional year of funding for transition to sustainability, application guidance and review criteria will be provided during the third year of the project.

Failure to provide final progress or financial reports on other awards from HHS may affect continuation funding.

f. FFATA and FSRS Reporting

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System (<https://www.FSRS.gov>) for all sub-awards and sub-contracts issued for \$30,000 or more as well as addressing executive compensation for both recipient and sub-award organizations.

g. Reporting of Matters Relating to Recipient Integrity and Performance

If the total value of your currently active grants, cooperative agreements, and procurement contracts from all Federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this Federal award, then you must maintain the currency of information reported to the System for Award Management (SAM) that is made available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)) about civil, criminal, or administrative proceedings described in paragraph A.2 of Appendix XII to 45 C.F.R. part 75—Award Term and Condition for Recipient Integrity and Performance Matters. This is a statutory requirement (41 U.S.C. § 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for Federal procurement contracts, will be publicly available. For more information about this reporting requirement related to recipient integrity and performance matters, see Appendix XII to 45 C.F.R. part 75.

h. Other Required Notifications

Before you enter into a covered transaction at the primary tier, in accordance with 2 C.F.R. § 180.335, you as the [participant](#) must notify OASH, if you know that you or any of the principals for that covered transaction:

- Are presently excluded or disqualified;
- Have been convicted within the preceding three years of any of the offenses listed in 2 C.F.R. § [180.800\(a\)](#) or had a [civil judgment](#) rendered against you for one of those offenses within that time period;
- Are presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, [State](#) or local) with commission of any of the offenses listed in 2 C.F.R. § [180.800\(a\)](#); or
- Have had one or more public transactions (Federal, [State](#), or local) terminated within the preceding three years for cause or default.

At any time after you enter into a covered transaction, in accordance with 2 C.F.R. § 180.350, you must give immediate written [notice](#) to OASH if you learn either that—

- You failed to disclose information earlier, as required by 2 C.F.R. § [180.335](#); or
- Due to changed circumstances, you or any of the principals for the transaction now meet any of the criteria in 2 C.F.R. § [180.335](#).

G. CONTACTS

1. Administrative and Budgetary Requirements

For information related to administrative and budgetary requirements, contact the HHS/OASH grants management specialist listed below.

Duane Barlow

OASH Grants and Acquisitions Management
1101 Wootton Parkway, Plaza Level
Rockville, MD 20852
Phone: 240-453-8822
Email: duane.barlow@hhs.gov

2. Program Requirements

For information on program requirements, please contact the program office representative listed below.

Tara Rice
Office of Population Affairs, 1101 Wootton Parkway, Suite 200
Rockville, MD 20852
Phone: 240-453-8123
Email: tara.rice@hhs.gov

3. Electronic Submission Requirements

For information or assistance on submitting your application electronically via Grants.gov, please contact Grants.gov directly. Assistance is available 24 hours a day, 7 days per week.

GRANTS.GOV Applicant Support

Website: <https://www.grants.gov>

Phone: 1-800-518-4726

Email: support@grants.gov

H. OTHER INFORMATION

1. Awards under this Announcement

We are not obligated to make any Federal award as a result of this announcement. If awards are made, they may be issued for periods shorter than indicated. Only the grants officer can bind the Federal government to the expenditure of funds.

If you receive communications to negotiate an award or request additional or clarifying information, this does not mean you will receive an award; it only means that your application is still under consideration.

2. Application Elements

The below is a summary listing of all the application elements required for this funding opportunity.

Application for Federal Assistance (SF-424)

Budget Information for Non-construction Programs (SF-424A)

Disclosure of Lobbying Activities (SF-LLL)

Project Abstract Summary

Project Narrative – Submit all Project Narrative content as a single acceptable file, specified above.

Budget Narrative – Submit all Budget Narrative content as a single acceptable file, specified above.

Appendices – Submit all appendix content as a single acceptable file, specified above **in the Attachments section of your Grants.gov application.**

Work Plan

Logic Model

Memoranda of Agreement (MOAs) and/or Letters of Commitment (LOCs)

Organizational Chart

Curriculum Vitae/Résumés/Biosketches for Key Project Personnel

References Cited

I. SUPPLEMENTARY MATERIALS

1. Acronyms

FAPIS Federal Awardee Performance and Integrity Information System

FFATA Federal Financial Accountability and Transparency Act

FFR Federal Financial Report (SF-425)

FSRS FFATA Subaward Reporting System

GAM Grants and Acquisitions Management Division

GMO Grants Management Officer

GMS Grants Management Specialist

GPS Grants Policy Statement

HHS Department of Health and Human Services

HIV HIV Human Immunodeficiency Virus

IRB Institutional Review Board (IRB)

MDE Minimum Detectable Effect

NOA Notice of Award

NOFO	Notice of Funding Opportunity
OASH	Office of the Assistant Secretary for Health
OPA	Office of Population Affairs
OMB	Office of Management and Budget
PD/PI	Project Director/Principal Investigator
QED	Quasi-Experimental Designs
RCT	Randomized control trials
RDD	Regression discontinuity design
STI	Sexually Transmitted Infections
SMARTIE	Specific, Measurable, Achievable, Relevant, Time-bounded, Inclusive, and Equitable
TPP	Teen Pregnancy Prevention
TPPER	Teen Pregnancy Prevention Evidence Review
PHS	Public Health Service
PPR	Performance Project Report
SPOC	State Single Point of Contact

2. Considerations in Recipient Plans for Oversight of Federal Funds

(See also Section D.3.b.2)

To the maximum extent possible, a recipient organization should segregate responsibilities for receipt and custody of cash and other assets; maintaining accounting records on the assets; and authorizing transactions. In the case of payroll activities, the organization, where possible, should segregate the timekeeping, payroll preparation, payroll approval, and payment functions.

Questions for consideration in developing your plan may include:

- Do the written internal controls provide for the segregation of responsibilities to provide an adequate system of checks and balances?
- Are specific officials designated to approve payrolls and other major transactions
- Does the time and accounting system track effort by cost objective?
- Are time distribution records maintained for all employees when his/her effort cannot be specifically identified to a particular program cost objective?
- Do the procedures for cash receipts and disbursements include:
 - Receipts are promptly logged in, restrictively endorsed, and deposited in an insured bank account?

- Bank statements are promptly reconciled to the accounting records, and are reconciled by someone other than the individuals handling cash, disbursements and maintaining accounting records?
- All disbursements (except petty cash or EFT disbursements) are made by pre-numbered checks?
- Supporting documents (e.g., purchase orders, Invoices, etc.) accompany checks submitted for signature and are marked "paid" or otherwise prominently noted after payments are made?

3. Financial Assistance General Certifications and Representations

When your organization completes its registration (new or renewal) in SAM.gov, your organization has attested to the accuracy of the below. Note that HHS awards are currently subject to 45 C.F.R. part 75. Where applicable the parallel citation to 45 C.F.R. part 75 is supplied in brackets following the 2 C.F.R. part 200 citation.

- a. Has the legal authority to apply for federal assistance and the institutional, managerial and financial capability to ensure proper planning, management, and completion of any financial assistance project covered by this Certifications and Representations document (See 2 C.F.R. § 200.113 Mandatory disclosures [45 C.F.R. § 75.113], 2 C.F.R. § 200.214 Suspension and debarment [45 C.F.R. § 75.213], OMB Guidance A- 129, "Policies for Federal Credit Programs and Non-Tax Receivables");
- b. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives (See 2 C.F.R. § 200.302 Financial Management [45 C.F.R. § 75.302] and 2 C.F.R. § 200.303 Internal controls [45 C.F.R. § 75.303]);
- c. Will disclose in writing any potential conflict of interest to the federal awarding agency or pass through entity in accordance with applicable federal awarding agency policy (See 2 C.F.R. § 200.112 Conflict of interest [45 C.F.R. § 75.112]);
- d. Will comply with all limitations imposed by annual appropriation acts;
- e. Will comply with the U.S. Constitution, all federal laws, and relevant Executive guidance in promoting the freedom of speech and religious liberty in the administration of federally-funded programs (See 2 C.F.R. § 200.300 Statutory and national policy requirements [45 C.F.R. § 75.300] and 2 C.F.R. § 200.303 Internal controls [45 C.F.R. § 75.303]);
- f. Will comply with all applicable requirements of all other federal laws, executive

orders, regulations, and public policies governing financial assistance awards and any federal financial assistance project covered by this certification document, including but not limited to:

1. Trafficking Victims Protection Act (TVPA) of 2000, as amended, 22 U.S.C. § 7104(g);
2. Drug Free Workplace, 41 U.S.C. § 8103;
3. Protection from Reprisal of Disclosure of Certain Information, 41 U.S.C. § 4712;
4. National Environmental Policy Act of 1969, as amended, 42 U.S.C. § 4321 et seq;
5. Universal Identifier and System for Award Management, 2 C.F.R. part 2;
6. Reporting Subaward and Executive Compensation Information, 2 C.F.R. part 170;
7. OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Non-procurement), 2 C.F.R. part 180;
8. Civil Actions for False Claims Act, 31 U.S.C. § 3730;
9. False Claims Act, 31 U.S.C. § 3729, 18 U.S.C. §§ 287 and 1001;
10. Program Fraud and Civil Remedies Act, 31 U.S.C. § 3801 et seq;
11. Lobbying Disclosure Act of 1995, 2 U.S.C. § 1601 et seq;
12. Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000d et seq;
13. Title VIII of the Civil Rights Act of 1968, 42 U.S.C. § 3601 et seq;
14. Title IX of the Education Amendments of 1972, as amended; 20 U.S.C. § 1681 et seq
15. Section 504 of the Rehabilitation Act of 1973, as amended; 29 U.S.C. § 794; and
16. Age Discrimination Act of 1975, as amended, 42 U. S.C. § 6101 et seq.

4. Glossary of Selected Terms and Definitions

Adaptations: changes to a program model's content, delivery, or core components.

Age appropriate: Ensures that topics, messages, and teaching methods are suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and

behavioral capacity typical for the age or age group (Centers for Disease Control and Prevention, 2021) . An age-appropriate program addresses students’ needs, interests, concerns, developmental and emotional maturity levels, experiences, and current knowledge and skill levels. Learning is relevant and applicable to students’ daily lives and concepts and the intervention covers skills in a logical sequence (Centers for Disease Control and Prevention, 2019)

Core components: the key ingredients of an intervention or its implementation determined by the developer to be the key ingredients related to achieving the outcomes

Culturally and Linguistically appropriate: Assures that materials and language used are respectful of and responsive to the cultural and linguistic needs of the population served by an intervention. This includes being respectful and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs (Office of Minority Health, 2022) .

Dosage: measurement of the amount of an intervention received by a participant, such as by attendance records

Counterfactual: the comparison or control group(s) in the rigorous impact evaluation which provides a contrast to the treatment or intervention group; the comparison group within the study does not receive the treatment intervention.

Effectiveness Studies: Examine effectiveness of an intervention under routine practice or circumstances that would typically prevail in the target context. “Typical” circumstance means that implementation should be similar to what would occur outside of a study and that there is no more substantial developer or technical assistance support than in normal implementation.

Efficacy Studies: Allows for testing of an intervention under “ideal” circumstances. For example, these conditions may include more implementation support or more highly trained personnel than would be expected under routine practice, or in contexts that include a more homogenous sample of participants than is typical. Additionally, efficacy studies often including a higher level of support or developer involvement (if applicable) than would be the case under normal circumstances. Efficacy studies may choose to limit the investigation to a single population of interest.

Evidence-Based Program (EBP): an intervention identified as effective by the HHS Teen Pregnancy Prevention Evidence Review (TPPER). Such an intervention is not appropriate for rigorous evaluation under this NOFO unless substantial, major adaptations have been made that would change the core components and therefore the expected outcomes.

Fidelity: The degree to which an organization implements a program with adherence to its core components.

Formative Evaluation: Evaluation to test different elements of the intervention and its implementation. This can occur during the program development. Primary goal of the formative evaluation is to develop, test, and learn about the intervention before rigorous impact evaluation.

Health Equity: “The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities” (Healthy People 2030).

Impact Evaluation: Evaluations designed to measure the impact of an intervention on a specific outcome. Impact evaluations generate evidence of efficacy or effectiveness of a fully developed intervention by providing estimates of the intervention’s ability to achieve its intended outcomes. A rigorous impact evaluation is designed to test the intervention against a comparison condition (the counterfactual) in a credible and valid manner.

Implementation Evaluation: Research that seeks to assess the implementation of the intervention to answer questions about what was implemented and how and why an intervention works. Implementation factors include fidelity, dosage, quality, responsiveness, acceptability, feasibility, and context, among others.

Implementation Ready: To be implementation-ready, an intervention must have clearly defined program materials and components, necessary staff supports and training, specified guidelines for implementation, and tools for monitoring fidelity. Implementation-ready interventions include all the necessary components that will allow someone other than the original developer to implement the intervention effectively.

Independent Evaluator: the person(s) responsible for planning and conducting the evaluation. An independent evaluator has no pre-existing financial interest to the applicant (PI) or the intervention and has no conflicts of interest (such as but not limited to, being a relative of the proposed PI or having a financial stake in the intervention or its publisher/vendor)

Interrupted time series: This is a specific quasi experimental design approach used for evaluating causal effects of interventions. Under this approach researchers obtain multiple observations prior to the intervention to establish a baseline. Researchers obtain multiple observations after the intervention. The research demonstrates effects when the observations after the intervention deviate from expectations derived from baseline projections.

Intention to Treat (ITT): an analysis of the impact of the offer of the program upon the outcome(s) of interest. In other words, the treatment group contains all participants randomized

to receive the intervention, whether they actually participated in the programming/services.

Innovation: Novel or reimagined approaches, relationships, processes, products, programs, or services that lead to substantial improvements in addressing barriers to reducing teen pregnancy and STD transmission.

Intervention: Innovative or promising programs, models, components, curricula, products, approaches, and strategies evaluated by the recipient; what the treatment group of the impact study receives.

Medically Accurate: Verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals, where applicable, or comprising information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete.

Preliminary evidence: data from studies such as formative or implementation evaluation that suggest the innovation could have an impact on the specific behavioral outcomes of interest.

Propensity score matching: A statistical matching approach that is sometimes employed in quasi-experimental design studies for the purposes of developing a comparison group. This approach is based on a predicted probability of group membership (e.g., intervention vs. control) using measured characteristics of study units as predictors. The predicted probabilities obtained from logistic regression.

Project: All activities, including intervention implementation and evaluation, described in the application, and funded by the cooperative agreement.

Project Merit: Applicants may demonstrate project merit by showing that the intervention is needed by the population/community, the recipients liked the innovation, the innovation is a good fit for the population, and there is community support for the innovation.

Quasi-Experimental Design (QED): A design that forms a counterfactual group by means other than random assignment. Researchers use this approach for comparing observed changes in the treatment group with a comparison group (as a counterfactual representing an absence of intervention) to assess and estimate the impact of the program on participants. However, groups formed in these designs typically differ for reasons other than chance, and these differences may influence the impact estimate. There are different types of approaches used in quasi-experimental designs such as those using Propensity Score Matching (PSM), Regression Discontinuity, Interrupted Time Series (ITS) and others.

Randomized Control Trial (RCT): Experimental design studies assign program participants to two distinct groups (at random): the treatment group, which receives program services, and the

control group, which does not. The control group is the “counterfactual,” representing the condition in which the program or intervention is absent. Random assignment ensures that the treatment and control groups are initially similar and do not differ on background characteristics or other factors. Random assignment, thus, creates an evaluation design where any observed differences between the two groups after the program intervention takes place can be attributed to the intervention with a high degree of confidence.

Random assignment: A process that uses randomly generated numbers or other approaches to assign study units to groups in ways that are unaffected by the characteristics of the study units. With random assignment, any differences between the groups at pre-test can be attributed only to chance. The use, or lack of use, of this process differentiates experimental designs from non-experimental designs.

Rigorous impact evaluation: Either a randomized control trial (RCT) or a quasi-experimental design (QED) with counterfactual condition; the most robust possible design that is feasible for the intervention

Regression discontinuity design (RDD): This is a specific quasi experimental design approach that is used for evaluating causal effects of interventions. Under this approach assignment to a treatment is determined at least partly by the value of an observed covariate lying on either side of a fixed threshold. The intervention and control group are formed using a well-defined cutoff score. The group below the cutoff score receives the intervention and the group above does not, or vice versa. For example, if students are selected for a program based on test scores, those just above the score and just below the score are expected to be very similar except for participation in the program and can be compared with each other to determine the program’s impact.

Statistically significant: A result has statistical significance when it is very unlikely to have occurred given the null hypothesis (no relationship between two measured phenomena) or by chance. Typically, statistical significance is measured at the $p < .05$ level.

Systems Thinking: An approach to problem-solving that considers the overall system instead of focusing on specific parts of a system. This approach helps answer three basic questions: (1) how does the environment within which you work operate as a complex, dynamic system; (1) how will your strategy engage the system in order to have a highly leveraged impact; (3) and how will you test your assumptions and hypotheses about how your system works so that you can learn and adapt effectively?

Theory of Change: Theory of change is an ongoing process of reflection to explore change and how it happens, as well as what that means for a particulate intervention, in a particular context, sector, and/or group of people.

Treatment Group: The group affected by or receiving the intervention in a rigorous evaluation study.

Treatment on Treated (TOT): an analysis that assesses the impact of actual program participation upon the outcome(s) of interest

Trauma-informed: Refers to how a program, agency, organization, or community thinks about and responds to those who have experienced or may be at risk for experiencing trauma. It is an approach that: (1) realizes the widespread impact of trauma and potential paths for recovery; (2) recognizes the signs and symptoms of trauma in youth, families, staff, and others; (3) responds by fully integrating knowledge about trauma into policies, procedures, and practices; and (4) seeks to actively resist re-traumatization.

User-centered: An approach to project development that grounds its process in soliciting and understanding the perspectives and needs of the individuals, including youth and other stakeholders, for which interventions will ultimately be used.

Meaningful youth engagement: An inclusive, intentional, mutually respectful partnership between youth and adults whereby power is shared, respective contributions are valued, and young people's ideas, perspectives, skills, and strengths are integrated into the design and delivery of programs, strategies, policies, funding mechanisms and organizations that affect their lives and their communities

5. Select Resources for Applicants

Bayesian Analysis

Office of Population Affairs. (February 2022). Tier 2 Phase II Webinar Bayesian Interpretation and Core Components Introduction. Evaluation Technical Assistance Webinar. Online at: <https://rhntc.org/resources/tier-2-phase-ii-webinar-bayesian-interpretation-and-core-components-introduction>, Accessed 10/31/2022.

Core Components

Office of Population Affairs (OPA) (September 2022). Core Components Analysis. Evaluation technical assistance webinar. Online at: <https://rhntc.org/resources/core-components-analysis>
Office of Population Affairs (OPA). (March 2020) Understanding How Components of an Intervention Can Influence Outcomes. Online at: <https://opa.hhs.gov/sites/default/files/2020-07/corecomponentsbrief.pdf>, Accessed 6/24/2022.

Fidelity Monitoring and Observations

Bradley, M.C., Borradaile, K., and Knab, J., (2020). Tip Sheet for Conducting Observations, Washington, DC: Office of Population Affairs, Office of the Assistant Secretary for Health, U.S.

Department of Health and Human Services. Online at:

https://rhntc.org/sites/default/files/resources/opa_observation_tip_2020_04_17.pdf. Accessed 11/16/2022.

Chan, S., and Scher, L., (2020). Documenting Adaptations Tip Sheet, Washington, DC: Office of Population Affairs, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services. Online at: <https://opa.hhs.gov/sites/default/files/2021-05/document-adaptations-tip-sheet-july-2020.pdf> . Accessed 11/08/2022.

Office of Population Affairs (OPA). (July 2020) Fidelity Monitoring Tip Sheet. Online at: <https://opa.hhs.gov/sites/default/files/2021-05/fidelity-monitoring-tip-sheet-july-2020.pdf>, Accessed 6/24/2022

Impact Evaluation Resources

Office of Population Affairs (OPA). Evaluation Technical Assistance Webinars and Briefs.

Online at: <https://opa.hhs.gov/research-evaluation/evaluation-training-and-technical-assistance> Accessed 11/18/2022.

Office of Population Affairs (OPA). Impact Evaluation Toolkit. Online at:

<https://rhntc.org/resources/impact-evaluation-toolkit>. Accessed 10/31/2022.

Office of Adolescent Health (OAH). (September 2017) Estimating Program Effects on Program Participants. Online at: <https://opa.hhs.gov/sites/default/files/2020-07/estimating-program-effects-on-program-participants-brief.pdf>, Accessed 6/24/2022

Implementation Evaluation and Evaluation Planning Resources

Office of Population Affairs (OPA). Formative Evaluation Toolkit. Online at:

<https://rhntc.org/resources/formative-evaluation-toolkit> . Accessed 10/31/2022.

Office of Population Affairs (OPA). (June 2022). Assessing Readiness for Rigorous Evaluation. Evaluation Technical Assistance webinar. Online at: <https://rhntc.org/resources/assessing-readiness-rigorous-evaluation-webinar> , Accessed 10/31/2022.

SMARTIE Work Plan

Centers for Disease Control and Prevention. National Breast and Cervical Cancer Early Detection Program. Writing Effective Objectives.

<https://www.cdc.gov/cancer/nbccedp/pdf/smartie-objectives-508.pdf>

6. TPP2020 Performance Measures (Draft- measures subject to change for the TPP2023 cohort)

OMB No. 0990-0468 Expiration Date: 8/31/2023

Dissemination

How many manuscripts have you had accepted for publication in the past year (including both articles that were published and those that have been accepted but not yet published)? Do not

include manuscripts previously reported as published. _____

Please list the references for any published manuscripts published in the past year.

During the reporting period, indicate the number of times each approach was used uniquely to communicate information to youth, caregivers, and the community about the TPP-funded grant project services and interventions available.

_____ Blogs/Online articles

_____ Social Media posts (such as Facebook, Twitter, Instagram, YouTube, etc.)

_____ # reactions

_____ # reshares

_____ # comments

_____ Peer Reviewed Publication (include box to require grantee to enter citation)

During the reporting period, indicate the number of times each approach was used uniquely to raise awareness within the community about optimal health and the issue of teen pregnancy prevention, sexually transmitted infections (STIs).

_____ Blogs/Online articles

_____ Social Media posts (such as Facebook, Twitter, YouTube, Instagram, etc.)

_____ # reactions

_____ # reshares

_____ # comments

_____ Peer Reviewed Publication (include box to require grantee to enter citation)

During the reporting period, where was information about the project presented? Write the number of times each presentation occurred.

_____ National Conference/Event (include box to require grantee to enter citation)

_____ Statewide Conference/Event (include box to require grantee to enter citation)

_____ Local Meeting/Event

How many social media accounts (such as Facebook Twitter, Instagram, YouTube) does your organization use to share information about the TPP grant project? _____

Of these accounts, how many are specific to the TPP grant project? _____

How many followers does your TPP grant project specific social media account(s) have as of the end of the reporting period {DATE}? _____

Partners

Indicate the number of formal partners involved in implementing the grant-funded project during the reporting period. Formal partners are external organizations/agencies with whom the grantee has a written agreement (such as signed MOU, contract, or Letter of Commitment), and who are integral to the implementation and evaluation of the grant-funded project. Examples of partners may include program/intervention implementors (such as those organizations that provide sites, staffing, or both for TPP programming), partners who provide the supportive services to Tier 1 program participants, organizations that recruit TPP program participants, and/or organizations that provide ongoing strategic support to the project.

Total Number of Formal Partners (unduplicated, report as of the end of the 6-month reporting period) _____

Partner retention:

How many formal partners were involved with the project at the start of the grant year (Date)? _____

Of all the project's formal partners that were involved at the start of the grant year, how many were still involved in the project at the end of the reporting period? _____

Sustainability

During this reporting period, how much additional funding (that is, funding in addition to the TPP grant) have you secured to assist with project activities (i.e., program implementation, evaluation, communication, etc.)? _____

How many partners have firm plans in place to continue the project activities (program implementation, training, research, etc.) after the end of OPA grant funding? _____

How many different sources of funding do you have in place to support the grant project? _____

Training

Trainings would include professional development activities or technical assistance relevant to the implementation of project activities and provided to anyone responsible for implementing any aspect of the TPP grant project. Trainings may be for staff (from grantee and partner agencies) or community members (for example, youth trained as peer educators, community members serving on advisory groups.) Stakeholders who receive the TPP intervention as the end user or target population of the TPP intervention/program proven effective should be included under the reach section and not under training.

In the reporting period, how many trainings (professional development or technical assistance activities relevant to the project) have been provided through the TPP grant project to anyone affiliated with implementing the project? _____

In the reporting period, how many individuals affiliated with the TPP grant project (such as partner agencies, community members, stakeholders, project staff, youth who work with the project) have you or one of your partners trained via the grant funding (training includes any professional development or technical assistance relevant to the implementation of the project)?

Questions at Section (Program or Intervention) Level

For each section (group or class receiving the Teen Pregnancy Prevention (TPP) promising intervention together), grantees report the following.

Name of the TPP Intervention being delivered:

Tier 2 grantees would report the TPP intervention that is being rigorously evaluated and would only report performance data for the participants in the intervention (treatment) arm of the rigorous study.

State/Territory where implemented:

Setting of Implementation: select one or more of the following that best describes where the majority of sessions in the section took place

In-school (Programs that take place primarily or exclusively during a school day on a school campus. This category may include public or private schools, traditional or alternative schools, of any grade level).

Clinic-based

Faith-based

Runaway and homeless youth (such as drop in shelter/centers, other)

Out-of-home (such as the child welfare system/foster care, group homes, residential centers.

Juvenile justice should be counted separately below)

Juvenile justice (such as detention centers, residential centers –serving uniquely juvenile justice youth, camps)

other out-of-school time/community (programs that primarily take place outside of school hours, and may be located within a community organization not listed above or on a school campus before or after the school day)

Technology-based (includes programs that do not take place in a physical location, such as virtual programs, text messaging, apps, internet-based programs, etc.)

Urbanicity of Implementation Site: urban, rural, suburban

Reach and Demographics of TPP Participants

For each section (class or group) of TPP promising interventions implemented with youth, how many youth participated in your program for at least one activity in the reporting period? Report total numbers per section and numbers by each demographic category below:

Gender – Male, Female, Transgender, Does not identify, Not reported

Age – 10 or younger, 11, 12, 13, 14, 15, 16, 17, 18, 19, >19, Not reported

Grade – 6 or less, 7, 8, 9, 10, 11, 12, GED program, Technical/vocational training/college,
 Ungraded, Not currently in school, Not reported
 Ethnicity – Hispanic or Latinx, Not Hispanic or Latinx, Not reported
 Race – American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian
 or Other Pacific Islander, White, More than one race, Not reported
 Total

For each section (class or group) of the promising intervention (Tier 2) implemented with non-youth participants, how many non-youth participants attended at least one activity of your intervention (Tier 2) in the reporting period? Indicate the unduplicated total number in each category.

Caregivers (such as parents, legal guardians, siblings, extended family; foster parents; “chosen” family members of adolescents): _____

[Note: this count should only include caregivers who are the target population or end-users of a TPP effective program (Tier 1) or a promising intervention to be rigorously tested (Tier 2).

Caregivers who are engaged in other aspects of the grant project should be included elsewhere in the stakeholder engagement item.)

Youth-serving professionals (such as social workers, health care providers, teachers, juvenile justice staff, court staff): _____

[Note: this count should only include youth-serving professionals for whom a TPP effective program (Tier 1) or promising intervention to be rigorously tested (Tier 2) are the target population. Professionals who are trained to provide services to youth should be included in the partners item. Professionals who are involved in the systems approaches should be included within the stakeholder engagement item]

For each section (class or group) of the TPP effective program/promising intervention implemented, how many non-youth participants attended at least 1 supplemental activity (that is, an activity other than the effective program/promising intervention) during the reporting period? Indicate the unduplicated total number in each category.

Caregivers (parents or legal guardians of adolescents): _____

[Note: this count should only include caregivers who attend supplemental activities associated with an effective program/promising intervention such as parent rallies, parent information sessions, or other supplemental activities. Caregivers who are engaged in other aspects of the grant project should be included elsewhere in the systems engagement item.). Caregivers who participate as the target population of the effective program/promising intervention should be counted in the previous item.

Youth-serving professionals (social workers, health care providers, teachers, juvenile justice staff, court staff): _____

[Note: this count should only include any youth-serving professionals who may receive supplemental activities. The youth-serving professionals served by a TPP effective program (Tier 1) or promising intervention to be rigorously tested (Tier 2 should be counted elsewhere).

Professionals who are trained to provide services to youth should be included in the training item. Professionals who are involved in the systems approaches should be included within the

stakeholder engagement item]

Dosage of TPP effective programs/promising interventions

These items track the amount of programming received by participants in each section of the TPP effective program (Tier 1)/promising intervention (Tier 2). Program participants are anyone (youth, caregivers, youth-serving professionals) who are the target population for an effective program (Tier 1) or a promising intervention being rigorously evaluated (Tier 2).

What is the average (mean) attendance for program participants in each section? (determined by the percentage of sessions attended by each participant in the section) _____

How many participants in each section received at least 75% of the programming? _____

Observational Fidelity and Quality

All TPP Grantees are expected to observe at least 10% of the sessions of the TPP effective program (Tier 1) or promising intervention being rigorously evaluated (Tier 2). Each session should be observed for fidelity (adherence) to planned activities and overall quality. TPP grantees are expected to develop schedules and implementation plans to ensure that the minimum number of sessions are observed. An observer ideally should be independent from the implementation, familiar with the program model, and may be an internal or external evaluator, supervisor (program director, program coordinator), or a program partner.

In order to track completions, grantees are asked to report general information about sessions implemented. A session is generally a unit of the program delivered within a meeting day of the section. A session may correspond to a full lesson (or module) from the curriculum. In instances where multiple lessons are being implemented in a single day, a grantee may choose to define a session as the entire day's programming, provided that by doing so, the grantee is still able to report observed sessions as a whole number.

Session Information:

Note: these must be reported as whole numbers

Number of sessions (lessons) planned _____

Number of sessions (lessons) completed _____

Number of sessions (lessons) observed _____

Observer reported fidelity

Using the fidelity monitoring tool from the program/intervention developer, report the adherence (%) for observed sessions within each section.

For each effective program/promising intervention session (meeting or lesson) that was observed during the section, what is the percent adherence to the number of activities planned? (Grantees

who observe more than one session per section report the average (mean) adherence percentage for the session)

Adherence = number of activities completed/number of activities planned

Observer reported quality (Based on the TPP observation form).

Rate the overall quality of the session observed on scale of 1 (poor) – 5 (excellent).

Fidelity Process Form (see the TPP Fidelity Process form)

What is the overall total score on the TPP fidelity process form (Scale of 0 – 26).

Stakeholder Engagement Measures

The stakeholder engagement items are designed to track individuals who were engaged within the overall grant project. Engagement could involve providing input on any stage of the overall grant project's implementation, such as, but not limited to, serving on an advisory group, providing feedback on the development of program materials, participating in the continuous quality improvement processes for the project, helping to plan participant recruitment strategy, rating the youth-friendliness of supportive services, etc. The participants served by an actual TPP program (effective program in Tier 1 or promising innovative intervention in Tier 2) should be counted under the reach section and not under stakeholder engagement.

Project stakeholder engagement: How many stakeholders (such as youth, youth-serving professionals, caregivers, potential end-users, or other community members) were engaged within the grant project during the reporting period? Report the number for each category below.

Youth _____

Caregivers _____ (such as parents, guardians, foster parents of youth)

Community members _____ (such as teachers, educators, social workers, health workers, juvenile justice officers, other Youth-serving professionals, faith leaders, business leaders)

Evaluation Template Example (Optional)

TPP Tier 2B Rigorous Impact Evaluation Design Plan Template Optional

Optional Evaluation Design Plan

Study Design and Assignment Methods – Clearly identify the study design for the proposed evaluation. Explains how you would assign participants to the treatment and comparison groups. Describe the assignment mechanism and justify that the proposed mechanism will produce equivalent groups (intervention and comparison conditions).

- | |
|--|
| <ul style="list-style-type: none"> • If a <i>Randomized Controlled Trial</i> (RCT) is proposed: Identify the unit of random assignment and align it with the unit of analysis. Describe the procedures to conduct |
|--|

the random assignment, including who would implement the random assignment, how the procedure would be implemented, and procedures to verify probability of assignment groups, described and generated by random numbers. Discuss any concerns that proposed strategies or approaches may lead to nonequivalent groups. • If a <i>Quasi-Experimental Design (QED)</i>, Matching Study is proposed: Clearly identify the unit of matching and align it with the unit of analysis. Describe procedures to carry out the matching. Indicate whether the variables to be used in the matching are supported by precedent in the literature. Describe the methods used to form the comparison group and show the validity of the matching. Describe reasons why the comparison group might differ from the treatment group and threaten internal validity and discuss the ways in which the proposed methods adjust for those differences. • If a <i>Regression Discontinuity Design (RDD)</i> is proposed: Clearly identify the measures and cutoff score and align it with the unit of analysis. Clearly delineate and justify the cutoff score.
Research Questions - Includes a list of research questions that align with the intended goals of the intervention and are clearly related to unplanned Teen Pregnancy Prevention, underlying risk factors, or associated risk behaviors. Identify outcome measures that can be used to reasonably evaluate the effect of the intervention (in particular, at least one sexual behavior outcome). Confirm that you propose an intention-to-treat analysis.
Counterfactual and Context - Describe any services provided to the comparison group and contrast the services to those provided to individuals receiving the intervention. Explain that the services provided to the intervention and comparison groups will be sufficiently different from each other so that the proposed project would be likely to change behavior and create meaningful impacts on the behaviors that you would detect during analysis.
Consent Methods - Provide an explanation of how you will acquire the consent and assent of participants. Describe the estimated rate of consent for study participants and provide a reasonable justification of the expected consent rate.
Data, Instruments & Timing - Provide a detailed description of the impact survey that you will administer. Clarify that the survey would gather information for each measure that you will use to evaluate the impact of the intervention. Clearly define the timing of data collection relative to the delivery of the intervention. Describes plans to collect implementation data, and impact survey data at 3 points in time from study participants. Clearly indicate how the evaluation timeline provides adequate time for planning and final analysis by devoting a few months at the start of the grant to planning and piloting and approximately six-eight months at the end of the grant period for analysis and developing reports (you may reference your work plan). Justify that the timing of intervention

administration, data collections (including a complete an analysis of long-term outcomes), and the reporting process, can be completed by the end of the fifth year of grant funding. If only using administrative data, describe the data sets(s), confirm that their use is feasible for the project, and indicate the timeline for obtaining data (see the next section).

Procedures/Modes of data collection - Discuss a process for protecting human subjects and a timeline for acquiring the approval of an IRB. Identified the IRB to be used during the study. Provide a detailed explanation of the data collection process, including who will collect the data and primary and secondary methods for contacting participants. Describe any systems that will be used to enter and store data. Discuss whether the mode of data collection is the same for the intervention and control groups. Include the expected sample sizes at each data point. If administrative records (such as, but not limited to, school academic records) will be used, describe the source and availability of these data as well as the evaluator's experience using these data sources.

Sampling Plan and Power Analyses – Provide criteria that will be used to select a sample to evaluate the intervention. Provides evidence that a large enough sample exists to evaluate the intervention. Describe your plan to recruit participants for the study and discuss and address any potential challenges you might face when attempting to recruit participants.

Describe how the contact information of evaluation participants will be acquired and regularly updated. Justify that the information is comprehensive enough to allow you to remain in contact with participants throughout the study.

Discuss any methods to maximize the participation of individuals who are part of the evaluation sample – both treatment and control/comparison groups. Explain how the methods discussed seem likely to be approved by the IRB and would successfully improve participation. Describe and justify the expected survey response rates.

Estimate statistical power for the study and explain why the power is consistent with study design. Describe the statistical power analysis used to arrive at the sample size. Include the Minimum Detectable Effect (MDE) that has an 80% chance of being statistically significant at a specific alpha level, for each outcome. Describe the outcomes and assumptions used in the statistical power calculations. Indicate how the assumptions for the MDE calculation are consistent with information presented earlier in the proposal (e.g., the number of participants in the study, after non-consent and non-response). Provide sufficient justification as to why the study will find an effect larger than the MDE calculated. If you plan to conduct analyses of subgroups, present additional statistical power analyses to estimate those MDEs.

Evaluation Limitations Describe any limitations of the proposed evaluation and how you will attempt to address the limitations described. Explain how you will address potential conflicts of interest and ensure independence of the intervention implementation and the evaluation.

7. References

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Exhibit C



Office of Assistant Secretary for Health
Washington, D.C. 20201

July 1, 2025

OASH Teen Pregnancy Prevention Program Policy Notice

Release Date: July 1, 2025

OASH Program Policy Notice: 2025 - 01

Purpose

The purpose of this Program Policy Notice (PPN) is to clarify OASH policy for Teen Pregnancy Prevention Program (TPP Program) grant recipients, to delineate when materials and activities are not “medically accurate,” “age appropriate,” do not “reduce teen pregnancy,” or are otherwise outside the scope of the TPP Program. This PPN also clarifies TPP Program grant recipients’ obligations to protect parents’ rights to direct the religious upbringing of their children consistent with *Mahmoud v. Taylor*, 606 U.S. ____ (2025). Additionally, this PPN outlines evaluation standards for TPP Program grant recipients and evidence-based programs (EBPs). The PPN applies to TPP Program grant recipients, subrecipients, and service sites, and clarifies provisions contained in previous Notice of Funding Opportunities (NOFO), including AH-TP1-23-001 and AH-TP2-23-002.

Consistent with the preexisting obligations of recipients of TPP funds, HHS notified recipients in the “Guidance for Preparing a Non-Competing Continuation Award Application” (NCC guidance) that they should revise their projects to align with Executive Orders that are currently in force as necessary in order to receive continuation funding. The NCC guidance stated as follows:

Recipients are expected to review and be aware of current [Presidential Executive Orders](#). Recipients are expected to revise their projects, as necessary, to demonstrate that the NCC award application is aligned with current Executive Orders. Recipients should review and be aware of all current Presidential Executive Orders; however, the following may be of most relevance to the work of the TPP program:

- [Executive Order 14168](#) *Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government*
- [Executive Order 14190](#) *Ending Radical Indoctrination in K-12 Schooling*
- [Executive Order 14187](#) *Protecting Children From Chemical and Surgical Mutilation*
- [Executive Order 14151](#) *Ending Radical and Wasteful Government DEI Programs and Preferencing*

- [Executive Order 14173](#) *Ending Illegal Discrimination and Restoring Merit-Based Opportunity*

The NCC guidance further clarified provisions of the NOFO AH-TPI-23-001 and AH-TP2-23-002, requiring OASH to review to ensure that “NOFO expectations are being met, to the extent aligned with Presidential Executive Orders: *Teen Pregnancy Prevention (TPP) Program Recipients (Tier 1: AH-TPI-23-001)*.”

In light of recent Presidential Executive Orders, Supreme Court decisions, current court orders, and the NCC guidance, OASH issues this PPN to further clarify these expectations for TPP Program grantees.

Statutory Language

TPP Program grant recipients must comply with the requirements set out in the statutory language of the annual HHS Appropriations Act (e.g., Division D of the Further Consolidated Appropriations Act, 2024 (Pub. L. No. 118-47)) (referenced herein as the statute):

That of the funds made available under this heading, \$101,000,000 shall be for making competitive contracts and grants to public and private entities to fund medically accurate and age appropriate programs that reduce teen pregnancy and for the Federal costs associated with administering and evaluating such contracts and grants, of which not more than 10 percent of the available funds shall be for training and technical assistance, evaluation, outreach, and additional program support activities, and of the remaining amount 75 percent shall be for replicating programs that have been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors [Tier 1 programs], and 25 percent shall be available for research and demonstration grants to develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy [Tier 2 programs].

Ending Radical Indoctrination of Youth and Protecting Parental Rights

President Trump’s Executive Order 14190, *Ending Radical Indoctrination in K-12 Schooling*, referenced in the NCC guidance, establishes a clear Federal policy against indoctrinating our nation’s youth and blocking parental oversight:

Parents trust America’s schools to provide their children with a rigorous education and to instill a patriotic admiration for our incredible Nation and the values for which we stand.

In recent years, however, parents have witnessed schools indoctrinate their children in radical, anti-American ideologies while deliberately blocking parental oversight. Such an environment operates as an echo chamber, in which students are forced to accept these ideologies without question or critical examination. In many cases, innocent children are compelled to adopt identities as either victims or oppressors solely based on their skin color and other immutable characteristics. In

other instances, young men and women are made to question whether they were born in the wrong body and whether to view their parents and their reality as enemies to be blamed. These practices not only erode critical thinking but also sow division, confusion, and distrust, which undermine the very foundations of personal identity and family unity.

Imprinting anti-American, subversive, harmful, and false ideologies on our Nation's children not only violates longstanding anti-discrimination civil rights law in many cases, but usurps basic parental authority.

TPP Program-funded projects should not undermine the President's clear policy directive to protect children from harmful ideologies or the constitutional rights of parents to direct the religious upbringing of their children. *Mahmoud v. Taylor*, 606 U.S. ____ (2025), slip. op. at 1, 18-19; *id.* (op. of Thomas, J., concurring) at 6-7; *Wisconsin v. Yoder*, 406 U.S. 205, 232-33 (1972). This policy is also consistent with the limited scope of the TPP Program statute.

In *Mahmoud*, the Supreme Court reviewed certain children's books considered to be "LGBTQ+-inclusive" and found the books were "designed to present certain values and beliefs as things to be celebrated, and certain contrary values and beliefs as things to be rejected." *Id.* at 22. The Court determined that this content—combined with the "decision to withhold notice to parents and to forbid opt outs"—"substantially interferes with [parents'] religious development of their children and imposes the kind of burden on religious exercise that *Yoder* found unacceptable." *Id.* at 21-22. The Court determined that the content at issue portrayed messages and images about same-sex marriage and gender ideology that "impose[d] upon children a set of values and beliefs that are hostile to their parents' religious beliefs." *Id.* at 25 (internal quotation marks omitted). Just as "[p]ublic education is a public benefit," so also OASH seeks to make clear its expectation that, consistent with *Mahmoud*, federal funding provided through the TPP Program will not be conditioned "on parents' willingness to accept a burden on their religious exercise." *Id.* at 32-33. In order not to "burden[] [] parents' right to the free exercise of religion" with respect to their minor children, *id.* at 35, TPP Program grant recipients are expected to provide parents advance notice (including relevant specifics) and the ability to opt out of any content or activities, especially those related to sexuality, that may burden their religious exercise.

Scope of the TPP Program

Programs cannot be funded under the TPP Program if they include materials or activities (including any ancillary supportive services), whether provided by the grantee or by referral, that are inconsistent with, or beyond the scope of, the statutory requirements for TPP programs: (1) to be "medically accurate and age appropriate programs that reduce teen pregnancy," (2) in the case of Tier 1 grantees, to replicate EBPs that "reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors," and (3) in the case of Tier 2 research and demonstration grantees, "to develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy."

The statute funds programs to reduce teenage pregnancy (including behavior risk factors underlying teenage pregnancy or other associated risk factors), and it makes no mention of

ideological content such as the content at issue in *Mahmoud*, gender ideology, or discriminatory equity ideology (as such terms are defined in Executive Order 14190). The statute does not require, support, or authorize teaching minors about such content, including the radical ideological claim that boys can identify as girls and vice versa. Programs must be aimed at reducing teen pregnancy, not instructing in such ideological content. That *Mahmoud* reaffirms that federal funding cannot be conditioned “on parents’ willingness to accept a burden on their religious exercise” confirms that the best reading of the TPP statute does not contemplate such ideological content.

By the same token, material or instruction outside the scope of the TPP Program may include other content that is not related to, or counter to the aim of, reducing teen pregnancy, such as content that encourages, normalizes, or promotes sexual activity for minors, including anal and oral sex, or masturbation, including through sexually themed roleplay. This also may include content on the eroticization of birth control methods, creating more pleasurable sexual experiences, or foreplay techniques.

Definitions

OASH is concerned that the below definitions in the NOFO AH-TPI-23-001 include deficiencies based on the statutory language and Congressional intent of the TPP Program:

Adolescent-friendly services - Services for youth that are equitable, accessible, acceptable, appropriate, and effective.

Age appropriateness - Ensures that topics, messages, and teaching methods are suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group. An age-appropriate program addresses students’ needs, interests, concerns, developmental and emotional maturity levels, experiences, and current knowledge and skill levels. Learning is relevant and applicable to students’ daily lives and concepts and skills are covered in a logical sequence.

Equitable environment - Ensures youth have equal access to and rights to the same opportunities and resources as others.

Health equity - The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

Inclusivity - When all people, especially youth, are fully included, supported, and can actively participate in and benefit from the information they need to make healthy choices. This includes ensuring that program materials and practices do not alienate, exclude, or stigmatize individuals of diverse lived experiences and backgrounds, which includes but is not limited to, individuals who belong to underserved communities, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of

color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise historically marginalized and adversely affected by persistent poverty or inequality.

Medical accuracy - Verified or supported by the weight of research conducted in compliance with accepted scientific methods; and published in peer-reviewed journals, where applicable or comprising information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete.

OASH seeks to clarify these definitions:

“Age appropriate” programs for minors do not contain material that depicts, describes, exposes or presents obscene, indecent, or sexually explicit content. Material or instruction that is not age appropriate for minors may include content that promotes sexual activity for minors, described above, which is also outside the scope of the TPP Program for other reasons.

OASH will determine whether program content is “medically accurate” consistent with the statutory language. “Medically accurate” materials or instructions with pharmaceutical or health-related recommendations are expected to include information on a full range of health risks, so that minors and their parents or guardians can make fully informed decisions. Content that is not “medically accurate” may include inaccurate information about methods of contraception, including associated health risks, or information that denies the biological reality of sex or otherwise fails to distinguish appropriately between males and females, such as for the purpose of body literacy.

The terms “health equity,” “equitable environment,” “inclusivity,” and “adolescent-friendly services” should not be construed to exceed the statutory scope of the TPP program, as described above, or to permit unlawful diversity, equity, or inclusion-related discrimination.

Compliance

TPP Program grant recipients agree to comply with Department regulations and policies in their grant terms, and those determined noncompliant with the PPN may face grant suspension under 45 C.F.R. § 75.371 and grant termination under 45 C.F.R. § 75.372(a) before October 1, 2025, and, starting October 1, 2025, termination under 2 CFR §§ 200.340(a)(1)-(4).

Materials or activities outside the TPP Program’s statutory scope, including those that are not “medically accurate,” “age appropriate,” or are unrelated to reducing teen pregnancy, as described in this PPN, and any expenditures associated therewith are not allowable, reasonable, or allocable to programs that include such content. *See* 45 C.F.R. §§ 75.403-405. TPP Program grant recipients are expected to ensure all program materials comply with this PPN. We are aware that curricula and other program materials—including content disqualified herein as not “medically accurate” or not “age appropriate” or unrelated to reducing teen pregnancy—were previously approved by OASH, and we have taken that into account in weighing factors relating to this policy notice. However, for the reasons described above, the prior administration erred in

approving such materials and that approval exceeded the agency's authority to administer the program consistent with the legislation as enacted by Congress. We understand that compliance with this PPN may require some grantees to revise their TPP Program curricula and content. However, the need to comply with the statutory requirements of the TPP Program, Presidential Executive Orders, and the U.S. Constitution outweighs such burdens. *See* 45 C.F.R. § 75.303(b) (requiring compliance with all Federal statutes, regulations, and the terms and conditions of the Federal award), §§ 75.403-405 (requiring grant expenditures to be reasonable and allocable in order to be allowable). The NOFOs AH-TPI-23-001 and AH-TP2-23-002 additionally required applicants to certify that they “[w]ill comply with all applicable requirements of all other federal laws, executive orders, regulations, and public policies governing financial assistance awards...” The NOFOs also informed applicants that they “must comply with all terms and conditions outlined in the Notice of Award... [including] requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable...”

OASH will not continue to fund materials or activities outside the TPP Program's statutory scope. OASH may re-evaluate the effectiveness of programs consistent with the statutory text and this PPN. OASH may impose additional conditions on grantees that fail to comply with any Federal statutes, regulations or terms and conditions that apply to their awards. *See* 45 C.F.R. § 75.371.

Exhibit D



U.S. Department of Health and Human Services

Office of Population Affairs

Notice of Funding Opportunity
Replicating Effective Teen Pregnancy Prevention (TPP) Programs

Opportunity Number
AH-TP1-26-001

Application Due Date
July 23, 2026

Technical Assistance Webinar Date
June 30, 2026

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BASIC INFORMATION	
Opportunity Title Replicating Effective Teen Pregnancy Prevention (TPP) Programs	
Program Office Office of Population Affairs	Application Submission and Format Electronic application submitted via Grants.gov ONLY.
Opportunity Number AH-TP1-26-001	
Award Type Cooperative Agreement	Application Deadline 7/23/2026
Announcement Type Initial	Technical Assistance Webinar Date 6/30/2026
Assistance Listing 93.297	Technical Assistance Webinar Details visit the OPA website at https://opa.hhs.gov/grant-programs/funding-opportunities for details
Eligible Applicants (see Section A.1 for full details) 	
Executive Order 12372 does apply to this NOFO (see section F.3.D)	
Estimated Total Funding Available \$63,400,000	Estimated Period of Performance (months) 24 12-month first budget period 12-month second budget period - Optional competitive third year
Estimated Number of Awards 52	Anticipated Award Date 9/30/2026
Anticipated Award Funding Range \$900,000 to \$2,000,000 per budget period	Anticipated Project Start Date 9/30/2026
QUESTIONS? Additional contact information in Section J	

SUMMARY

The Office of Population Affairs (OPA) announces the anticipated availability of funds for Fiscal Year (FY) 2026 grants under the authority of Division B, Title II of the Consolidated Appropriations Act, 2026 (Public Law 119-75).

This notice solicits applications for projects that provide medically accurate and age-appropriate programs that reduce teen pregnancy and advance adolescent health by strengthening body literacy, informed consent, and optimal health through the replication of effective teen pregnancy prevention (TPP) programs. Effective TPP programs are those programs that have been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors.

The purpose of this Notice of Funding Opportunity (NOFO) is to support replication of effective programs that provide adolescents with medically accurate, age-appropriate education and counseling that help them understand their bodies, clarify reproductive life goals, and make informed health decisions.

OPA intends to make available approximately up to \$63,400,000 for an estimated 52 grant awards for a period of up to two (2) years with an optional competitive third year. The actual amount available will not be determined until enactment of the FY2027 federal budget.

Funded recipients will be expected to:

1. Replicate evidence-based programs that strengthen adolescent body literacy, informed consent, and optimal health, ensuring all content is medically accurate, age-appropriate, and delivered with high quality and consistency.
2. Integrate body literacy education and reproductive life goals counseling into program delivery, equipping adolescents with a clear understanding of female and male anatomy and reproductive health, the relationship between reproductive and overall well-being or optimal health, and the knowledge needed to make informed, future-oriented health decisions.
3. As applicable, uphold parental rights in program implementation by providing advance notice to parents or guardians that includes relevant details about program content, materials, and activities; offering opportunities for review; and providing clear, accessible processes for parental opt-out of specific content or activities, particularly those related to sexuality that may burden religious exercise or conflict with sincerely held beliefs.
4. Promote optimal health through an upstream, preventive approach by emphasizing root-cause understanding of chronic health conditions that may impact overall health and fertility, encouraging healthy behaviors, and supporting adolescents in developing the knowledge and decision-making skills necessary for long-term physical and mental well-being.
5. Engage stakeholders and monitor program quality and outcomes by maintaining meaningful collaboration with community partners and participants, regularly assessing

implementation and impact, and using data to improve program effectiveness, ensure implementation of evidence-based models, and achieve intended outcomes.

The Office of the Assistant Secretary for Health (OASH) Grants and Acquisitions Management Division (GAM) will administer this competition.

We encourage you to review all program requirements, eligibility information, application format and submission instructions, OASH priorities, and other content of this notice to ensure your application complies with all requirements.

A. ELIGIBILITY INFORMATION

1. Eligible Applicants

You must meet all of the eligibility requirements in order for us to review your application.

a. Eligible Entities

Any public or private entity is eligible to apply.

Additional examples of eligible organizations include:

Any public or private entity located in a State (which includes one of the 50 United States, District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the U.S. Virgin Islands, American Samoa, the Marshall Islands, the Federated State of Micronesia, and the Republic of Palau (hereafter, States)) is eligible to apply for a grant under this announcement. Faith-based organizations and American Indian/Alaska Native/Native American (AI/AN/NA) organizations are eligible to apply.

Examples of eligible Organizations include:

- State Governments
- U.S. territories
- County Governments
- City or township governments
- Special district governments
- Independent school districts
- Public and State controlled institutions of higher education
- Native American tribal governments (Federally recognized)
- Public Housing authorities/Indian housing authorities
- Native American tribal organizations (other than federally recognized tribal governments)
- Nonprofits having 501(c)(3) status with the IRS, other than institutions of higher education

- Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education
- Non-profit private institutions of higher education
- For-profit organizations, including small businesses

b. PD/PI Eligibility

There is no restriction on an individual's eligibility to be Project Director (PD)/Principal Investigator (PI) on an application. However, we will not make an award with a PD/PI who has an active government-wide exclusion, suspension, or debarment recorded in SAM.gov.

We expect that throughout the period of performance the PD/PI will be involved in, and have substantial knowledge about, all aspects of the project. Although your organization may recognize co-PD/PIs on team-managed projects, we recognize only a single PD/PI who will be responsible for the programmatic aspects of the project.

c. Other Considerations

Submitting Multiple Applications

You may submit more than one application, but each application must be for a distinctly different project.

If you submit multiple applications for the same project, we will accept only the last application submitted a Grants.gov timestamp that is before the due date and time. We will disqualify all other versions of the application. See Section G.1.b for all disqualification factors.

Submitting an Application as a Group or Consortium

For any given project, we will only make an award to a single eligible entity. More than one entity may choose to work together on a project under this opportunity, but only one entity may submit the application. If awarded, that entity will be the award recipient and will be responsible for conducting the project.

The other entities may participate in the project, if awarded, and would be responsible to the recipient for their respective roles, typically as subrecipients.

Groups may form a consortium, partnership, or other legally recognized entity for the purpose of applying for this opportunity and carrying out any awarded project. The resulting entity must exist and be legally recognized when it applies and must have an active registration in SAM.gov. We will conduct a risk assessment on the applying entity (Section G.4) prior to making any award.

Eligibility Documentation

Entity eligibility documentation (e.g., proof of 501(c)(3) status as determined by the Internal Revenue Service or an authorizing Tribal Resolution) must be included in the submitted application. For additional information, see Section F.4.a During our review of your application, we might request additional documentation to support your eligibility. This request means only that your application is under review and not that you will receive an award.

More specific information on the type of documentation that we might request specific to this opportunity appears in Section F.4.b.

Application Disqualification

We will disqualify applications that fail to meet the eligibility, responsiveness, formatting, and submission requirements (Sections G.1.b) prior to conducting merit review. Disqualified applications will not undergo further review.

We will notify disqualified applicants at the end of the competition when we announce the award recipients.

2. Application Responsiveness Criteria

We will review your application to determine whether it meets the responsiveness criteria below. If your application does not meet the responsiveness criteria, we will disqualify it from the competition; we will not review it beyond the initial screening.

The responsiveness criteria are as follows:

- Not applicable

3. Cost Sharing or Matching

You are not required to provide cost sharing or matching in your proposed budget.

B. Required Alignment with OASH Mission and Agency Priorities

The recipients of this award must implement any funds awarded under this NOFO to effectuate program goals and agency priorities in accordance with the Priorities of the Office of the Assistant Secretary for Health (available at <https://health.gov/priorities>), and when authorized by law according to the TPP statute, regulations, legislative mandates, and additional program guidance. Funded activities must advance and support OASH's mission to improve the health and well-being of Americans.

Consistent with OASH's mission, in carrying out any project that is funded under this NOFO, recipients must align program design and activities with the agency priorities, where consistent with the authority and scope of the award.

In addition, the recipient is required to administer any project that is awarded under this NOFO in accordance with the following objectives in the Teen Pregnancy Prevention Program that are authorized to advance them:

1. Promote body literacy education for making informed and healthy decisions that advance optimal health

The recipients must demonstrate ongoing compliance with these priorities, in all programs that are authorized to advance them, through program design, implementation, reporting, and evaluation. Failure to meaningfully align funded activities with the applicable requirements may

result in corrective action, additional reporting requirements, or other actions consistent with federal grant regulations found at 2 C.F.R. Part 200 and the terms and conditions of this award (including termination pursuant to 2 C.F.R. 200.340(a)(4) for no longer effectuating program goals or agency priorities).

C. PROGRAM DESCRIPTION

The Office of the Assistant Secretary for Health (OASH), Office of Population Affairs (OPA) announces the anticipated availability of funds for Fiscal Year (FY) 2026 grants under the authority of Division B, Title II of the Consolidated Appropriations Act, 2026 (Public Law No. 119–75).

The primary focus of OASH is to lead Americans toward healthier lives by promoting health and well-being across the lifespan. This includes the reproductive lifespan, supported through innovative, evidence-based programs, services, partnerships, and research that strengthens family formation and assists people in achieving healthy pregnancies, while ensuring transparency and respect for parental rights through advance notice and meaningful opt-out provisions. To learn more about the TPP program, please visit the OPA website <https://opa.hhs.gov/grant-programs/teen-pregnancy-prevention-program/about-tpp-program>.

Grants funded through this NOFO will support the replication of evidence-based teen pregnancy prevention programs that strengthen adolescent body literacy, informed consent, and optimal health. Funded projects will deliver medically accurate, age-appropriate education and counseling that integrate body literacy with reproductive goals counseling, while ensuring transparency and respect for parental rights through advance notice and meaningful opt-out provisions. In addition, recipients will build the capacity of local community organizations to replicate these programs with accuracy and quality. The goal of this NOFO is to promote an upstream, preventive approach to adolescent health by equipping young people with the knowledge and decision-making skills necessary for lifelong well-being, thereby supporting optimal health and reducing rates of teen pregnancy.

Background

Most Americans do not know how their bodies function in a state of health. They lack basic understanding of the relationships between hormonal and reproductive health and overall physical and mental well-being, and they are often unaware of how decisions made during adolescence and young adulthood may affect health, fertility, and quality of life in adulthood. This widespread health and body illiteracy undermines informed consent, weakens preventive health efforts, and contributes to poor long-term health outcomes.

Body illiteracy is reflected in the near absence of body literacy education standards nationwide. At present, the only formal body literacy standards in the United States are the first-of-their-kind Menstrual Health Education standards adopted in Washington, D.C. in March 2023. The absence of broader standards has left most adolescents without

foundational biological knowledge needed to interpret their bodies, engage meaningfully with healthcare providers, or understand the implications of sexual and medical decisions.

As a result of body illiteracy, adolescents—particularly young women—often lack informed consent around healthcare decisions. For example, many do not receive comprehensive information about the side effects associated with widely prescribed medications. This leads to a healthcare approach that prioritizes pain relief and symptom suppression over root-cause evaluation and treatment for reproductive health concerns for long-term health. Without foundational biological education, adolescents and young adults are less likely to seek or expect comprehensive care that addresses underlying causes rather than masking symptoms.

Body literacy is also related to unexpected pregnancy. Many young women enter adolescence and early adulthood without understanding how their bodies function in a state of health, limiting their ability to make informed decisions about sexual behavior and prevention.¹ Although reducing sexual risk behaviors is not the sole aim of body literacy education, research shows that adolescents who receive such education demonstrate healthier decision-making.² Studies indicate that girls who receive body literacy education are much more likely to remain abstinent compared to their body-illiterate peers, suggesting that knowledge and self-understanding support protective behaviors.^{3,4} Programs supported under this initiative are expected to strengthen adolescents' understanding of both female and male reproductive health. For girls, this includes instruction on the menstrual cycle, ovulation as a key indicator of health, recognition of normal versus abnormal patterns, and the connection between reproductive health and overall physical and mental well-being. For boys, this includes education on male pubertal development, hormonal rhythms, fertility, and the ways sleep, nutrition, physical activity, and behavior influence endocrine health and long-term reproductive function. By providing adolescents of both sexes with accurate biological frameworks, these programs support healthier behaviors, improved self-awareness, and earlier recognition of potential health concerns.

In addition to biological education, programs supported under this initiative are expected to incorporate reproductive goals counseling that helps adolescents reflect on their goals related to relationships, childbearing, career, and future family formation. By integrating body literacy education with reproductive goals counseling, these programs place sexual

¹ Hall, Kelli S., et al. "Understanding Factors Contributing to Unintended Pregnancy." *American Journal of Public Health*, vol. 102, no. 3, 2012, pp. 1–8; Polis, Chelsea B., and Laurie Zabin. "Missed Conception: Fertility Knowledge and Pregnancy Risk." *Contraception*, vol. 85, no. 4, 2012.

² Manhart, L. E., Aral, S. O., Holmes, K. K., & Foxman, B. "Sex Partner Concurrency: Measurement, Prevalence, and Correlates Among Adolescents." *American Journal of Public Health*, vol. 101, no. 10, 2011, pp. 1896–1902. This study and related literature document associations between biological awareness, self-monitoring, and adolescent sexual decision-making.

³ Klaus, H. M. *Abstinence and Teen Fertility Awareness: Behavior Outcomes Among At-Risk Youth*. Life Issues Institute, 2004. Program evaluation findings report delayed sexual initiation among adolescent girls receiving fertility-awareness-based education compared to peers who did not receive such instruction.

⁴ Sinai, I., et al. "Fertility Awareness-Based Methods of Family Planning: A Review of Effectiveness for Avoiding Pregnancy." *Journal of Midwifery & Women's Health*, vol. 57, no. 6, 2012, pp. 547–554. This review highlights the role of fertility awareness education in increasing reproductive health knowledge and self-efficacy.

decision-making within a broader framework of optimal health, responsibility, and future planning, thereby strengthening informed consent across the reproductive lifespan. Optimal health is a dynamic balance of physical, emotional, social, spiritual, and intellectual health, and not merely the absence of disease or dysfunction. It reflects the highest level of health an individual can achieve and is supported by knowledge, skills, and behaviors that promote resilience, functioning, and long-term well-being across the lifespan.

Lifestyle change can be facilitated through a combination of learning experiences that enhance awareness, increase motivation, build skills, and provide access to environments that make positive health practices the easiest choice.⁵

To have a more significant impact on teen pregnancy and STIs and to achieve optimal health, it is crucial for communities to have the tools and resources needed to support youth and parents. Optimal health emphasizes a holistic approach that aims to move individuals towards better health by promoting healthier behaviors and not just preventing disease. This model can be applied at the individual level, encouraging people to make informed choices and prioritize their well-being.

TPP Program grant recipients should ensure transparency and respect for parental rights in the delivery of program content. Recipients are expected to provide parents or guardians with advance notice that includes sufficient detail about program content, materials, and activities, and to offer a meaningful opportunity to review such materials upon request. Recipients should also provide a clear and accessible process for parents to opt their children out of any specific content or activities, particularly those related to sexuality, that may burden their religious exercise or conflict with sincerely held beliefs. These three main elements of providing advance notice of materials to parents and guardians; offering meaningful opportunity for parents and guardians to review first; and having in place a clear process for parents and guardians to opt their child out of content or activities should also be implemented for funded projects that occur outside school hours or in a non-school setting.

This requirement is consistent with constitutional and statutory protections for religious liberty and parental rights. In *Mahmoud v. Taylor*, 606 U.S. ____ (2025), which relates to school programs during school hours, the Supreme Court reaffirmed that the government may not condition participation in a public program or receipt of a public benefit on a parent's willingness to accept a burden on their religious exercise. Similarly, in *Mirabelli v. Bonta*, No. 25A810 (U.S. 2026), the Court recognized the importance of protecting parents' ability to direct the upbringing of their children and that the state cannot override that role in a way that causes irreparable harm. In the context of federally funded adolescent health programming, these principles underscore that participation must remain voluntary and that parents must retain the ability to direct the upbringing and education of their children. Accordingly, funded programs should be implemented in a manner that avoids compelling participation in content that conflicts with protected beliefs and does not rely on or require ideological content inconsistent with these protections.

⁵ O'Donnell M. Definition of Health Promotion 2.0: Embracing Passion, Enhancing Motivation, Recognizing Dynamic Balance, and Creating Opportunities. *American Journal of Health Promotion*. 2009;24(1): iv-iv.

Eligibility of Effective Programs to be Replicated Under this NOFO

The focus of this NOFO is to support the replication of evidence-based teen pregnancy prevention programs that strengthen adolescent body literacy, support informed consent, and promote optimal health. Eligible programs are those that have been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors. Programs selected for replication must deliver medically accurate, age-appropriate education and counseling and be implemented with fidelity to their evidence-based design. All programs must meet the criteria outlined in [Appendix A – Criteria for Eligible TPP Effective Programs](#), which specifies the level of evidence and evaluation quality required for eligibility and aligns with the Department’s commitment to gold standard science.

The TPP program has a longstanding commitment to funding programs supported by strong evidence and evaluated using rigorous, transparent methods. The criteria described in Appendix A ensure that funded programs reflect high-quality evidence of effectiveness. For this NOFO, any program that meets these criteria and aligns with the program’s focus on body literacy, informed consent, and preventive health is eligible for replication.

For purposes of this NOFO, “replication” refers to the implementation of an evidence-based program in a new setting or population while maintaining fidelity to its core components. Throughout this NOFO, the terms “replication” and “implementation” are used interchangeably to describe this process. Funded recipients are expected to implement selected programs with fidelity and quality, while ensuring transparency in program delivery and respect for parental rights, including advance notice and meaningful opt-out provisions where applicable.

1. Expectations for Recipients

The goal of this funding opportunity is to implement evidence-based teen pregnancy prevention (TPP) programs that strengthen adolescent body literacy, support informed consent, and promote optimal health, while building the capacity of local community organizations to deliver these programs with fidelity and quality. Funded strategies should expand access to medically accurate, age-appropriate programming that equips young people with the knowledge and decision-making skills needed for lifelong well-being and the prevention of teen pregnancy. Programs should be implemented in a manner that supports transparency and parental engagement, including advance notice and meaningful opt-out provisions.

Recipients will be expected to:

1. Implement medically accurate and age-appropriate programs

Recipients must implement teen pregnancy prevention programs that are medically accurate and age-appropriate, and must describe the processes used to ensure these priorities.

“Age-appropriate” content assures that topics and themes are appropriate for the age group and other specific characteristics of the target audience. All program content must be suitable for the

developmental stage of the intended audience and support healthy, informed decision-making, including promoting delayed sexual initiation as a behavior associated with reduced teen pregnancy.

Medically accurate materials and instruction are expected to be grounded in current, evidence-based scientific and clinical knowledge, and be within the scope of TPP statutory requirements to prevent teenage pregnancy. When materials provide information on widely prescribed medications for sexual and reproductive health, for example, the information should reference potential health risks to support minors and their parents or guardians in informed decision-making, which may include a desire to consult with their healthcare provider.

It is the responsibility of the recipient to ensure that all project materials—including curricula and any supplemental materials (e.g., facilitator and participant manuals, videos, podcasts, posters, scripts, participant booklets, and handouts)—are medically accurate and age-appropriate.

Recipients must submit all program materials to OPA for medical accuracy review prior to implementation and may be required to provide materials for review prior to award. All materials must align with applicable OASH priorities. If applicable and available at the time of application, include in your appendices any formal, written agreements (e.g., MOUs) from the developer/purveyor/copyright holder of the intervention indicating that you have permission to use and to make any changes to materials. (Changes may include those to ensure medical accuracy, age-appropriateness, and alignment with applicable OASH priorities, for example.) Recipients must maintain a staffing plan that ensures the expertise necessary to implement medically accurate and age-appropriate programs with accuracy and quality. Within three months of award, recipients must develop and maintain a professional development plan that supports staff capacity to effectively deliver program content. This plan must be reviewed and updated at least annually to ensure it remains responsive to project needs.

Effective Programs Eligible for Implementation

Recipients must ensure that all programs implemented under this NOFO meet the criteria outlined in [Appendix A – Criteria for Eligible TPP Effective Programs](#). Selected programs must be implemented with fidelity to their core components while also being appropriate for the intended population and setting.

Within five months of award, recipients must submit their selected programs for approval. Within six months, recipients are expected to pilot approved programs with a small number of participants to assess feasibility and implementation readiness. The purpose of the pilot is to determine whether the program can be successfully implemented as designed.

Within 12 months of award, recipients must fully implement approved programs, including obtaining approval for any proposed adaptations and establishing formal agreements (e.g., contracts or memoranda of understanding) and implementation plans for each site. Recipients may add or discontinue programs over the project period, as needed, provided all programs continue to meet eligibility requirements and are implemented in accordance with the medically accurate and age-appropriate standards described above.

2. Implement Body Literacy Education to Support Informed Consent

Recipients must incorporate body literacy education into program curricula as a foundational component of informed consent and adolescent health. Body literacy education should equip young people with a clear understanding of how their bodies function in a state of health, enabling them to interpret biological signals, recognize deviations from normal function, and make informed decisions about their well-being.

Programs must include two distinct educational modules: one focused on female reproductive health and one focused on male reproductive health.

The female reproductive health module must include, at a minimum: basic female anatomy and physiology; the four phases of the menstrual cycle (menstrual, follicular, ovulatory, and luteal) and associated patterns in energy, mood, and physical health; identification and interpretation of key biomarkers of the cycle; and recognition of ovulation as the central event and primary indicator of hormonal health and fertility. Instruction must also address the role of hormonal health as a key indicator of overall well-being, including its effects on multiple body systems, and support adolescents in distinguishing healthy cycle patterns from abnormalities that warrant medical evaluation. Programs should emphasize that persistent pain, irregularity, or other disruptive symptoms are not normal and may reflect underlying conditions requiring diagnosis and treatment. Instruction must also include an overview of approaches to managing menstrual health concerns, including the advantages and disadvantages of ovarian suppression compared to approaches that address root causes.

The male reproductive health module must include, at a minimum: basic male anatomy and physiology; an understanding of testosterone as a hormone responsive to sleep, physical activity, and environmental stimuli; the role of healthy testosterone levels in supporting physical, cognitive, and emotional health; and the function of the brain in sexual development and behavior. Instruction must include the physiology of arousal, including normal indicators of hormonal health such as waking erections or nocturnal emissions, and provide developmentally appropriate strategies for managing spontaneous arousal in ways that support self-regulation, health, and future fertility. Programs should also address how repeated or artificially stimulated arousal may affect neural development and behavior over time.

Across both modules, body literacy education must emphasize the connection between hormonal health and overall health, including the role of sleep, nutrition, physical activity, and stress in shaping endocrine function, mental well-being, and long-term reproductive health. Instruction should support adolescents in developing self-awareness, recognizing patterns in their physical and emotional health, and engaging more effectively with healthcare providers.

Recipients are expected to ensure that body literacy content is medically accurate, age-appropriate, and aligned with current standards. Recipients must coordinate with the TPP Training Center to access up-to-date guidance, curricula, and training resources to support effective implementation of body literacy education.

3. Implement Reproductive Goals Counseling

Recipients must incorporate reproductive goals counseling as a core component of program implementation. Reproductive goals counseling should be developmentally appropriate and designed to help adolescents reflect on their future aspirations related to relationships, childbearing, and family formation.

Reproductive goals counseling must support adolescents in understanding how current behaviors, health choices, and life decisions may affect their future reproductive health and overall well-being. Counseling should present evidence-informed pathways associated with improved economic and family stability, including completion of education, participation in the workforce, and marriage prior to childbearing. Research indicates that individuals who follow this sequence experience substantially lower risks of poverty across socioeconomic groups.

Program counseling should affirm marriage and parenthood as meaningful and valued components of adult life and support adolescents in considering long-term reproductive goals within the broader context of health, responsibility, and future planning. Counseling should support informed decision-making by helping adolescents understand how life choices, reproductive health, and fertility intersect to shape long-term stability, health, and well-being.

Recipients are expected to ensure that reproductive goals counseling is medically accurate, age-appropriate, and aligned with program requirements. Counseling should be delivered in a manner that promotes optimal health, supports informed consent, and is responsive to the developmental needs of adolescents.

4. Ensure Transparency and Protection of Parental Rights

Fostering the relationship between adolescents and their parents or caregivers is important for the prevention of adolescent health risk behaviors including sexual activity. The TPP grant recipients should ensure transparency and respect for parental rights by providing parents or guardians advance notice of program content, materials, and activities, and offer meaningful opportunity to review such materials. Recipients should also provide a clear and accessible process for parents to opt their children out of any specific content or activities, particularly those related to sexuality, that may burden their religious exercise or conflict with sincerely held beliefs. These three main elements of providing advance notice of materials to parents and guardians; offering meaningful opportunity for parents and guardians to review first; and having in place a clear process for parents and guardians to opt their child out of content or activities should also be implemented for funded projects that occur outside school hours or in a non-school setting.

These requirements reflect longstanding constitutional and statutory protections for religious liberty and parental authority. In *Mahmoud v. Taylor*, 606 U.S. ____ (2025), which relates to school programs during school hours, the Supreme Court reaffirmed that public programs may not impose conditions that burden a parent's religious exercise. In *Mirabelli v. Bonta*, No. 25A810 (U.S. 2026), the Court emphasized the fundamental role of parents in directing the upbringing and education of their children.

Consistent with these principles, recipients should structure program delivery in a way that does not compel participation in content that conflicts with protected beliefs and preserves the ability of parents to guide their children's education. Consistent with applicable state law, recipients are expected to only provide referrals for other medical procedures with parental consent. Programs should avoid incorporating content that would undermine these protections or condition participation on acceptance of such content.

5. Incorporate Sexual Risk Avoidance Education

Recipients are expected to incorporate sexual risk avoidance (SRA) education as a component of program delivery. SRA education provides adolescents with clear, evidence-informed information about the health and social benefits of avoiding sexual activity during adolescence, and supports young people in developing the knowledge, skills, and motivation to make risk-avoidance decisions consistent with their long-term well-being.

Programs should draw on SRA curricula and frameworks that provide developmentally appropriate instruction on the risks associated with adolescent sexual activity, the benefits of delay, and strategies for resisting social pressure. SRA content should complement body literacy education and reproductive goals counseling by reinforcing connections between sexual decision-making, hormonal health, emotional well-being, and future reproductive outcomes.

SRA instruction must be medically accurate, age-appropriate, and should be delivered in a manner that is supportive, non-stigmatizing, and responsive to the developmental needs of adolescents. Recipients are expected to coordinate with the TPP Training Center to identify appropriate SRA resources and ensure alignment with program goals and current guidance.

6. Regularly monitor and evaluate project activities, analyze findings, and apply results to strengthen implementation, improve quality, and ensure progress toward achieving project goals.

Throughout the course of the project, OPA expects recipients to monitor, evaluate, and continuously improve the 1) fidelity and quality of effective program implementation; 2) the quality and effectiveness of body literacy education and reproductive goals counseling; and 3) the project approach in achieving the goals of the NOFO. For this NOFO, the purpose of monitoring and evaluation is to focus on implementation evaluation and ensuring the quality of all aspects of the project. Recipients are expected to develop a Monitoring, Evaluation, and Improvement (MEI) Plan within 3 months of funding that:

- Determines if the project approach is achieving its goals.
- Determines if effective teen pregnancy prevention programs are being implemented with high fidelity and quality to include collecting data on fidelity and quality from program facilitators as well as from observations of at least 10% of all program sessions and 100% of all program facilitators.
- Identifies what is working and what is not to improve implementation and the project approach.

- Ensures recipient staff are maintaining and enhancing the competencies and skills needed to execute the project successfully.

The MEI plan should demonstrate how you will use performance measures and other relevant data, including parent and stakeholder feedback, to monitor progress in meeting approved project goals and objectives.

We expect recipients to foster collaboration and data-sharing between implementation staff, evaluation staff, and other partners (if applicable) to reflect a team approach. Such an approach is critical to the success of the overall project. Implementation and evaluation staff should work together to determine the data to collect, methods and process of collection, and translating data collected to improve the project and make data-informed decisions.

Recipients must also collect all performance measures (OMB #0937-0213, Expiration July 31, 2026, renewal in progress see [Appendix B – TPP Performance Measures](#)) and report them on a semi-annual basis. In collecting performance measures and other project data, recipients should review all relevant state laws, organizational policies, and other administrative procedures prior to collection to ensure the feasibility of data collection. If necessary, recipients should obtain any necessary permission from all partner organizations to collect required data.

As this is an initiative intended to replicate effective programs, any evaluation-type activities should focus on monitoring project activities, implementation, and ensuring the quality of all aspects of the project. **This is not a research award.**

As a condition of the award, we may require selected recipients to participate in any OPA-directed Federal Evaluation, if funding for such an evaluation becomes available. The Federal Evaluation contractor will pay for any costs associated with evaluation data collection for the Federal Evaluation.

2. Federal Involvement in the Project

If you receive an award, we will encourage you to seek the advice and opinion of federal staff when problems arise. However, you would be responsible for making sound programmatic and administrative judgments. The responsibility for operating decisions will be yours and does not shift to HHS, OASH, or Office of Population Affairs.

Under a grant, the program office's involvement may include routine monitoring and technical assistance such as monthly conference calls, occasional site visits, ongoing review of plans and progress, participation in relevant meetings, provision of training and technical assistance.

Awards will be in the form of cooperative agreements with the recipient. Cooperative agreements are a form of assistance that allows for substantial involvement between federal program office and the recipient during the project period. Substantial programmatic involvement from OPA may include:

- a. Prior approval for change of time that Key Personnel are dedicated to the project and for replacement of Key Personnel. Key Personnel includes any position that is responsible for the day-to-day management and oversight of the project.

- b. Consulting with the recipient throughout the preparation and dissemination of materials related to the grant.
- c. Review all materials prior to use in the project, to include effective program materials, for medical accuracy, age appropriateness, alignment with OASH priorities, and use of clear and accurate language.
- d. Review and approval of effective programs selected for replication, implementation plans, and proposed adaptations to effective programs.
- e. Serving as a programmatic resource during the implementation of the project by contributing with subject matter expertise.
- f. Assisting the recipient in the review and revision of priorities for activities conducted under the cooperative agreement.

3. Eligibility criteria for project participants

You must not restrict participation in the project on the basis of race, color, national origin, religion, sex, disability, age, or another protected characteristic (See Section I.5).

D. AWARD INFORMATION

Budget period(s)

We expect to fund awards in two 12-month budget periods for a total period of performance up to 24 month(s) with an optional competitive third year. However, we may approve shorter periods of performance. Budget periods may vary from the estimated 12 months because of the timing of award issuance or other administrative factors.

For multi-year projects, recipients must submit a non-competing continuation (NCC) application for each budget period after the first. We anticipate offering a competing continuation for a third year for the purpose of providing funding to support selected recipients as they transition projects to sustainability. We will provide guidance generally 3 months prior to the end of the active budget period. Continuation funding is contingent upon the availability of funds, satisfactory progress of the project, appropriate stewardship of federal funds, and the best interests of the government. Funding for all approved budget periods after the first is generally the same as the initial award amount and may be subject to any offset with funds unused in a previous budget period.

E. APPLICATION CONTENTS AND FORMAT

1. Format of the Application

You must prepare your application using the forms and information described in this NOFO. The official online application package on Grants.gov contains all necessary forms and guidance for preparing an application. This package includes but is not limited to:

- Full Text of the NOFO
- Standard forms (required) and their instructions

- SF-424 Application for Federal Assistance
- SF-424A Budget Information for Non-Construction Programs
- SF-LLL Disclosure of Lobbying Activities
- Project Abstract Summary
- Sample templates, if available.

In addition to the four standard forms in the application package, your application will consist of 3 sections of materials you prepare:

1. Project Narrative
2. Appendices to the Project Narrative
3. Budget Package.

We strongly encourage you to read all instructions for the application format and content to avoid disqualification of your application. An application checklist is available in Section K.1.

a. Project Narrative – Formatting

Following the formatting instructions below will help ensure that your application is readable for review process. Acceptable electronic file formats are in Section F.3.a.

Names of Individuals

We encourage you to use individuals' full names (first, middle, last) on the standard forms and any other documents such as résumés/curricula vitae/biographical sketches to distinguish them for verification in the SAM exclusion records. Delays may result in award processing if full names are not provided.

You should avoid submitting personally identifiable information such as personal contact information (e.g., home address and telephone number) on résumés/curricula vitae/biographical sketches. Do not submit social security numbers.

If you receive an award, only one Project Director/Principal Investigator (PD/PI) will be named on the award documents. (Section A.1.b) Avoid using a placeholder or honorary PD/PI. If you have not hired an individual to be the PD/PI, you should name an interim PD/PI, and your application should clearly identify that person as such.

We typically expect the PD/PI to be named on the SF-424 in box 8.f. Avoid naming grant writers in box 8.f unless they have the expertise to respond to technical questions about the proposed project in a timely manner.

Identify other personnel who are essential or key to the execution of the proposed project clearly in your project narrative.

If you receive an award, a request for a change in PD/PI or key personnel under any circumstance requires prior approval of the grants management officer before becoming effective. We may disallow any costs incurred as a result of that change prior to our approval. See Section I.1.c.

Page Formatting

If you submit documents that do not conform to the following instructions, GAM will disqualify your application during the review process (Section G.1.b).

Use an easily readable typeface, such as Times New Roman or Arial.

Use a 12-point font.

Use an 8.5" X 11" page size. Any other size page (e.g., A4, legal) will disqualify your application.

You must double-space the Project Narrative pages or we will disqualify your application. You may single-space tables or use alternate fonts, but you must ensure the tables are easy to read.

Do not number pages or include a table of contents. Our grants management system will generate page numbers once your application is complete.

You must submit your application in the English language and in terms of U.S. dollars ([2 C.F.R. § 200.111\(a\)](#)).

Page Limits

Your project narrative and appendices must adhere to these page limits.

The page limits do not include the budget package (Section E.2.c)

The page limits do not include the required forms (SF-424, SF-424A, SF-LLL, and the Project Abstract Summary)

If your application exceeds the specified page limits when printed on 8.5" X 11" page, we will not review your application further.

We encourage you to print out your application before submitting it to ensure that it is within the page limits and is easy to read. Do not reduce pages to fit multiple pages on a single sheet to avoid exceeding the page limitation.

Do not hyperlink to documents or sites outside of your application to augment your application. Reviewers will not be permitted to follow links to external content during their assessment of your application. The one exception to this is a link to your internal controls as part of your budget package (Section E.2.c.3).

	Page Limit
Project Narrative	____50____

Project Narrative plus Appendices	_____100_____

Labeling Proprietary Information

Proprietary information includes patentable ideas, trade secrets, privileged or confidential commercial or financial information, the disclosure of which may harm the applicant. You should include proprietary information in your application only to the extent that it is essential to the reviewers' understanding of the project. Proprietary information should not appear in your Project Abstract Summary.

If your application contains proprietary information, you should clearly label the top of the first page of the project narrative. For example,

Contains proprietary or confidential information that [Your Organization Name] requests not be released to persons outside the government, except for purposes of review and evaluation.

Awarded applications are subject to release under the Freedom of Information Act (FOIA) with redactions as the FOIA statute permits.

b. Appendices to the Project Narrative – Formatting

Your appendices should include any specific items outlined in Section E.2.b. Your documents should be easy to read.

You should use the same formatting specified for the Project Narrative. However, documents such as résumés/curricula vitae/biographical sketches, organizational charts, tables, Memoranda of Agreement (MOAs) or Letters of Commitment (LOCs) may have formatting common to those documents, so long as the pages are easy to read. For example, resumes, MOAs and LOCs may be single-spaced.

You must upload all of your appendices as a single, consolidated file in the Attachments section of your Grants.gov application. You must use an acceptable file format (Section F.3.a). We strongly encourage you to convert your file(s) to PDF format before uploading and review them to ensure accurate conversion.

Your Project Narrative plus the Appendices may not exceed the total number of pages for the application (Section E.1.a).

c. Budget Package - Formatting

The budget narrative should use the formatting required of the project narrative for the explanatory text. Budget tables may be single-spaced but should be laid out in an easily readable format and within the printable margins of an 8.5" x 11" page. You must use an acceptable file format (Section F.3.a). We do not accept Excel or other similar spreadsheet formats.

The application page limit does not include the SF-424A or the budget narrative (including budget tables).

We recommend you present budget amounts and computations in a columnar format: first column, object class categories; second column, federal funds requested; third column, non-federal resources; and last column, total budget.

Object Class	Federal Funds Requested	Non-Federal Resources	Total Budget
Personnel	\$100,000	\$25,000	\$125,000

2. Content

a. Project Narrative - Content

The Project Narrative is the most important part of your application. We will use it as the primary basis to determine whether your project merits an award. The project narrative should provide a clear and concise description of your project. We recommend that your project narrative include the following components with the requested information. Labeling the sections accordingly will help the reviewers find information quickly.

You must clearly describe the administrative, management, and clinical capability of the applicant organization and plans for delivering services that meet the expectations outlined in the NOFO. You should include all services to be provided by the project as part of the program plan. Proposed projects must adhere to all requirements of the TPP statute; applicable regulations; and legislative mandates.

Successful proposals should include the following:

Project Significance

- Describe the service area including the geographic boundaries used to define it. Provide a geographic map of the service area.
- Describe the population of focus. The primary participants to receive programming under an award should be adolescents and youth (children ages 10-13, 13-18, etc.).
- Demonstrate the needs of the community and population related to teen pregnancy and associated risk factors. Include current data that supports the rationale for focusing on this community(ies) and population, specifically documenting a teen birth rate that is at least above the current national average.
- Describe how the proposed project would support programming that strengthens body literacy, informed consent, and adolescent reproductive health knowledge.
- Demonstrate an understanding of the underlying factors contributing to teen pregnancy and poor reproductive health outcomes in the service area, including

gaps in foundational biological knowledge, access to medically accurate information, and opportunities for informed decision-making.

- Describe how the proposed project will address unmet needs in the community and not duplicate already existing resources.
- Demonstrate an understanding of the complexity of the overall project, potential challenges, and proposed solutions to overcome such challenges.

Technical Approach

- Provide a clear and concise description of the approach you are proposing to meet the expected performance goals and outcomes outlined in this NOFO. You should refer to your logic model and work plan throughout your narrative, as needed.
- Demonstrate your understanding of effective teen pregnancy prevention programs and the criteria outlined in this NOFO for what an eligible effective program for replication is under the TPP program. Demonstrate how your proposed effective program(s) is realistic and feasible based on the needs, capacity, and readiness of the community and population.
 - For each effective program proposed for replication, provide a summary confirming that at least one research study of the program meets the criterion outlined in [Appendix A – Criteria for Eligible TPP Effective Programs](#) of the NOFO. Include a citation and abstract for each study.

**Identifying an effective program in the application does not guarantee approval. After an award is made, OPA will review the submitted information to verify the program's eligibility. Recipients may not implement any program until it has been reviewed and approved by OPA as an effective program.*

- Provide a work plan that is aligned with the performance outcomes outlined in this NOFO.
- Describe how body literacy education, reproductive goals counseling, and sexual risk avoidance (SRA) education will be integrated into program implementation.
- Provide a clear description of how and where the proposed effective program will be implemented. If you are proposing implementation partners, describe how those partners will implement the effective program.
- Describe how you will implement effective programs that are medically accurate and age-appropriate. Outline your process for reviewing, selecting, and approving curricula and materials, including procedures to ensure all instructional content is age-appropriate and medically accurate.
- Quantify the number of adolescents and young adults you will reach annually through program implementation. Describe the total population in the service area and estimate the proportion you intend to reach.
- Describe specific strategies that will be used to recruit and retain participants, and provide a rationale for why the strategies are expected to be successful.
- Describe how you will ensure transparency in program delivery and uphold parental

rights. This includes providing advance notice of program content and materials, offering opportunities for review, and allowing parents or guardians to opt their children out of specific program content or activities, particularly those related to sexuality.

- Describe your plans for monitoring, evaluating, and improving the project (i.e., your MEI plan). Describe the data you will collect and how you will use the data to monitor, evaluate, and continuously improve 1) fidelity and quality of effective program implementation; 2) the quality and effectiveness of body literacy education and reproductive goals counseling and 3) progress toward achieving program goals, including improvements in informed decision-making and optimal health.
- Describe how you will collect required performance data, identify anticipated barriers to data collection, and explain how those barriers will be addressed.
- Demonstrate that your project is likely to be ready for full implementation within 12 months of funding. See information presented under [Work Plan](#) for an outline of key deliverables expected within the first 12 months of funding and throughout the project period.

Stakeholder Engagement and Sustainability

- Describe your strategy for meaningfully engaging stakeholders—including adolescents, parents or guardians, community partners, and relevant organizations—across all phases of the project (planning, implementation, and evaluation).
- Describe your plan for dissemination and communication that:
 - raises awareness of the project and promotes adolescent health, body literacy, and informed decision-making; and
 - facilitates sharing of progress, outcomes, and lessons learned among partners and stakeholders.
- Describe your approach or plan for sustaining the project after the period of Federal funding ends. Describe what sustainability means for the proposed project, sustainability priorities, and how sustainability will be integrated into the earliest stages of project planning.
- Describe challenges to sustainability that exist and how these challenges will be addressed during the project period.

Organizational Capacity, Partnerships, and Expertise

- Describe your organization's mission and how it aligns with the goals of this NOFO, including advancing body literacy, informed consent, and optimal health. Demonstrate your experience working within the service area and with adolescent populations.
- Describe your capacity and experience selecting and implementing evidence-based teen pregnancy prevention programs that are medically accurate, age-appropriate, and appropriate for the intended population and setting.

- Demonstrate your organization’s ability to implement programs with fidelity, integrate body literacy education and reproductive goals counseling, ensure compliance with parental notification and opt-out requirements, incorporate sexual risk avoidance education, and use data for continuous quality improvement.
- Describe your organization’s infrastructure, relevant capabilities, and ability to manage a project of this scope. Include examples of experience managing similar initiatives.
- Describe your proposed staffing plan, including roles, responsibilities, qualifications, and how staff will collaborate to achieve project objectives. Address:
 - o Existing staff (roles, qualifications, FTE, résumé in appendix)
 - o Positions to be filled (qualifications, hiring timeline, recruitment strategy, FTE)
- Identify all partner organizations and describe their roles and contributions. Include documentation (e.g., MOUs, Letters of Commitment) as applicable. For partners involved in program implementation, describe:
 - o Experience implementing evidence-based programs
 - o Experience working with the target population
 - o Alignment with program goals
 - o Accountability for achieving outcomes
- Describe anticipated risks or challenges and your organization’s capacity to address them.

Project and Performance Management

- Describe your overall approach to project management and how it will support achievement of program goals and outcomes.
- Describe how you will manage partners and subrecipients to ensure accountability, quality, and timely completion of activities.
- Describe your strategy for recruiting, training, and retaining qualified staff with expertise relevant to program implementation, including body literacy education, reproductive goals counseling, and data collection. Include how staff performance will be measured and managed.
- Describe how you will provide training and professional development to ensure staff are prepared to deliver medically accurate, age-appropriate programming and fulfill their responsibilities.
- Describe your process to collect and report all required performance measures (OMB #0937-0213, Expiration July 31, 2026, renewal in progress, see [Appendix B – TPP Performance Measures](#)) for your organization and organizations implementing effective programs and report it to OPA on a semi-annual basis.
- Demonstrate that you have reviewed and are familiar with all applicable laws, policies, procedures and confirm that you can collect and report data on all required performance measures from all participants. Describe any potential obstacles to the collection of the performance measures and how you plan to overcome the potential obstacles.

b. Appendices to the Project Narrative – Content

All items described in this section will count toward the total page limit of your application. You must submit them as **a single electronic file** uploaded to the Attachments section of your Grants.gov application.

Samples and optional forms/templates for some of these items are located under the Related Documents tab for this NOFO on Grants.gov.

Your application should include the following appendices:

1) Work Plan

Include a detailed work plan that is consistent with your project narrative and budget narrative. Your work plan should cover all years of the estimated period of performance.

Applicants are expected to submit a work plan that includes the performance goals outlined in this NOFO. The work plan should reflect SMART (specific, measurable, achievable, realistic, and time-framed) objectives and activities.

The work plan should also reflect the following deliverables:

- Within 1 month of funding – submit to OPA fully executed formal agreements of any formal partner identified in your application.
- Within 3 months of funding - develop a professional development plan for staff on the project that is revisited annually, and establish and execute a communication and dissemination strategy.
- Within 5 months of funding - submit to OPA for approval the proposed effective program that incorporates body literacy.
- Within 6 months of funding - pilot approved effective program that incorporates body literacy.
- Within 6 months of funding - finalize formal, written agreements (memorandum of understanding/agreements, contract, etc.) with all key partners and subrecipients.
- Within 12 months funding – begin fully implementing effective programs that incorporate body literacy.
- By Year 3 of the project – establish and begin executing plan to sustain the project in the community.

2) Letters of Commitment

The application should include signed Letters of Commitment (LOCs) from key decision makers and potential partners in the identified service area, including support from already selected and potential organizational partners. LOCs should detail the specific role and resources that the partner will provide, or activities that the partner will assume, in support of the project. The LOC should describe the organization's expertise, experience, and access to the targeted population(s). Letters of commitment are not the same as letters of support. Letters of support are letters that are general in nature that speak to the writer's belief in the capability of an applicant to accomplish a goal/task.

Letters of support also may indicate an intent or interest to work together in the future, but they lack specificity. You should NOT provide letters of support; letters of support will not be considered during the review.

3) Formal written agreements (e.g., MOUs/MOAs)

If available at the time of submission, you should submit formal, written agreements such as MOUs, MOAs, contract, etc. for each partner (or one signed agreement with all partners) and include specific roles, responsibilities, resources, and contributions of partner(s) to the project. If applicable and available at the time of application, include in your appendices any formal, written agreements (e.g., MOUs) from the developer/purveyor/copyright holder of the intervention indicating that you have permission to use and to make any changes to materials. (Changes may include those to ensure medical accuracy, age-appropriateness, and alignment with OASH priorities.) Formal agreements should detail the specific role and resources that the partner will provide, or activities that the partner will assume, in support of the project. It should also describe the organization's expertise, experience, and access to the targeted population(s). Fully executed formal agreements will be required within 30 days following the issuance of any award made under this announcement.

c. Budget Package - Content

A complete budget package consists of the following required components:

- SF-424A "Budget Information Non-Construction Programs"
- Budget narrative with detailed justification by cost category/object class, and
- Plan for oversight of federal funds.

You should include supporting documentation for your budget (e.g., a copy of your approved indirect cost rate) as part of the budget package, not as part of your appendices to the project narrative. There is no page limit for the budget package contents. If you are recommended for an award, you may be asked to provide additional information about your budget package.

Throughout your budget package, "Federal resources" refers only to the funds you are requesting from the program office for this project. "Non-federal resources" are all other non-HHS/OASH federal and non-federal resources. Funds from federal grant programs typically are not eligible as cost share for other federal grants. It is your responsibility to confirm with other federal agencies whether funds you receive from them are eligible resources to apply to your proposed project.

1. Standard Form SF-424A

You must enter the project budget according to the directions provided with the standard form.

You must provide costs by object class category for the first 12 months (i.e., first budget period) of the proposed project using Section B, box 6 of SF-424A. If the estimated period of performance is 12 months or less, this will be your total budget request for the entire project.

"Federal resources" refers only to the funds for which you are applying under this NOFO. "Non-federal resources" are all other resources (federal and non-federal).

Do not include costs beyond the first budget period in the object class budget in box 6 of SF-424A or box 18 of SF-424. The amounts entered in these sections should only reflect the first budget period.

If there is a discrepancy between your SF-424A and budget narrative and justification, we will rely on the narrative and justification to determine the final amounts.

2. Budget Narrative with Justification

Your budget narrative must include a detailed line-item budget and must include calculations for all costs and activities by the “object class categories” identified on SF-424A. You must provide a detailed justification for the costs by object class. The object class budget organizes your proposed costs into a set of defined categories.

Use the guidelines in Section K.4 for preparing the detailed object class budget.

Budget Periods

Your budget narrative must describe the first budget period in detail. For each proposed cost for the first budget period, provide a justification that includes explanatory text and line-item detail. You should describe how you derived your categorical costs. Your justification should show the necessity and reasonableness of the proposed costs for the project.

For subsequent budget years in an anticipated multi-year period of performance, provide a summary narrative and line-item budget for each year beyond the first. For categories or items that differ significantly from the first budget period, provide a detailed justification explaining these changes.

Funding levels for all approved budget periods after the first are generally the same as the initial award amount and are subject to an offset with funds unused in the previous budget period. Carryover of unobligated funds from one budget period to the next requires prior approval.

Determining Proposed Costs

Your budget narrative should justify the overall cost of the project as well as the proposed cost per activity, service delivered, and/or product. For example, the budget narrative should define the amount of work you have planned and expect to perform, what it will cost, and an explanation of how the result is cost effective. If you are proposing to provide services to clients, you should describe how many clients you expect to serve, the unit cost of serving each client, and how this is cost effective.

Proposed costs must adhere to the cost principles described in 2 C.F.R. §200.416. We have provided additional information on the most common cost categories for applications for OASH awards in Section K.4.

Budget calculations must include estimation methods, quantities, unit costs, and other similar quantitative detail sufficient to verify the calculations. Carefully review Funding Restrictions (below) for specific information regarding allowable, unallowable, and restricted costs.

Describing Federal and Non-federal Share

Both federal and non-federal resources (if applicable) must be detailed and justified in the budget narrative. “Federal resources” refers only to the HHS/OASH funds for which you are applying under this NOFO. “Non-federal resources” are all other non-HHS/OASH federal and non-federal resources.

If matching or cost sharing is required or offered voluntarily, you must include a detailed listing of any funding sources identified in box 18 of SF-424 (Application for Federal Assistance).

Indirect Costs

Indirect costs for training are limited to a fixed rate of eight percent of the modified total direct costs (MTDC) exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of \$50,000 (2 C.F.R. § 200.414 (c)(1)).

Funding Restrictions

The following restrictions apply to costs you may propose and be awarded.

Pre-Award Costs

Pre-award costs are NOT allowed. Pre-award costs (2 C.F.R. § 200.458) are those incurred prior to the effective date of the Federal award directly pursuant to the negotiation and in anticipation of the Federal award where such costs are necessary for efficient and timely performance of the scope of work.

Salary Rate Limitation

Each year’s appropriations act limits the salary rate that you may charge to the grants and cooperative agreements that we award. You must not use award funds to pay the salary of an individual at a rate in excess of Federal Executive Pay Scale Executive Level II.

As of January 2026, the Executive Level II maximum salary is \$228,000. This amount reflects an individual’s base salary exclusive of fringe benefits and any income that an individual working on the award project may be permitted to earn outside of the duties to the applicant organization. This salary rate limitation also applies to subawards/subcontracts under an HHS/OASH award.

An example of the application of this limitation for an individual devoting 50% of their time to this award is broken down below:

Salary Rate Limitation	
Individual’s <i>actual</i> base full-time salary	Direct salary (\$350,000 x 0.5) = \$175,000

\$350,000 with 50% of time devoted to project, i.e., 0.5 FTE	Fringe (25% of salary) = \$43,750
	Total = \$218,750
Individual's base full-time salary adjusted to Executive Level II: \$225,700 with 50% of time devoted to the project	Direct salary (\$225,700 x 0.5) = \$112,850
	Fringe (25% of salary) = \$28,212.50
	Total amount allowed = \$141,062.50

Appropriate salary rate limits will apply as required by law.

Vehicle Purchase

We will not approve a vehicle purchase at the time of award even when included in your application. You must obtain prior approval before the purchase of a mobile health unit or any other vehicle with award funds. A request for prior approval must include a detailed justification of the need for the vehicle that includes an analysis of comparing purchase, lease, and other alternatives. Equipment purchases are subject to transfer to another federal project or sale at the end of the period of performance ([2 C.F.R. § 200.313\(e\)](#)).

Construction Costs

We will not approve construction costs. This includes major improvements to or significant renovations of facilities.

3. Plan for Recipient Oversight of Federal Award Funds

You must include a plan for oversight of federal award funds which describes:

- how your organization will provide oversight of federal funds and how award activities and partner(s) will adhere to applicable federal award and programmatic regulations. Include identification of risks specific to your project as proposed and how your oversight plan addresses these risks.
- the organizational systems that demonstrate effective control over and accountability for federal funds and program income, compare outlays with budget amounts, and provide accounting records supported by source documentation.
- for any program incentives proposed, the specific internal controls that will be used to ensure only qualified participants will receive them and how they will be tracked.
- organizational controls that will ensure timely and accurate submission of Federal Financial Reports to the OASH Grants and Acquisitions Management Division via the

Payment Management System as well as timely and appropriate withdrawal of cash from the Payment Management System.

If your internal controls are available online, you may provide a link as part of your plan in the budget narrative. Although merit reviewers are not permitted to access any external materials linked in the application as part of their review, this link would facilitate review of your proposal if recommended for risk assessment (Section G.4).

Section K.5 contains questions you may find useful in preparing your Recipient Plans for Oversight of Federal Funds.

d. Project Abstract Summary Guidance

You must complete the Project Abstract Summary form. The application page limit does not include the Project Abstract Summary Form. Research projects may enter zero for “Estimated number of people to be served as a result of the award of this grant.”

The abstract will serve as the application summary going forward. Do not include sensitive or proprietary information in your abstract.

If your project is funded, we will publish the abstract on TAGGS.hhs.gov and USASpending.gov as you submitted it. You may request to edit it later, or we may ask you to edit it later to reflect any negotiated changes to the project. The abstract may also appear on the program office website or other government websites.

Your abstract should contain:

- Specifics about the project purpose
- Activities that you will perform
- Expected deliverables and outcomes
- Intended project beneficiary(ices) or participant(s)

Your description of the project should be brief and use plain language an average reader can understand. You should limit abbreviations, acronyms, or jargon without definitions. The abstract should be unique to your project.

F. SUBMISSION REQUIREMENTS AND DATES

1. Obtaining an Application Package

The official complete application package is available on [Grants.gov](https://www.grants.gov). Search either the Assistance Listing number or the NOFO number AH-TP1-26-001.

The package consists of several Adobe PDF format documents. This is a standard format widely accessible across multiple platforms including mobile devices. The Acrobat Reader application is available at <https://www.adobe.com/acrobat/pdf-reader.html>.

All materials will be under the Package tab on the page for this opportunity on Grants.gov. If you have problems locating the application package, contact Grants.gov Helpdesk.

2. Required Registrations

You must have an active registration in SAM.gov and Grants.gov to apply for this opportunity.

It is your responsibility to plan ahead to ensure adequate time to register in both systems before submitting your application. We recommend beginning the registration process immediately, but **no later than** 30 days prior to the application deadline with a goal of your registration being complete at least 15 days prior to the application deadline.

a. Unique Entity Identifier and System for Award Management (SAM)

Grants.gov will not accept an application unless you have an active SAM.gov registration and received a Unique Entity Identifier (UEI). There is no fee for registering in SAM.gov.

In cases where an individual is an eligible applicant (see Section A.1.a), the individual does not need a SAM.gov registration. However, the individual must still create a Grants.gov account. Grants.gov will assign a default UEI value where applicable.

We cannot make an award to your entity unless it has an active SAM registration. In accordance with [2 C.F.R. § 25.205](#), if you have not complied with this requirement, we may:

- determine that you are not qualified to receive an award; and
- use that determination as a basis for making an award to another applicant.

Should you successfully compete and receive an award, all first-tier subrecipients must have a UEI number at the time you make a subaward to them.

Registering in SAM

Your organization must register online in the System for Award Management (SAM). Grants.gov will reject submissions from applicants with nonexistent or expired SAM Registrations. You will find instructions on the Grants.gov website as part of the [organization registration](#) process.

Complete a SAM registration (or renewal) as soon as possible if you do not currently have an active registration that will remain active through the competitive process. Registration will include obtaining a unique entity identifier (UEI). SAM.gov provides an [Entity Registration Checklist](#) to help you prepare the necessary documentation.

You may register in SAM as an entity applying for either

- Federal Assistance Awards Only (e.g., grants and cooperative agreements) or
- All Awards (including procurement awards).

If you chose to register for All Awards, you must answer Yes to the question “Do you wish to apply for a federal financial assistance project or program, or is your entity currently the recipient of funding under any federal financial assistance project or program?” Failure to do so will require us to obtain a separate assurance document from you during our risk assessment (Section E.3) and may delay any award.

The list of representations and certifications to be certified as part of your registration is reproduced in Section K.6 with the corresponding HHS regulation citations. By

submitting your application to this NOFO, your authorized representative certifies to these representations and certifications by signing Box 21 of SF-424A.

Make sure your SAM registration information is accurate, especially your organization's legal name and physical address including your ZIP+4. Should you successfully compete and receive an award, this is the legal name and address we must use on the NOA.

During your registration, your organization will need to designate an E-Business Point of Contact (EBiz POC). The EBizPOC will need to be the individual to set up your Grants.gov account.

SAM Registration Renewal

If your organization has previously registered in SAM, confirm your status and determine whether you need to update or renew it. You must [renew your SAM registration](#) each year.

If you are successful and receive an award, you must maintain an active SAM registration with current information at all times during an active award or an application or plan under consideration by an HHS agency.

Timing of Registration

It may take up to 2-3 weeks (or longer during periods of high volume) for a registration to become active in SAM. After that, it may take an additional 24-72 hours for SAM to synchronize with Grants.gov. Grants.gov must recognize your SAM registration as active to accept your application. We strongly encourage confirming your registration status well before you are ready to submit your application to Grants.gov.

b. Grants.gov Registration

The Grants.gov [Applicant Registration](#) page provides the most up to date guidance on registering. There is no fee for registering to use Grants.gov.

Your EBizPOC may begin creating your account prior to receiving your UEI from SAM.gov. However, you will need to complete the SAM.gov registration prior to complete your Grants.gov registration.

Grants.gov is a platform that allows you to have multiple users with a variety of role-based access to perform actions on application(s). You must register an authorizing official for your organization. We do not determine who your organization's authorizing official is; your organization makes that decision. However, your authorizing official(s) must have the authority to act on behalf of your organization.

You may consider registering a backup authorized organization representative(s) in Grants.gov to ensure someone is available to submit your application. We will not extend due dates because your authorized official is unavailable.

We encourage potential applicants to familiarize themselves with the [Workspace Overview](#) and options as soon as possible.

3. Submission Instructions

It is your responsibility to read and understand the instructions to submit a complete and properly formatted application.

a. Electronic Application Submission

We require that all applications be submitted electronically via Grants.gov unless the Grants Management Officer has granted an exemption in writing (See Section F.3.a).

Grants.gov Information

You may access the application for this opportunity on [Grants.gov](#). Search for the downloadable application page by the NOFO number AH-TP1-26-001 or Assistance Listing number 93.297.

To ensure successful submission of your application, you should carefully follow the step-by-step [instructions](#) on the site. These instructions are kept up-to-date and also provide links to Frequently Asked Questions and other troubleshooting information. You are responsible for reviewing all Grants.gov submission requirements on the Grants.gov site.

You should contact Grants.gov with any questions or concerns regarding the technical system questions about the electronic application process (Section J).

See Section F.2 for requirements related to UEI numbers and SAM registration.

Electronic File Submission

Applications, excluding required standard forms, must be submitted as three (3) files. Any additional files submitted as part of the Grants.gov application will not be accepted for processing and will be excluded from the application during the review process. Merit reviewers are not permitted to follow embedded links to materials outside of the application. Your content must fit within the page limits of the application.

File 1	The complete Project Narrative
File 2	All documents that make up the Appendices described in Section E.3.c
File 3	The entire Budget Package including supporting documentation described in the Budget Narrative content section.

Acceptable File Formats

All files uploaded for your application must be in an acceptable file format and must contain a valid file format extension in the filename.

We only accept the file formats identified in the table to ensure compatibility across our other systems although Grants.gov will allow you to attach unacceptable formats. We strongly encourage you to upload your application in Adobe PDF format. By converting to PDF prior to submission, you may prevent any unintentional changes that might occur with submission of an editable document. Most commonly available applications for document preparation have the ability to “Save As” or “Print To PDF.” We do not recommend submitting scanned copies through Grants.gov unless you have confirmed the clarity of the scan and the readability of the documents.

Any file submitted as part of the Grants.gov application that is not in a file format listed as acceptable will not be imported for processing and will be excluded from the application during the review.

We will not contact you for resubmission of files to correct the file type.

We will not contact you for passwords or for resubmission of unprotected files. We will forward unprotected information in the application forwarded for consideration, but we will not forward password protected portions.

Acceptable File Formats (extension)
• Adobe PDF (.pdf) • Microsoft Word (.doc or .docx) • Image formats (.jpg, .gif, .tif, or .bmp only)
Unacceptable File Formats (extension)
• Microsoft Excel files (.xls) or other similar spreadsheet files • Any compressed file formats (e.g., .zip, .rar, or Adobe Portfolio) • Any password protected files

Timing Considerations

We strongly encourage you to submit your application a minimum of 4-5 days prior to the application closing date. You are responsible for allowing time for system registrations and where applicable State Single Point of Contact (SPOC) notifications (Section E.3.d).

Do not wait until the last day in case you encounter technical difficulties, either on your end or with Grants.gov. Grants.gov can take up to 48 hours to notify you of a successful or rejected submission. You are better off having a less-than-perfect application successfully submitted and under consideration than no application.

If your submission fails due to a system problem with Grants.gov, we may accept your application if you provide verification from Grants.gov indicating system problems existed at the time of your submission and that time was before the submission deadline. If you have reported a system problem to the Grants.gov helpdesk, obtain a ticket number to provide us so that we can verify the problem.

A “system problem” does not include known issues for which Grants.gov has posted instructions regarding how to submit an application successfully, such as compatible Adobe versions or file naming conventions. Nor does a “system problem” include issues that should have been identified by reviewing and confirming your account status prior to the submission deadline.

Exemption to the Grants.gov Submission Requirement

We will consider an exemption to the Grants.gov submission requirement only under limited circumstances. To obtain an exemption, you must request one via email from GAM point of contact Eric West at Eric.West@hhs.gov. Your request **must provide details as to why you are technologically unable to submit** electronically through Grants.gov. You should submit your request at least 4 business days prior to the application deadline to ensure we can review your request at least 2 business days before the deadline.

In your e-mail requesting an exemption include:

- the NOFO number;
- your organization’s UEI number;
- your organization’s name, address and telephone number;
- the name and telephone number of your Authorizing Official;
- the Grants.gov Tracking Number (e.g., GRANT####) assigned to your submission; and
- a copy of the “Rejected with Errors” notification from Grants.gov.

We will not grant an exemption to the electronic submission requirement for:

- Failure to have an active System for Account Management (SAM) registration prior to the application due date.
- Failure to follow Grants.gov instructions to ensure software compatibility.
- Failure to have the correct permission levels configured in your Grants.gov workspace.

GAM will only accept applications via alternate methods (i.e., PDF via email or hardcopy paper via U.S. mail or other provider) from applicants with prior written approval. If you receive an exemption, you must still submit your complete application, and we must receive it by the due date.

We will accept only applications submitted through Grants.gov or a pre-approved alternate format.

b. Submission Dates and Times

You must submit your application for this funding opportunity by July 23, 2026.

Your submission time is the date and time stamp provided by Grants.gov when you **complete** your submission. If you do not submit your application by the due date and time, we will not review it, and it will receive no further consideration.

It is your responsibility to review all instructions available on Grants.gov for successfully submitting an application. For information on registering for Grants.gov or to receive assistance on any technical system questions, contact Grants.gov directly (Section J).

c. NOFO Technical Assistance Webinar

We will provide a technical assistance webinar for applicants on June 30, 2026.

You should review the entire announcement prior to attending to have any questions answered well in advance of the application due date. You should also subscribe to this opportunity on Grants.gov to receive any amendments, revisions, question and answer documents, or other updates.

Following the webinar, we will typically post an FAQ addressing common questions including those of general applicability asked during the webinar. We will also post a link to the recorded TA webinar.

Out of fairness to all applicants, we do not provide one-on-one consultation on the specific content development for any applications.

d. Intergovernmental Review

This program is not subject to the Intergovernmental Review requirements of [Executive Order 12372](#), “Intergovernmental Review of Federal Programs,” as implemented by [45 C.F.R. part 100](#).

4. Other Submission Requirements

a. Program-Specific Requirements

Non-profit Status

If you are a non-profit organization, you **may be required** to submit documentation of nonprofit status to confirm your status. Any of the following constitutes acceptable proof of such status:

- (a) A reference to the Applicant organization’s listing in the Internal Revenue Service’s (IRS) most recent list of tax-exempt organizations described in the IRS code;
- (b) A copy of a currently valid IRS tax exemption certificate;
- (c) A statement from a State taxing body, State attorney general, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals; or
- (d) A certified copy of the organization’s certificate of incorporation or similar document that clearly establishes nonprofit status.

b. Follow-up Submission Requirements

We may request additional documentation during the review process. We suggest having these documents readily available. Requests will only come from the OASH GAM staff. If you have any concern about the validity of a request, please contact us through the contact information provided in Section J.

Requested documentation may include a copy of your:

- Approved negotiated indirect cost rate, if not submitted in your budget package
- Internal controls
- Documentation of non-profit status
- Authorizing Tribal Resolution

We may request additional documentation as needed during our risk assessment process in Section G.4.

Failure to provide the requested documentation by the requested deadline may result in our no longer considering your application and moving on to another to make an award.

You should not interpret a request for information as an indication that we will make an award to you. A request only means that we are continuing to review your application.

G. APPLICATION REVIEW INFORMATION

Your application will undergo a series of reviews designed to ensure compliance with statutory and regulatory requirements, alignment with agency priorities, and responsible stewardship of Federal funds, consistent with Executive Order 14332, “Improving Oversight of Federal Grantmaking” (available at <https://www.whitehouse.gov/presidential-actions/2025/08/improving-oversight-of-federal-grantmaking/>), which aims to “strengthen oversight and coordination of, and to streamline, agency grantmaking to address [...] problems, prevent them from recurring, and ensure greater accountability for use of public funds more broadly.”

Application Qualification and Alignment Review

GAM personnel in coordination with Federal program staff, including senior Department officials or other designated Presidential appointees, consistent with the Executive Order on “Improving Oversight of Federal Grantmaking” will conduct a qualification review. There are several components to qualifying an application to proceed to merit review.

- **Eligibility Review** to determine whether you are an eligible applicant as described in Section A.
- **Responsiveness Review** to determine whether the responsiveness criteria have been met as described in Section G.1.
- **Formatting Review** to determine whether your application meets the formatting requirements described in Section E.1.

The Grants Management Officer will make the final determination on whether an application is eligible and qualified to proceed to merit review. This decision is not appealable.

Merit Review

An independent merit review panel will evaluate applications that are qualified and eligible. These reviewers are experts in their fields, and are drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies.

We do not disclose the identities of our review panelists. Each is vetted during the selection process to identify and manage any real or apparent conflict of interests.

Using the Merit Review Criteria, the reviewers will provide comments and rate the applications. We will provide reviewer comments to applicants after we have made final award decisions and issued notices of award. We do not provide scores.

Programmatic Technical Review and Risk Assessment

In addition to the independent merit review panel, federal staff will review each application for technical (programmatic), budgetary, and grants management compliance.

1. Responsiveness Review

The responsiveness review assesses your application at a high level to determine whether the application has addressed the subject matter of the opportunity or met any legal requirements. The criteria, if any, we describe below facilitate a go/no-go determination by the review team. Failure to address the responsiveness criteria clearly and provide the required information will result in disqualification.

a. Responsiveness Criteria

For this opportunity, the responsiveness criteria are:

- Not applicable

b. Disqualifying Criteria

Disqualification means we will not review the application and will give it no further consideration.

We will disqualify applications:

• not submitted electronically via Grants.gov (unless an exemption was granted by the grants management officer in writing 2 business days prior to the deadline)
• not submitted by the due date and time (Section E.3.b)
• not submitted by an eligible applicant (Section A.1.a)
• submitted <u>multiple times for the same project</u> from the same organization, <i>except</i> for the last application received by the deadline (Section A.1.c)

• not meeting the Responsiveness Criteria (Section G.1.a), if any
• not including a non-federal sources justification in the budget narrative when including cost-sharing (voluntary or required) (Section A.3)
• requesting total funds (direct plus indirect costs) that are: ○ Above the Award Ceiling of \$2,000,000
• missing or incomplete required forms in the application package found on Grants.gov including SF-424; SF-424A, SF-LLL, and the Project Abstract Summary (Section E)
• not meeting the formatting requirements (Section E), specifically: ○ not submitted in the English language and U.S. dollars (2 C.F.R. § 200.111(a)) ○ not submitted with ▪ an 8 ½ " x 11" page size ▪ 1" margins on all sides (top, bottom, left and right) ▪ a font size of not less than 12 points ▪ a Project Narrative that is double-spaced ○ exceeding the 50-page limit for the Project Narrative ○ exceeding the total 100-page limit for the Project Narrative plus Appendices combined, excluding SF-424, SF-424A, SF-LLL, Project Abstract Summary, and Budget Narrative with budget tables

2. Merit Review Criteria

Federal staff and an independent merit review panel will assess all qualified eligible applications according to the following criteria. Disqualified applications will not be reviewed against these criteria.

- **Project significance (15 points)**
- **Technical Approach (30 points)**
- **Stakeholder Engagement and Sustainability (15 points)**
- **Organizational Capacity and Expertise (25 points)**
- **Project Monitoring and Evaluation (10 points)**
- **Budget (5 points)**

Scores will be calculated for a total possible of 100 points.

PROJECT SIGNIFICANCE (15 points)

The application will be assessed based on the extent to which the applicant:

- Clearly defines the proposed service area, including geographic boundaries and

the population to be served, specifying the age range of the adolescents they will be serving within the TPP program audience of young adults ages 10-24.

- Demonstrates a clear and well-supported need for programming that strengthens body literacy, informed consent, and adolescent reproductive health knowledge, using credible data sources. This may include evidence of gaps in reproductive health literacy, high rates of teen pregnancy, or related health and behavioral outcomes.
- Demonstrates an understanding of the underlying factors contributing to teen pregnancy and poor reproductive health outcomes in the service area, including gaps in foundational biological knowledge, access to medically accurate information, and opportunities for informed decision-making.
- Identifies existing resources and gaps in services and explains how the proposed project will address unmet needs without duplicating existing efforts.

TECHNICAL APPROACH (30 POINTS)

The application will be assessed based on the extent to which the applicant:

- Presents a work plan that is clearly aligned with the performance outcomes outlined in this NOFO and will result in the project being ready for full implementation within 12 months. To include having clearly measurable and specific objectives, major tasks, action steps, timeframes, and persons/partners responsible and inclusion of key deliverables expected by OPA which can be found under Work Plan in Section E.2.b.
- Demonstrates a thorough understanding of effective teen pregnancy prevention programs and the criteria for eligibility outlined in this NOFO and makes it clear that their knowledge will result in the selection of an *eligible* effective teen pregnancy prevention program that is a good fit for the community and population. Includes a summary of proposed effective programs that confirms at least one research study of the program meets the criterion outlined in [Appendix A – Criteria for Eligible TPP Effective Programs](#) of the NOFO.
- Clearly describes how body literacy education and reproductive goals counseling will be integrated into program implementation to support informed consent, strengthen adolescents' understanding of reproductive health, and promote optimal health and future-oriented decision-making.
- Incorporates sexual risk avoidance (SRA) education as a component of program delivery.
- Provides a reasonable and well-justified estimate of the number of adolescents and young adults to be reached annually, including a description of the total population in the service area and the proportion to be served.
- Demonstrates a clear approach for ensuring transparency in program delivery and compliance with parental rights protections, including advance notice of program content and the ability for parents or guardians to opt their children out of specific content or activities.
- Demonstrates a strong approach for ensuring the effective teen pregnancy

prevention program is implemented with high fidelity and quality, to include a credible and detailed process for ensuring that all materials and information are medically accurate, age-appropriate, and aligned with OASH priorities. Approach is robust, systematic, and likely to result in consistent delivery across settings and partners.

- Provides a clear and feasible plan for monitoring, evaluating, and improving the project, that includes collecting and using relevant data sources, especially performance measure data, to assess program fidelity, capacity building quality, and progress toward NOFO goals. The plan identifies relevant data sources, describes data collection methods, and addresses anticipated barriers with reasonable strategies for overcoming them.

STAKEHOLDER ENGAGEMENT AND SUSTAINABILITY (15 points)

The application will be assessed based on the extent to which the applicant:

- Demonstrates a strong and comprehensive strategy for engaging key stakeholders—including adolescents, parents or guardians, and community partners – throughout the project period.
- Demonstrates a well-developed and feasible plan for effectively disseminating information about the project, raising awareness of issues related to unintended teen pregnancy, body literacy, reproductive goals counseling, and informed decision-making across the service area. The plan includes specific, actionable strategies for sharing project updates, milestones, and lessons learned with partners and stakeholders, and is likely to result in increased visibility, collaboration, and knowledge-sharing throughout the community.
- Clearly defines what sustainability means for the proposed project and presents a realistic, forward-looking plan for sustaining key elements beyond the federal funding period. The approach integrates sustainability priorities early in project planning and is likely to result in long-term impact and continued benefit to the community.
- Identifies relevant sustainability challenges and presents practical, proactive strategies to address them. The approach is likely to strengthen the project's ability to maintain momentum and impact over time.

ORGANIZATIONAL CAPACITY AND EXPERTISE (25 points)

The application will be assessed based on the extent to which the applicant:

- Demonstrates a strong alignment between the organization's mission and the goals of the NOFO. Clearly shows a meaningful presence or significant investment in the defined service area, along with relevant experience working with adolescents and communities in that area. The organization's local knowledge and relationships are likely to enhance project success.
- Demonstrates experience and capacity to implement evidence-based teen pregnancy prevention programs that are medically accurate, age-appropriate, and

delivered with fidelity. Demonstrates the ability to integrate body literacy education and reproductive goals counseling into program implementation, ensure compliance with parental notification and opt-out requirements, incorporate sexual risk avoidance education, and use data for continuous quality improvement.

- Demonstrates that the organization has the infrastructure, expertise, and operational systems necessary to successfully manage and implement a project of this size and scope. Provides clear evidence from past projects that illustrate the organization's ability to lead similar initiatives, engage stakeholders, manage data, and drive continuous improvement. The organization's demonstrated capacity is likely to result in successful execution of the project.
- Presents a well-structured staffing plan with clearly defined roles, responsibilities, and qualifications. The proposed team has the expertise and capacity to achieve project objectives. Partnerships are clearly defined, aligned with project goals, and supported by documentation. The combined strength of the staffing and partner organizations is likely to contribute significantly to project success.
- Identifies realistic challenges and risks to project implementation and provides practical, proactive strategies to address them. The organization demonstrates the capacity to manage risks in a way that supports project stability and long-term success.

PROJECT MONITORING AND EVALUATION (10 POINTS)

The application will be assessed based on the extent to which the applicant:

- Demonstrates a clear and effective approach for managing the overall project, including coordination with partners and subrecipients. The plan outlines how roles, responsibilities, and expectations will be monitored and met, and includes systems for tracking progress, completion, and quality of all project activities. The approach is likely to support strong accountability and timely achievement of project objectives.
- Presents a strong strategy for recruiting and retaining qualified staff, with clear processes for measuring performance, holding staff accountable, and mitigating turnover. Includes a well-structured plan for assessing training needs and delivering professional development to ensure staff are fully prepared to implement the program and collect data effectively. The approach is likely to result in a capable and stable team that can meet project goals.
- Demonstrates a clear understanding of the required performance measures and outlines a feasible plan for collecting and reporting data for both the lead organization and implementation partners. Confirms familiarity with all applicable laws, policies, and procedures, and the ability to collect and report data from all participants. Identifies potential obstacles and presents practical strategies to overcome them, supporting accurate and timely reporting in

compliance with federal requirements.

BUDGET (5 points)

The application will be assessed based on the extent to which:

- The budget justification clearly explains how each cost supports the proposed activities. The total funding requested is reasonable and proportionate to the number of adolescents the applicant proposes to serve and the intensity of services to be delivered. The budget reflects an efficient use of federal funds.

3. Merit Review and Selection Process

Application Status Inquiries

During the review process, we do not release information about individual applications. If you would like to track your application, please see the instructions on Grants.gov.

If you receive communications to negotiate an award or request additional or clarifying information, this does not mean you will receive an award. It only means that your application is still under consideration.

Federal Staff Review

In addition to the independent merit review panel, Federal staff will review each application for technical (programmatic), budgetary, and grants management compliance.

The Office of Population Affairs will coordinate with a senior appointee to provide recommendations for funding to the Grants Management Officer to conduct risk analysis consistent with 2 CFR 200 and applicable HHS policy. No award decision is final until a Notice of Award is issued by the Grants Management Officer, in coordination with a senior appointee or appointee's designee, consistent with the Executive Order on "Improving Oversight of Federal Grantmaking."

In providing these recommendations the program office will take into consideration the following additional factors(s):

- Demonstrated need for the teen pregnancy prevention programming in the area served.
- Geographic distribution of awards across the country.
- Distribution of project sites among rural, suburban, and urban communities
- Alignment with HHS and OASH priorities

4. Review of Risk Posed by Applicant

Before issuing any award, GAM evaluates each recommended application for risks in accordance with 2 C.F.R. § 200.206. This evaluation may incorporate results of the evaluation for eligibility or of the quality of an application.

Risk Factors Considered

We will use a risk-based approach and may consider any items such as the following:

- a. Your financial stability;
- b. Quality of management systems and ability to meet the management standards prescribed in 2 CFR [part 200](#);
- c. History of performance. Your record in managing Federal awards, if you are a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
- d. Reports and findings from audits performed; and
- e. Your ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

Also, prior to making a Federal award with a total Federal share greater than the simplified acquisition threshold (currently \$250,000), GAM must review and consider any information about you that is in the designated integrity and performance system accessible through the System for Award Management (SAM) (formerly the Federal Awardee Performance and Integrity Information System (FAPIIS)).

If you are a prior Federal award recipient, the information in the system must, at a minimum, “demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics.” 2 C.F.R. § 300; see also 2 C.F.R. §200.206. You have the option to review information in SAM and comment on any information about your organization that a Federal awarding agency previously entered and is currently available through SAM.

GAM will consider any comments by you, in addition to the other information in the designated system, in making a judgment about your integrity, business ethics, and record of performance under Federal awards.

Risk Review Outcomes

If GAM does not make an award to you because we determine that your organization does not meet either or both of the minimum qualification standards as described in [2 C.F.R. § 200.206](#), we must report that determination to SAM.gov, if certain conditions apply. See [2 C.F.R. § Part 300](#).

If GAM determines that a federal award will be made, specific conditions that correspond to the degree of risk assessed will be applied to the Federal award. Such conditions may include additional programmatic or financial reporting or releasing funds on a reimbursable rather than cash advance basis.

Funding Priorities

A funding priority adds points to merit review scores if we determine that the application meets the listed criteria. Qualifying for a funding priority does not guarantee that your application will be successful.

Priority 1: Not currently funded by this opportunity (2 Points)

We will give you a funding priority if:

Your organization does not hold an active award under this opportunity at the time you apply.

Priority 2: Never funded by this opportunity (2 Points)

We will give you a funding priority if:

Your organization has never received an award under this opportunity.

H. AWARD NOTICES

Upon completion of risk analysis and concurrence of the GMO, GAM will issue Notices of Award (NOAs). No award decision is final until the GMO issues a NOA. All award decisions, including the level of funding, if an award is made, are final and you may not appeal.

We are not obligated to make any federal award as a result of this NOFO. If we make awards, the awards may be for periods shorter than indicated. Only the GMO can bind the federal government to the expenditure of funds.

Funded Applications

If you are successful, you will receive official notice of your award with a Notice of Award (NOA) via a system notification from our grants management system (Grant Solutions) and/or via e-mail. The NOA includes the amount awarded for the specified budget period, the purpose(s) of the award, the anticipated length of the period of performance, terms and conditions of the award, and the amount of cost share or matching, if applicable.

If you receive an NOA, we strongly encourage you to read the entire document to ensure your organization's information is correct and that you understand all terms and conditions. You should pay specific attention to the terms and conditions, as some may require a time-limited response. The NOA will also identify the Grants Management Specialist (GMS) and Federal Project Officer (FPO) assigned to the award for assistance and monitoring. The GMS and FPO will work as a team. Any questions or concerns during the project should be communicated to both the GMS and FPO.

Pre-award costs are not allowed. If you begin a project prior to receiving a NOA or the project period start date on the NOA, you incur costs at your own risk. We will disallow the costs and will not approve them retroactively.

We intend to award funds as much in advance of the anticipated project start date (See Overview, page 1) as practicable, with a goal of 10-15 days. Note this is an estimated start date

and award announcements may be made at a later date and with a later period of performance start date.

Unfunded Applications

If you are unsuccessful or your application was disqualified, OASH will notify you by email and/or letter. If the merit review panel reviewed your application, you may receive summary comments pertaining to the application resulting from the review process. We do not release application scores.

You may receive a letter indicating that your application was “approved, but unfunded” (ABU). This does not mean you will receive an award or funding. Applications designated ABU are kept active for up to 12 months. During that time, a program office may consider an ABU application for award should funds become available. However, an ABU status does not guarantee that we will fund your project.

We will not transfer an ABU application for consideration under a new NOFO. You would have the option to resubmit your application, with any updated material, for consideration under that new NOFO.

I. AWARD REQUIREMENTS AND ADMINISTRATION

The following subsections describe the administrative requirements and the terms and conditions that will apply to any award you might receive under this NOFO. As of October 1, 2025, HHS has adopted [2 CFR Part 200](#), with some modifications included in 2 CFR Part 300. These regulations replace those in 45 CFR Part 75.

1. Administrative and National Policy Requirements

a. Recipient Responsibilities

You will have the full responsibility for the conduct of the approved project or activity and for adherence to all award terms and conditions, statutory, regulatory, or policy requirements applicable to grants and cooperative agreements. The approved project or activity is the project described in your application subject to any OASH GMO approved amendments. Approval of the project does not waive or negate any statutory, regulatory, or policy requirements applicable to grants and cooperative agreements.

You will be encouraged to seek the advice and opinion of the federal project officer and grants management specialist on special problems that may arise. Such advice does not diminish your responsibility for making sound programmatic and administrative judgments and does not imply that the responsibility for operating decisions has shifted to HHS, OASH, or the program office.

b. Accepting an Award

You accept an award and its terms and conditions by drawing or otherwise obtaining funds for the award from the grant payment system. By accepting an award, you agree to comply with the

applicable federal requirements for grants and cooperative agreements, including those in the SAM registration certifications and representations, and to the prudent management of all expenditures and actions affecting the award, including the monitoring of any subrecipients.

You must comply with all terms, conditions, and requirements outlined in the Notice of Award, including: award policy terms and conditions contained in the HHS [Grant Policy Statement](#) (GPS), and its subsequent updates, all requirements imposed by program statutes and regulations, Executive Orders, and HHS grant administration regulations; and requirements or limitations in any applicable appropriations acts.

c. Scope of the Award and Prior Approvals

You may only use award funds to support activities in your funded project. HHS GPS Section II and 2 CFR §200.308 describe the aspects of your funded project that will require prior approval from the OASH GMO for any changes. Some of the award modifications to an approved project that will require prior GMO approval include:

- a change in the scope or the objective(s) of the project (even if there is no associated budget revision, such as reduction in services, closing of service or program site(s)).
- significant budget revisions, including changes in the approved cost-sharing or matching;
- a change in a key person(s) specified in your application;
- reduction in time devoted to the project by the approved PD/PI, either as percentage of full-time equivalent of 25% or more or absence for 3 months or more; or
- the transferring of any work to another entity or individual through contract, subaward, or other means that differs from described in the awarded proposal.

d. Alignment with HHS Priorities

As applicable here, recipients must use funds awarded under this NOFO to implement program goals or agency priorities in accordance with the HHS' vision, mission, core values, and strategic priorities, where authorized by law.

Funded activities must advance HHS's vision of protecting and improving the health and well-being of Americans. The particular focus is on those who are medically underserved, medically vulnerable, or live in areas with limited access to care. HHS's duty is to serve wisely, effectively, and with measurable results that justify every taxpayer dollar invested.

In carrying out any project funded under this NOFO, the recipient must adhere to the HHS priorities (available online at: <https://www.hhs.gov/about/priorities/index.html>), where they are consistent with the authority and scope of the award and its activities.

HHS will implement these priorities consistent with applicable laws, regulations, court orders, and any required procedures.

The recipient must demonstrate ongoing compliance with these priorities, in all programs that are authorized to advance them, through program design, implementation, reporting, and evaluation.

e. Applicable Termination Provisions

If you receive an award, HHS may terminate it if any of the conditions in [2 C.F.R. §§ 200.340\(a\)\(1\)-\(4\)](#) are met.

f. Discretionary Awards Terms

All activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations, and applicable judicial holdings. Accordingly, discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate: racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation; denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic; illegal immigration; or any other initiatives that compromise public safety. If an application does not align, the application will not receive funding to the extent permitted by law and applicable court orders.

2. Program Specific Terms and Conditions

We may include on any awards made under this opportunity the following as special terms and requirements.

a. Paperwork Reduction Act Clearance Packages

Any collection of information you conduct as defined in 5 C.F.R. § 1320.3(c) may require OMB clearance under the Paperwork Reduction Act (PRA) if it is a requirement of your award to collect that information. You would be responsible for preparing the clearance package necessary to obtain PRA clearance and submitting it to the project officer. The project officer will assist in the submission of the package to OMB and notify you when the approval has been received or request additional information.

3. Award Closeout

When the award expires, you must submit within 120 days all necessary documentation to closeout your award. If we do not receive acceptable final performance, financial, and property reports in a timely fashion and we determine that closeout cannot be completed with your cooperation, we must complete a unilateral closeout with the information available to us ([2 C.F.R. § 200.344](#)). See Section I.16 for specific detail.

If you do not submit all reports within one year of the period of performance end date, we must report your material failure to comply with the terms and conditions of the award with the OMB-designated integrity and performance system. As a result, we may also determine that enforcement actions are necessary, including actions such as withholding support or a high-risk designation on an existing or future award.

4. Lobbying Prohibitions

In general, any funds from an award made under this NOFO must not be used for other than normal and recognized executive legislative relationships. See 2 C.F.R. § 200.450.

You must not use funds for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat:

- the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or
- any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

You must not use any funds awarded to pay the salary or expenses of any employee or subrecipient, or agent acting for you, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive Order proposed or pending.

5. Non-Discrimination Requirements

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance ([HHS-690](#)). To learn more, see the [HHS Office for Civil Rights website](#).

6. Smoke- and Tobacco-free Workplace

We strongly encourage all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. This is consistent with the HHS mission to protect and advance the physical and mental health of the American people.

7. Acknowledgement of Funding

Each year's annual appropriation requires that when issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all organizations receiving Federal funds, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state— (1) the percentage of the total costs of the program or project which will be financed with Federal money; (2) the dollar amount of Federal funds for the project or program; and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

You must also acknowledge Federal support in any publication you develop using funds awarded under this program, with language such as:

This [project/publication/program/website, etc.] was supported by [Award Number] issued by the Office of the Assistant Secretary for Health of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funded by Organization Name.

You must also include a disclaimer stating the following:

The contents are solely the responsibility of the author(s) and do not necessarily represent the official views of, nor an endorsement by, Organization Name, OASH, HHS, or the U.S. Government. For more information, please visit [Organization Name website, if available].

8. HHS Rights to Materials and Data

All publications you develop or purchase with funds awarded under this announcement must adhere to the requirements of the program. You own the copyright for materials that you develop under an award, and pursuant to 2 C.F.R. § 200.448, the HHS awarding agency reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so.

In addition, pursuant to 2 C.F.R. § 200.448, the federal government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes.

9. Trafficking in Persons

Awards are subject to the requirements of Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended ([22 U.S.C. § 7104](#)).

10. Efficient Spending

Awards will be subject to the [HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items, and Printing and Publications](#).

11. Whistleblower Protection

Awards will include a term and condition that applies the terms of [2 C.F.R. § 200.217](#) to the award, and requires that you inform your employees in writing of employee whistleblower rights and protections under 41 U.S.C. § 4712 in the predominant native language of the workforce.

12. Health Information Technology (IT) Interoperability

Health information technology is defined in Section 3000 of the Public Health Service Act (42 U.S.C. § 300jj). HHS has substantially adopted and codified that definition at [45 C.F.R. § 170.102](#). The regulation defines health information technology as hardware, software, integrated

technologies or related licenses, IP, upgrades, or packaged solutions sold as services that are designed for or support the use by health care entities or patients for the electronic creation, maintenance, access, or exchange of health information.

If you receive an award that involves:

- a. implementing, acquiring, or upgrading health IT for activities, you are required to utilize health IT that meets standards and implementation specifications adopted in [45 C.F.R. part 170, Subpart B](#), if such standards and implementation specifications can support the activity.
- b. implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Section 4101, 4102, and 4201 of the [HITECH Act](#), you are required to utilize health IT certified under the Office of the HHS Office of the National Coordinator for Health Information technology (ONC) Health IT Certification Program, if certified technology can support the activity. See <https://www.healthit.gov/topic/certification-ehrs/certification-health-it>.

If standards and implementation specifications adopted in [45 CFR Part 170, Subpart B](#) cannot support the activity, recipients and subrecipients are encouraged to utilize health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at <https://www.healthit.gov/isa/>.

13. Certain telecommunications and video surveillance services or equipment

As described in [2 C.F.R. 200.216](#), recipients and subrecipients are prohibited from obligating or spending grant funds (to include direct and indirect expenditures as well as cost share and program) to:

- a. Procure or obtain;
- b. Extend or renew a contract to procure or obtain; or
- c. Enter into a contract (or extend or renew a contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
 1. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
 2. Telecommunications or video surveillance services provided by such entities or using such equipment.
 3. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of

Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country.

14. Human Subjects Protection

Federal regulations ([45 C.F.R. part 46](#)) require that applications and proposals involving human subjects be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, you must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in [45 C.F.R. part 46](#). Additional information is available on the [Office of Human Research Protections](#) website. This includes a series of [decision charts](#) to help assess whether an activity is human subjects research covered by the regulation and when an exemption may apply.

OASH requires, as part of any award involving human subjects, that recipients submit copies of all IRB approvals (not full protocols), or documentation of exemption determinations, within 5 days of the IRB approving the research or documentation of the specific exemption applied. Recipients must receive IRB approval or determine an exemption is applicable before any human subjects research begins.

15. Research Integrity

Federal regulations require that an applicant for or recipient of Public Health Service support for biomedical or behavioral research, biomedical or behavioral research training, or activities related to that research or research training must comply with the Public Health Service Policies on Research Misconduct in [42 C.F.R. part 93](#). Compliance includes having written policies and procedures for addressing allegations of research misconduct that meet the requirements of part 93, unless exempt; responding to each allegation of research misconduct for which the applicant or recipient is responsible under part 93 in a thorough, competent, objective, and fair manner; fostering a research environment that promotes the responsible conduct of research and discourages research misconduct; and maintaining an active assurance. More information about assurances is available in [42 CFR Part 93 Subpart C](#) and on the Office of Research Integrity [assurance program](#) website.

16. Reporting

Recipients must report on project progress (2 C.F.R. § 200.329) and financial status (2 C.F.R. § 200.328) during the course of the project. At the end of the project, acceptable final progress and financial reports are a requirement of the award closeout process. Failure to provide final progress or financial reports on any HHS award may affect decisions on future new or continuation funding.

a. Performance Project Reports (PPR)
Performance Project Reports (PPR)

You must submit periodic performance project reports on a semi-annual basis via the Performance Project Report (PPR) module in GrantSolutions. We must receive the PPR by the due date included in the terms and conditions on the NOA. PPRs must address the content required by 2 C.F.R. § 200.329. The program office may provide additional guidance on the content of the progress report.

At the end of the project, you must submit a final performance report covering the entire period of performance no later than 120 days after the end of the period of performance. The program office may provide additional guidance on the content of the final report, which you must submit in the PPR module.

Project Performance and Continuation Awards

For projects with multiple budget periods anticipated, you will be required each year of the approved period of performance to submit in addition to your PPRs, a noncompeting continuation application. This application will include a summary of progress the last PPR, an updated work plan, and a budget package (SF-424A, narrative, and justification) for the upcoming budget period. Specific guidance will be provided via Grant Solutions well in advance of the application due date.

For the optional competitive additional year of funding intended to transition successful projects to sustainability, application guidance and review criteria will be provided during the final year of the period of performance.

We will award continuation funding based on availability of funds, satisfactory progress of the project, grants management compliance, including timely reporting, and continued best interests of the government. Progress is assessed relative to meeting the goals, objectives, and outcomes in the approved, funded project as described in the approved application and other supporting documents.

Performance Measures

OPA requires the recipient to submit performance measures each year on a semi-annual Basis (OMB #0937-0213, Expiration July 31, 2026, renewal pending see [Appendix B – TPP Performance Measures](#)).

b. Financial Reports

You must submit quarterly Federal Financial Reports (FFR) (SF-425). Your specific reporting schedule will be issued as a condition of award. Typically, we align the FFR reporting periods with the quarters of the federal fiscal year. FFRs are cumulative and due 30 days after the end of each reporting period or more specifically for the:

Quarter ending September 30, your FFR is due October 30

Quarter ending December 31, your FFR is due January 30

Quarter ending March 30, your FFR is due April 30

Quarter ending June 30, your FFR is due July 30.

In lieu of the last quarterly FFR, you will also be required to submit a final FFR covering the entire award 120 days after the end of the period of performance. You must submit FFRs via HHS Payment Management System (PMS) (<https://pms.psc.gov>).

Once submitted and accepted, your financial report data will be available in GrantSolutions, which is our grant management system.

c. Audits

If your organization expends \$1,000,000 or greater in federal funds, it must undergo an independent audit in accordance with [2 C.F.R. § 200.501](#), often referred to as the Single Audit requirement.

d. Reporting of Matters Relating to Recipient Integrity and Performance

If the total value of your currently active grants, cooperative agreements, and procurement contracts from all Federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this Federal award, then you must maintain the currency of information reported to SAM.gov that is made available in the designated integrity and performance system (currently FAPIIS) about civil, criminal, or administrative proceedings described in 2 C.F.R. part 200. This is a statutory requirement (41 U.S.C. § 2313).

All information posted in the designated integrity and performance system will be publicly available. For more information about this reporting requirement related to recipient integrity and performance matters, see [Appendix XII to 2 C.F.R. part 200](#).

e. Other Required Notifications

Before you enter into a covered transaction at the primary tier, in accordance with [2 C.F.R. § 180.335](#), you as the [participant](#) must notify OASH, if you know that you or any of the principals for that covered transaction:

- Are presently excluded or disqualified;
- Have been convicted within the preceding three years of any of the offenses listed in [2 C.F.R. § 180.800\(a\)](#) or had a civil judgment rendered against you for one of those offenses within that time period;
- Are presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses listed in [2 C.F.R. § 180.800\(a\)](#); or
- Have had one or more public transactions (Federal, State, or local) terminated within the preceding three years for cause or default.

At any time after you enter into a covered transaction, in accordance with [2 C.F.R. § 180.350](#), you must give immediate written notice to OASH if you learn either that—

- You failed to disclose information earlier, as required by [2 C.F.R. § 180.335](#); or
- Due to changed circumstances, you or any of the principals for the transaction now meet any of the criteria in [2 C.F.R. § 180.335](#).

J. CONTACTS

Administrative and Budgetary Requirements

For information related to administrative and budgetary requirements, contact the HHS/OASH grants management specialist listed below.

Eric West
OASH Grants and Acquisitions Management
Email: eric.west@hhs.gov

Program Requirements

For information on program requirements, please contact the program office representative listed below.

Jaclyn Ruiz
Office of Population Affairs
Phone: (240) 453-8134
Email: Jaclyn.Ruiz@hhs.gov

Grants.gov Support

For information or assistance on submitting your application electronically via Grants.gov, contact Grants.gov directly. Assistance is available 24 hours a day, 7 days per week.

GRANTS.GOV Applicant Support

Website: <https://www.grants.gov>

Phone: 1-800-518-4726

Email: support@grants.gov

SAM.gov Registration Support

For information or assistance on registering with SAM.gov, contact the General Services Administration (GSA) Federal Service Desk (FSD) Monday through Friday 8:00 AM to 8:00 PM Eastern at:

Website: https://www.fsd.gov/gsafsd_sp (Live Chat option available)

U.S. Phone: 866-606-8220

International Phone: +1 334-206-7828

K. OTHER INFORMATION**1. Application Checklist**

The below is a summary listing of all the application elements required for this funding opportunity.

Application Checklist	
	SAM.gov Registration/Renewal – start as soon as possible (recommended minimum of 6-8 weeks prior to submission deadline)
	Grants.gov Registration (recommended minimum of 6-8 weeks prior to submission deadline)
	Application for Federal Assistance (SF-424)
	Budget Information for Non-construction Programs (SF-424A)
	Disclosure of Lobbying Activities (SF-LLL)
	Project Abstract Summary , including any responsiveness criteria (Section G.1.a)
	Project Narrative – Submit all Project Narrative content (Section E.2.a) as a single acceptable file (Section F.3.a).
	Project Narrative Appendices – Submit all Appendix content (Section E.2.b) as a single acceptable file (Section F.3.a).
	Budget Package – Submit all Budget Package content (Section E.2.c) as a single acceptable file (Section F.3.a). Note SF-424A is not included in the package and should be uploaded with the standard forms. Must include documentation of any cost-share or matching proposed regardless of whether it is voluntary or mandatory. (Section A.3)
	Other Submission Requirements (Section F.4).

2. Acronyms

ABU	Approved, but Unfunded
FAPIS	Federal Awardee Performance and Integrity Information System
FFATA	Federal Financial Accountability and Transparency Act
FFR	Federal Financial Report (SF-425)
FSD	Federal Service Desk (GSA)
FSRS	FFATA Subaward Reporting System
GAM	Grants and Acquisitions Management Division
GMO	Grants Management Officer
GMS	Grants Management Specialist
GPS	Grants Policy Statement
GSA	General Services Administration
HHS	Department of Health and Human Services
LOC	Letters of Commitment
MEI	Monitoring, Evaluation, and Improvement
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MTDC	Modified Total Direct Costs
NCC	Non-competing Continuation
NOA	Notice of Award
NOFO	Notice of Funding Opportunity
OASH	Office of the Assistant Secretary for Health
OMB	Office of Management and Budget
PD/PI	Project Director/Principal Investigator
PHS	Public Health Service
PPR	Performance Project Report
SF	Standard Form
SPOC	State Single Point of Contact
TPP	Teen Pregnancy Prevention

3. Glossary

Adaptation are changes made to the program content, program delivery, or other core components of an effective program.

Age appropriate content assures that topics and themes are appropriate for the age group and other specific characteristics of the target audience. All program content must be suitable for the developmental stage of the intended audience and support healthy, informed decision-making, including promoting delayed sexual initiation as a behavior associated with reduced teen pregnancy.

Effective Programs are programs that have been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors. See [Appendix A – Criteria for Eligible TPP Effective Programs](#) for the criterion that will be used to determine eligibility of programs for this NOFO.

Fidelity is the degree to which an implementer adheres to the core components of an evidence-based program.

Fit is how well a program matches, or is appropriate for, the community, organization, stakeholders, and potential participants (i.e., youth, parents/caregivers).

Key Personnel includes those individuals who are essential to the project because of specialized training, skills, or expertise. This also includes those who will oversee the technical, professional, managerial, and support functions and/or assume responsibility for assuring the validity and quality of the project. This does not include individuals who provide routine administrative support to the project as part of their broader support of the organization.

Medically accurate materials and instruction are expected to be grounded in current, evidence-based scientific and clinical knowledge, and be within the scope of TPP statutory requirements to prevent teenage pregnancy. When materials provide information on widely prescribed medications for sexual and reproductive health, for example, the information should reference potential health risks to support minors and their parents or guardians in informed decision-making, which may include a desire to consult with their healthcare provider.

Body literacy is the ability to understand how the body functions in a state of health, including knowledge of reproductive anatomy, physiology, and hormonal patterns, and to interpret biological signals to support informed decision-making, self-awareness, and long-term physical, mental, and reproductive well-being.

Optimal health is a dynamic balance of physical, emotional social, spiritual and intellectual well-being, and not merely the absence of disease or dysfunction. It reflects the highest level of health an individual can achieve and is supported by knowledge, skills, and behaviors that promote resilience, functioning, and long-term well-being across the lifespan.

Parent, for the purpose of this NOFO, means the main adult who takes care of an adolescent’s basic needs, like food and safety. This can include biological parents, relatives like grandparents, aunts, uncles, or siblings, and nonbiological parents such as adoptive, foster, or stepparents. “Parents” play an important role in raising adolescents and helping them grow emotionally and socially through their daily interactions.

Replication refers to duplicating or repeating an effective program.

Risk factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes.

4. Object Class Descriptions and Required Justifications

Personnel

Description

Includes costs of employee salaries and wages, excluding benefits.

Does NOT include consultants, subrecipient personnel costs, personnel costs outside of your organization. [2 C.F.R. § 200.459](#).

Justification

Clearly identify the PD/PI, if known. Provide a separate table for personnel costs detailing for each proposed staff person: the title; full name (if known at time of application), time commitment to the project as a percentage or full-time equivalent; annual salary and/or annual wage rate; federally funded award salary; non-federal award salary, if applicable; and total salary.

No salary rate may exceed the statutory limitation in effect at the time you submit your application (see E.2.c.2).

Sample Personnel Table					
Position Title and Full Name	Percent Time	Annual Salary	Federally-Funded Salary	Non-Federal Salary	Total Project Salary
Project Director, John K. Doe	50%	\$100,000	\$50,000	\$0	\$50,000
Data Assistant, Susan R. Smith	10%	\$30,000		\$3,000	\$3,000

Fringe Benefits

Description

Includes costs of personnel fringe benefits, unless treated as part of an approved indirect cost rate.

Justification

Provide a breakdown of the amounts and percentages that comprise fringe benefit costs such as health insurance, Federal Insurance Contributions Act (FICA) taxes, retirement insurance, and taxes.

Travel

Description

Includes costs of travel by staff of the applicant organization only.

Does NOT include travel costs for subrecipients or contractors under this object class.

Justification

For each trip proposed for your organization employees only, show the date of the proposed travel, total number of traveler(s); travel destination; duration of trip; per diem; mileage allowances, if privately owned vehicles will be used; and other transportation costs and subsistence allowances.

Equipment

Description

Includes tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost that equals or exceeds the lesser of the capitalization level established by the recipient or subrecipient for financial statement purposes, or \$10,000 (([2 C.F.R. § 200.1](#) and § [200.313\(e\)](#)).

Acquisition cost means the cost of the asset including the cost to ready the asset for its intended use. Acquisition cost for equipment, for example, means the net invoice price of the equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Acquisition costs for software includes those development costs capitalized in accordance with generally accepted accounting principles (GAAP). Ancillary charges, such as taxes, duty, protective in transit insurance, freight, and installation may be included in or excluded from the acquisition cost in accordance with the non-Federal entity's regular accounting practices.

Justification

For each type of equipment requested you must provide a description of the equipment; the cost per unit; the number of units; the total cost; and a plan for use of the equipment in the project; AND a plan for the use, and/or disposal of, the equipment after the project ends.

If your organization uses its own definition for equipment you should include in the budget narrative a copy of the policy, or section of your policy, that includes the equipment

definition. Reference the policy in your justification. Do not include this policy in your appendices.

Supplies

Description

Includes costs of all tangible personal property other than those included under the Equipment category. This includes office and other consumable supplies with a per-unit cost of less than \$10,000 ([2 C.F.R. § 200.1](#)).

Justification

Specify general categories of supplies and their costs. Show computations and provide other information that supports the amount requested.

Contractual

Description

Includes costs of all contracts or subawards for services and goods except for those that belong under other categories such as equipment, supplies, construction, etc.

Include third-party evaluation contracts, if applicable, and contracts or subawards with subrecipient organizations (with budget detail), including delegate agencies and specific project(s) and/or businesses to be financed by the applicant.

This line item is not for individual consultants.

Justification

Demonstrate that all procurement transactions will be conducted in a manner to provide, to the maximum extent practical, open, and free competition. Recipients and subrecipients are required to use [2 C.F.R. § 200.320](#) procedures and must justify any anticipated procurement action that is expected to be awarded without competition and exceeds the simplified acquisition threshold fixed by [FAR 2.101](#) and currently set at \$250,000. In some cases, OASH may require recipients make pre-award review and procurement documents, such as requests for proposals or invitations for bids, independent cost estimates, etc., available. Any proposal for awarding fixed amount subawards is subject to [2 C.F.R. § 200.333](#) and will require detailed justification to support the fixed award amount.

Transferring a substantive part of the project effort to another entity (including non-employee individuals) through contract or other mechanism requires a detailed budget and budget narrative for each subrecipient, by title or name, along with the same supporting information referred to in these instructions. If you plan to select the subrecipients post-award and a detailed budget is not available at the time of application, you must provide information on the nature of the work to be transferred, the estimated costs, and the process for selecting the subrecipient.

Other***Description***

Includes such costs as, where applicable and appropriate,

- consultants;
- insurance;
- professional services (including audit charges);
- space and equipment rent;
- printing and publication;
- training, such as tuition and stipends;
- participant support costs including incentives,
- staff development costs; and
- any other costs not addressed elsewhere in the budget.

Do not include costs covered by your negotiated indirect cost rate.

Justification

Provide computations, a narrative description, and a justification for each cost under this category.

Indirect Costs***Description***

Calculate your indirect costs based on a percentage of your modified total direct costs (MTDC)([2 C.F.R. § 200.1](#)).

There are two methods. You must clearly identify the rate you used in your submitted budget.

Negotiated Indirect Cost Rate

If you have an approved negotiated indirect cost rate from the Department of Health and Human Services (HHS) or another cognizant federal agency, you should apply that negotiated rate. You should enclose a copy of the current approved rate agreement in your Budget package file.

If you request a rate that is less than allowed, your authorized representative must submit a signed acknowledgement that you are accepting a lower rate than allowed. This should be an explicit statement that you are accepting a lower rate than is allowed and specify what the lower rate is.

De minimis Rate ([2 C.F.R. § 200.414\(f\)](#))

If you do not have a current Federal negotiated indirect cost rate (including provisional rate) you “may elect to charge a de minimis rate of up to 15 percent of modified total direct costs (MTDC).” ([2 C.F.R. § 200.414\(f\)](#).) You may “determine the appropriate rate up to this limit. . . . When applying the de minimis rate, costs must be consistently charged as either direct or indirect costs and may not be double

charged or inconsistently charged as both.” ([2 C.F.R. § 200.414\(f\)](#).) If you elect to use the de minimis rate, you must use the de minimis rate for all Federal awards until you choose to receive a negotiated rate.

Indirect costs for training are limited to a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of \$50,000 ([45 C.F.R. § 75.414 \(c\)\(1\)\(i\)](#)).

Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$50,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs, and the portion of each subaward in excess of \$50,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs ([2 C.F.R. § 200.1](#)).

Justification

Provide the calculation for your indirect costs total, i.e., show each line item included in the base, the total of these lines, and the application of the indirect rate. If you have multiple approved rates, indicate which rate as described in your approved agreement is being applied and why that rate is being used. For example, if you have both on-campus and off-campus rates, identify which is being used and why.

Program Income

Description

Program income means gross income earned by your organization that is directly generated by an awarded project except as provided in [2 C.F.R. § 200.307](#). Program income includes but is not limited to income from fees for services performed or the use or rental of real or personal property acquired under the award.

Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulations, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them. See also [2 C.F.R. § 200.307](#) and [35 U.S.C. § 200-212](#) (applies to inventions made under Federal awards).

Justification

Describe and estimate the sources and amounts of program income that this project may generate. All program income generated as a result of awarded funds must be used within the scope of the approved project-related activities.

Any program income earned must be used under the addition or additive method unless otherwise specified in Section E.2. These funds should not be added to your budget, unless

you are using the funds as cost sharing or matching, if applicable. This amount should be reflected in box 7 of the SF-424A.

Non-Federal Resources (Cost Share or Match)

Description

Amounts of non-federal resources that will be used to support the project as identified in box 18 of the SF-424. For all federal awards, any shared costs or matching funds and all contributions, including cash and third-party in-kind contributions, must be accepted as part of the recipient's cost sharing or matching when such contributions meet all of the criteria listed in [2 C.F.R. § 200.306](#).

For awards that require matching by statute, you will be held accountable for projected commitments of non-federal resources in your application budgets and budget justifications by budget period even if the justification exceeds the amount required.

For awards resulting from an application where you voluntarily propose cost sharing, we will include this voluntary cost sharing in the approved project budget, and you will be held accountable for it as shown in the Notice of Award (NOA).

Failure to meet a cost sharing or matching obligation that is part of the approved project budget on the NOA may result in the disallowance of federal funds.

If you are funded, you must report cost sharing or matching funds on your quarterly Federal Financial Reports.

Justification

You must provide detailed budget information in your budget narrative (not your appendices) for every funding source identified in box 18. "Estimated Funding (\$)" on the SF-424.

You must fully identify and document the specific costs or contributions you propose as part of your required or voluntary cost sharing requirement. You must provide documentation in your application on the sources of funding or contribution(s).

For in-kind contributions, you must include how the stated valuation was determined. Matching or cost sharing must be documented by budget period.

Unrecovered indirect costs may be included as part of your cost sharing or matching only with prior approval of the grants management officer. Your budget narrative must clearly state that it is your intent to include unrecovered indirect costs as part of your cost sharing or matching. You should include in your budget narrative a copy of your negotiated cost rate to support the justification. Unrecovered indirect cost means the difference between the amount charged to the Federal award and the amount which could have been charged to the Federal award under your approved negotiated indirect cost rate. (See [2 C.F.R. § 200.306\(c\)](#)).

If your application does not include the required supporting documentation for required or voluntary cost-sharing or matching, it will be disqualified from competitive

review (Section G.1.b).**5. Considerations in Recipient Plans for Oversight of Federal Funds**

(See also Section E.3.c.3)

To the maximum extent possible, a recipient organization should segregate responsibilities for receipt and custody of cash and other assets; maintaining accounting records on the assets; and authorizing transactions. In the case of payroll activities, the organization, where possible, should segregate the timekeeping, payroll preparation, payroll approval, and payment functions.

Questions for consideration in developing your plan may include:

- Do the written internal controls provide for the segregation of responsibilities to provide an adequate system of checks and balances?
- Are specific officials designated to approve payrolls and other major transactions
- Does the time and accounting system track effort by cost objective?
- Are time distribution records maintained for all employees when his/her effort cannot be specifically identified to a particular program cost objective?
- Do the procedures for cash receipts and disbursements include:
- Receipts are promptly logged in, restrictively endorsed, and deposited in an insured bank account?
- Bank statements are promptly reconciled to the accounting records, and are reconciled by someone other than the individuals handling cash, disbursements and maintaining accounting records?
- All disbursements (except petty cash or EFT disbursements) are made by pre-numbered checks?
- Supporting documents (e.g., purchase orders, Invoices, etc.) accompany checks submitted for signature and are marked "paid" or otherwise prominently noted after payments are made?

6. Financial Assistance General Certifications and Representations

When you register your organization in SAM.gov, you must complete the certifications and representations applicable to grants (i.e., federal assistance). We have provided for your reference the list of items that you are certifying when you complete this during your registration.

When your organization completes its registration (new or renewal) in SAM.gov, your organization attests that your organization:

1. Has the legal authority to apply for federal assistance and the institutional, managerial and financial capability to ensure proper planning, management, and completion of any financial assistance project covered by this Certifications and Representations document (See [2 C.F.R. § 200.113](#) Mandatory disclosures, [2 C.F.R. § 200.214](#) Suspension and debarment, OMB Guidance A- 129, "Policies for Federal Credit Programs and Non-Tax Receivables");
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives (See [2 C.F.R. § 200.302](#) Financial Management [2 C.F.R. § 200.303](#) Internal controls;
3. Will disclose in writing any potential conflict of interest to the federal awarding agency or pass through entity in accordance with applicable federal awarding agency policy (See [2 C.F.R. § 300.112](#) Conflict of interest;
4. Will comply with all limitations imposed by annual appropriation acts;
5. Will comply with the U.S. Constitution, all federal laws, and relevant Executive guidance in promoting the freedom of speech and religious liberty in the administration of federally-funded programs (See [2 C.F.R. § 200.300](#) Statutory and national policy requirements [[2 C.F.R. § 300.112](#)] and [2 C.F.R. § 200.303](#) Internal controls [[2 C.F.R. § 300](#)];
6. Will comply with all applicable requirements of all other federal laws, executive orders, regulations, and public policies governing financial assistance awards and any federal financial assistance project covered by this certification document, including but not limited to:
 1. Trafficking Victims Protection Act (TVPA) of 2000, as amended, [22 U.S.C. § 7104\(g\)](#);
 2. Drug Free Workplace, [41 U.S.C. § 8103](#);
 3. Protection from Reprisal of Disclosure of Certain Information, [41 U.S.C. § 4712](#);
 4. National Environmental Policy Act of 1969, as amended, [42 U.S.C. § 4321](#) et seq;
 5. Universal Identifier and System for Award Management, [2 C.F.R. part 25](#);
 6. Reporting Subaward and Executive Compensation Information, [2 C.F.R. part 170](#);
 7. OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Non-procurement), [2 C.F.R. part 180](#);
 8. Civil Actions for False Claims Act, [31 U.S.C. § 3730](#);
 9. False Claims Act, [31 U.S.C. § 3729](#), [18 U.S.C. §§ 287](#) and [1001](#);
 10. Program Fraud and Civil Remedies Act, [31 U.S.C. § 3801](#) et seq;

11. Lobbying Disclosure Act of 1995, [2 U.S.C. § 1601](#) et seq;
12. Title VI of the Civil Rights Act of 1964, [42 U.S.C. § 2000d](#) et seq;
13. Title VIII of the Civil Rights Act of 1968, [42 U.S.C. § 3601](#) et seq;
14. Title IX of the Education Amendments of 1972, as amended; [20 U.S.C. § 1681](#) et seq
15. Section 504 of the Rehabilitation Act of 1973, as amended; [29 U.S.C. § 794](#); and
16. Age Discrimination Act of 1975, as amended, [42 U.S.C. § 6101](#) et seq.

7. Protections for Healthcare Entities under Weldon and Other Conscience Protection Statutes

Under this program, HHS will not require grantees, individuals and institutions, who are covered by the Weldon Amendment to counsel or refer for abortions, notwithstanding the program's current regulations, see 42 C.F.R. 59.5(a)(5); See 86 FR 56144, 56153 (10/7/2021) (“[O]bjecting individuals and grantees will not be required to counsel or refer for abortions in the Title X program in accordance with applicable federal law. OPA has long worked with grantees and providers to ensure appropriate compliance with conscience laws”). The Weldon Amendment provides that Federal or State agencies or programs cannot subject institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions. See Consolidated Appropriations Act, 2026, H.R. 7148, Div. B., Tit. V, Section 507(d). Under Weldon, a health care entity includes an individual physician or other health care professional, a hospital, a provider sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization, or plan. For more information about whether an entity is covered by the Weldon Amendment, applicants/grantees may consult resources provided by the Office for Civil Rights, <https://www.hhs.gov/conscience/your-protections-against-discrimination-based-on-conscienceand-religion/index.html>. And if an entity believes it has been subject to discrimination under Weldon, it may file a complaint with OCR here: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

Appendix A - Criteria for Eligible TPP Effective Programs

The criteria below define the level of evaluation quality and evidence required for a program to be considered rigorously evaluated and eligible for replication under this NOFO.

Summary

Types of research designs and data used in the analysis

Studies must examine the effects of a program using quantitative data, statistical analysis, and hypothesis testing. Both randomized controlled trials and quasi-experimental impact study designs can be considered.

Timeliness of the study findings

To be eligible, programs must have at least one impact study with evidence of effectiveness from a follow-up data collection conducted within the last 15 years, calculated from the date the new findings are released.

Types of outcomes

Studies must measure program impacts on at least one measure of sexual risk behavior or its health consequences. Measures meeting this definition fall into the following domains: (1) sexual activity, including initiation of sexual activity, frequency of sexual activity, and voluntary delay or abstinence; (2) number of sexual partners; (3) STIs or HIV;⁶ (4) pregnancies; (5) parental/caregiver engagement; (6) parental/caregiver-child emotional closeness; (7) sexting; (8) substance use; and (9) pornography use.

In addition to these outcomes, studies may include the following intermediate outcome domains, which support informed decision-making and long-term health:

(10) body literacy and reproductive health knowledge, including understanding of reproductive anatomy and physiology, hormonal function, fertility, and the ability to interpret biological indicators of health (e.g., menstrual cycle phases, ovulation, and male reproductive development); and (11) reproductive goals and future-oriented decision-making, including adolescents' ability to articulate goals related to relationships, childbearing, and family formation and to understand how current behaviors may affect those goals.

Measures within domains (10) and (11) are considered intermediate outcomes and are not sufficient on their own to demonstrate program effectiveness. To be eligible, studies must include at least one outcome from domains (1) through (9).

Most studies use self-reported measures, but biological measures of STIs and administrative data (for example, birth records) are also considered. Measures with limitations in terms of their quality or interpretation (for example, composite indices that aggregate multiple heterogeneous measures into a single score) are excluded. Ineligible measures also include outcomes that combine multiple behaviors together (e.g., sex while under the influence, or sex without

⁶ STI testing is an eligible outcome as long as the test is not provided as part of the intervention.

consent). See “Types of Eligible Outcomes” for more details on the outcome measures that are eligible, including examples of measures in each outcome domain.

Study Quality

To meet the definition used in this NOFO for an effective program, the rigorous evaluation study supporting the effectiveness of the program must meet the criteria for either a “high” or “moderate” study quality rating as summarized in Table 1 below and described in more detail following Table 1.

Table 1. Summary of study quality ratings

Criteria category	Features of studies with the high study rating	Features of studies with the moderate study rating
Study design	Random or functionally random assignment	Random assignment design with high attrition or reassignment; Quasi-experimental design with a comparison group
Attrition	Random assignment studies that do not exceed What Works Clearinghouse standards for overall and differential attrition (cautious assumption)	Random assignment studies that exceed What Works Clearinghouse attrition standards. Attrition is not assessed in quasi-experimental designs
Baseline equivalence	Not assessed; samples are assumed to be equivalent by virtue of random assignment and low levels of sample attrition	The equivalence of the research groups is demonstrated at baseline, and systematically adjusted for in impact analyses
Reassignment	Analysis is based on original assignment to research groups	Not assessed, given the baseline equivalence requirement described below
Confounding factors	At least two subjects or groups in each research group and no systematic differences in data collection methods	At least two subjects or groups in each research group and no systematic differences in data collection methods

Note: Studies that do not achieve the high or moderate rating are given a rating of low.

Study design

The highest study quality rating is reserved for randomized controlled trials and similar studies that randomly assigned subjects to their research groups. Studies using random assignment provide the strongest evidence that differences in the outcomes between the treatment and control groups can be attributed to the program. (Designs based on functionally random assignment, such as alternating based on last name, date of birth, or certain digits of an identification number, are also eligible for this highest rating.)

Quasi-experimental designs with an external comparison group are eligible for at best a moderate rating. In such studies, subjects are sorted into the research groups through a process other than

random assignment; therefore, even if the treatment and comparison groups are well matched based on observed characteristics, they may still differ on unmeasured characteristics. We therefore cannot rule out the possibility that the findings are attributable to unmeasured group differences. The moderate study rating is also applied to random assignment designs that do not meet other criteria for the highest rating (that is, attrition or reassignment), as explained in more detail below.

Quasi-experimental designs without an external comparison group (for example, pre-post designs) are given a low study rating. These designs are not considered for either the high or moderate rating because they offer no credible means to assess what the sample's outcomes would have been absent the intervention — a necessary condition for obtaining an unbiased impact estimate. Quasi-experimental and random assignment studies that do not meet the other criteria for a high or moderate rating are also assigned the lowest rating.

Attrition

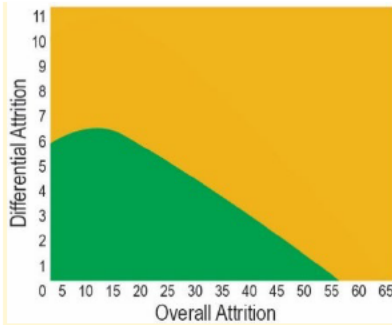
In random assignment studies, a loss of study participants can bias the study's impact estimates by creating differences in the characteristics of the treatment and control groups. Bias can arise from overall attrition (the percentage of study participants lost among the total study sample) or differential attrition (the difference in attrition rates between the treatment and control groups).

The cutoff for an acceptable level of sample attrition is tied not only to the extent of overall attrition or differential attrition but rather to a combination of the two. For example, for studies with a relatively low overall attrition rate of 10 percent. For studies with a higher overall attrition rate of 30 percent, the standard requires a lower rate of differential attrition, at approximately 4 percent. Only random assignment studies meeting the standard for acceptable combinations of overall and differential attrition using the cautious assumptions are considered for the highest study rating. Random assignment studies that do not meet these standards are considered for the moderate study rating.

For cluster randomized trials, in which individuals are assigned to treatment and control conditions in groups (for example, schools or classrooms, random assignment studies with low attrition at both levels (cluster and individual) are eligible for the high rating. Random assignment studies with high attrition at either level must demonstrate baseline equivalence of the analytic sample to be eligible for the moderate study rating.

In addition, cluster randomized trials that include sample members in the impact analysis who were not included in the sample at the time of random assignment (in other words, they joined the sample after random assignment) may also be required to demonstrate baseline equivalence of the analytic sample to be eligible for the moderate study rating. This requirement is enforced in contexts where the unit of assignment could potentially be exploited by joiners (for example, when classrooms within a school are the unit of assignment and a student may join a particular classroom in order to get the intervention).

Figure 1. Standard for assessing sample attrition in study quality ratings (WWC cautious attrition assumption)



Source: WWC. *Procedures and Standards Handbook, Version 4.1*. Washington, DC: U.S. Department of Education, 2020.

Any sample exclusions made after random assignment may factor into the attrition calculation. Depending on the specifics of the research design, these sample exclusions may arise from participant nonconsent, nonresponse, nonparticipation, or any number of other factors. The key determination is whether the exclusion in question presents any risk of bias to the study's impact estimates. Any sample exclusion that occurs after random assignment and presents a risk of bias will be factored into the attrition calculation.

The attrition standards are not applied to quasi-experimental studies. This criterion is explained in greater detail below.

Baseline equivalence

In quasi-experimental comparison group studies and random assignment studies with concerns about sample composition change (for example, studies with high attrition, reassignment, or individuals included in the analysis who may have selected/joined a cluster based on an attractive intervention), the use of well-matched treatment and comparison groups can minimize the risk of bias in the impact estimates. Therefore, in order to receive the moderate study rating, quasi-experimental comparison group studies and random assignment studies with concerns about sample composition change are required to demonstrate that the intervention and comparison groups were similar at baseline on three key demographic characteristics: age or grade level, biological sex, and race/ethnicity. For studies with sample members at least 14 years old at baseline (or eighth grade or higher), the study authors must also establish baseline equivalence on at least one behavioral outcome measure (for example, rates of sexual initiation). This criterion is not applied to studies with younger sample members because rates of sexual risk behaviors are typically low for this age group.

The following approach is used to determine if samples satisfy the baseline equivalence requirement: If the reported difference of a specified baseline characteristic is greater than 0.25 standard deviations in absolute value, based on the variation of that characteristic in the pooled sample of treatment and control group members, the treatment and control groups are considered to be nonequivalent.

Depending on the size of the baseline difference, a statistical adjustment in the analysis may be required. There are slightly different rules for statistical adjustment requirements for demographic characteristics and baseline measures of the outcomes:

- For demographic characteristics, when differences in the specified baseline characteristics are greater than 0.05 and lower or equal to 0.25 standard deviations, the analysis must include a statistical adjustment to meet the baseline equivalence requirement.⁷ Differences of less than or equal to 0.05 standard deviation require no statistical adjustment.
- For baseline measures of the outcome, any difference lower than or equal to 0.25 standard deviations must be statistically adjusted for.⁸

Only those outcomes for which baseline equivalence is established are considered for possible evidence of program effectiveness. For example, if a study examined program impacts on three relevant outcome measures—sexual initiation, parental/caregiver engagement, and pregnancy—but established baseline equivalence for only one of the three measures (parental/caregiver engagement), the study meets the criteria for a moderate study rating, but only the impact findings for that one outcome measure (parental/caregiver engagement) are considered for possible evidence of program effectiveness.

These baseline equivalence criteria are assessed on the study's final analysis sample. In some cases, studies assess equivalence for all youth who completed a baseline survey, but then present impact estimates for only a smaller subset of youth who completed a follow-up survey. These studies do not meet the baseline equivalence criteria, because equivalence was not established for the smaller subset of youth on which the program impacts were based. Similarly, studies are not considered for the moderate rating if they present baseline equivalence statistics separately for subgroups defined by age, biological sex, or race/ethnicity, without also establishing equivalence for the full analytic sample on which they estimated program impacts. Some studies, for example, present baseline equivalence statistics separately for males and females or for subgroups of older and younger youth, but not for the overall combined sample. Finally, studies must demonstrate baseline equivalence of their analytic samples for various outcomes using unimputed baseline data. When there are multiple analytic samples, studies should ideally present baseline equivalence for each analytic sample. Baseline equivalence may be assessed using information for a sample of individuals that differs slightly from the sample of individuals used to produce a finding, (for example, due to item-level nonresponse on a survey) provided the difference in samples falls below the threshold for high attrition.

Some impact evaluations (notably, quasi-experimental studies and random assignment studies with high levels of attrition) use various statistical techniques to equate treatment and comparison groups at baseline. These techniques include (among others) (1) estimating propensity scores and limiting the analytic sample to the subset of observations that match well on the scores or (2) calculating (entropy or inverse-propensity) weights and using those weights to produce more credible impact analyses. These equating approaches are likely to improve

⁷ When demographic characteristics are presented for multiple categories (for example, multiple races), the assessment of baseline equivalence will be based on the modal category.

⁸ Including baseline measures on the left side of the regression equation (a difference-in-differences approach) will be an allowable means of statistically adjusting for baseline differences for continuous and count outcomes, but not for dichotomous outcomes (unless the authors justify the pre-post correlation for these outcomes); the pre-post correlation for dichotomous outcomes rarely exceeds the $r \approx .60$ threshold typically required for a difference-in-differences adjustment to effectively adjust for baseline differences, which is why this approach is allowable only for continuous or count outcomes.

baseline equivalence, and thus reduce confounding, relative to comparing the original (unweighted or unmatched) treatment and control groups.

Studies using these types of equating approaches are potentially eligible to receive a moderate rating if they satisfy the following requirements:

- The equating approach must include only exogenous variables in the calculation of the score or weight used to equate groups. Exogenous covariates are variables the treatment status will not potentially affect. If it's determined that a model included potentially endogenous variables (such as level of engagement with the program), then all results based on the model will receive a low rating.
- The success of the equating approach must be assessed by comparing the effect size differences between the matched or weighted analytic sample for all required baseline variables. Per the baseline equivalence standards discussed before, if the effect size differences are greater than 0.05 and lower than or equal to 0.25 standard deviations, the analysis must include an appropriate statistical adjustment. Differences less than or equal to 0.05 standard deviations do not require a statistical adjustment (except for a baseline measure of the outcome, which does require adjustment). Differences greater than 0.25 standard deviations do not meet the baseline equivalence requirement.
- Adjusting for the propensity (or other equating) score by itself (for example, by including it as a covariate in the impact model) is not sufficient when statistical adjustments for baseline measures of the outcomes or demographic characteristics are required. When a required covariate in a matched sample design requires statistical adjustment, the impact model should directly adjust the required covariate.
- If a study uses weighting approaches to equate groups, the study must document that the sum of the weights in the analytic sample is less than or equal to the number of observations in the analytic sample. This step is necessary to guard against artificially enhancing the precision of the standard errors and impact estimates that often result from outlier weights.

Reassignment

In random assignment studies, deviation from the original random assignment (for example, moving youth from the treatment to the control group) can bias the study's impact estimates. Therefore, in order for a random assignment study to meet the criteria for the highest rating, the analysis has to have been performed on the sample as originally assigned. In order to receive a high rating, subjects cannot be reassigned, based on actual treatment they received, for reasons such as contamination, noncompliance, or level of exposure. Random assignment studies that somehow alter the original random assignment must establish baseline equivalence of their final analysis sample in order to be considered for a moderate study rating.

For similar reasons, random assignment studies cannot statistically control for measures of program dosage, participation, or any other factors that effectively alter the composition of the treatment and control groups as originally assigned. Any impact estimates resulting from such analyses are excluded from our subsequent data extraction and assessment of program effectiveness (described below).

Confounding

In certain cases, a component of the research design or methods lines up exactly with the intervention being tested, undermining the credibility of attributing an observed effect to the intervention. For example, if a study assigns only one subject or group (such as a facilitator, classroom, or school) to the treatment or control condition, there is no way to distinguish the effects of the program from the particular effects of that one assigned subject or group. This can happen, for example, in a randomized controlled trial in which a single facilitator was assigned to deliver the program to the treatment group (and that person is not also the facilitator of a program delivered to the control group). This can also happen in quasi-experimental comparison group studies that estimate program impacts by comparing a single school or school district that implemented a pregnancy prevention program with a neighboring school or school district that did not have the program. In these cases, there is no way to distinguish the effects of the program from other characteristics of the particular facilitator, school or district that implemented the program. A confounding factor can also arise from systematic differences in data collection methods for the treatment and comparison groups—for example, if program staff collect data from all subjects in the treatment group but an independent group of staff collect data from the control group. In this case, the mode of data collection cannot be separated from the effects of the intervention. Because the presence of such confounding factors severely weakens the credibility of a study's findings, a low rating is assigned to random assignment or quasi-experimental comparison group studies with either (1) only one subject or group in the treatment and control condition or (2) systematic differences in data collection procedures between the treatment and control groups.

Analysis considerations

Some studies contain multiple follow-up periods and conduct impact analyses that incorporate more than one follow-up assessment in a single analytic model (for example, in a repeated measures, difference-in-differences, or growth curve analysis). In such situations, the potential internal validity threats will separately be assessed and associated with the evidence contributing to each follow-up assessment. That is, separate attrition assessments at each point in time included in the impact analytic approach (as needed) will be conducted and assessment of the baseline equivalence of the analytic samples contributing to each point-in-time impact estimate (as needed). Although some studies will report differences in trends as an estimate of program effectiveness, the point-in-time differences in outcomes as the focal effect size statistics of interest will be prioritized and therefore the internal validity threats at each point in time will be assessed even in studies that do not report impacts separately for each time point. If the authors do not provide this information, an author query may be conducted for effect size information at each point-in-time.

Study authors must handle missing data appropriately, regardless of design. The most common and straightforward method researchers use when data are missing is to simply remove observations with missing data from the samples they analyze and conduct a complete-case analysis. But other methods for handling missing data are sometimes used, including imputation (replacing observations with guesses as to the most reasonable value) or maximum likelihood (creating a statistical model to account for the missing data), and these alternate approaches may provide more credible estimates of program effectiveness than complete-case analyses. The [WWC Standards Handbook Version 4.1](#) lists five acceptable approaches to handle missing data,

along with standards for how RCTs and QEDs with missing outcome or baseline data should be handled (WWC 2020).

Evidence of Effectiveness

Eligible effective programs must have at least one impact study showing evidence of a favorable, statistically significant impact on at least one outcome measure within one of the eligible outcome domains, for either the full analytic sample or a subgroup defined by (1) biological sex or (2) sexual experience at baseline. Programs that include body literacy education or reproductive goals counseling may also demonstrate impacts on intermediate outcomes (e.g., body literacy knowledge or future-oriented decision-making), but such measures must be assessed in conjunction with at least one behavioral or health outcome domain. The eligible outcome domains are (1) sexual activity; (2) number of sexual partners; (3) STIs or HIV;⁹ (4) pregnancies; (5) parental/caregiver engagement; (6) parent/ caregiver-child emotional closeness; (7) sexting; (8) substance use; and (9) pornography exposure and use. In addition, the study cannot show evidence of any adverse, statistically significant impacts on any outcomes in these domains.

Statistical significance is assessed with a two-tailed hypothesis test and a specified alpha level of $p < .05$. For studies in which the unit of assignment is a group (or cluster) of individuals (for example, schools or classrooms), study authors must appropriately adjust statistical significance tests for the correlation in measurement among individuals within the same group (intra-cluster correlation). If the tests are not appropriately adjusted, the review team may follow up with study authors to request adjusted estimates. If adjusted estimates are unavailable, the evidence in question will be excluded from the review.

Although commonly featured in the literature, evidence from subgroups defined by sexual activity at follow-up receives a low rating and, therefore, is not considered when assessing program effectiveness. As with other endogenous subgroups that are defined by behavior emerging after the start of the program, the composition of those who are sexually active at follow-up may be affected by program participation. As a result, even with an experimental design, the treatment and comparison groups within such subgroups may lack equivalence, leading to biased estimates of a program's impact for these groups (see [Colman 2012](#)).¹⁰

Types of Eligible Outcomes

Eligible outcome measures fall into the following domains: (1) sexual activity; (2) number of sexual partners; (3) STIs or HIV;¹¹ (4) pregnancies; (5) parental/caregiver monitoring knowledge; (6) parent/ caregiver-child emotional closeness; (7) sexting; (8) substance use; and (9) pornography exposure and use. The outcome measures examined in studies are generally self-reported measures but can also be biological measures of STIs and measures from administrative data (for example, birth records). Measures with limitations in terms of their quality or interpretation (for example, composite indices that aggregate multiple heterogeneous

⁹ STI testing is an eligible outcome as long as the test is not provided as part of the intervention.

¹⁰ Colman S. (2012). Estimating program impacts for a subgroup defined by post-intervention behavior: Why is it a problem? What is the solution? U.S. Department of Health and Human Services, Office of Population Affairs. https://opa.hhs.gov/sites/default/files/2020-07/estimating_programs_brief.pdf

¹¹ STI testing is an eligible outcome as long as the test is not provided as part of the intervention.

measures into a single score) are excluded. Ineligible measures also include outcomes that combine multiple behaviors together (e.g., sex while under the influence, or sex without consent).

Information in this section is organized by outcome domain. For each domain, a brief description of the measures categorized into each domain is provided including examples of specific measures, which are based on outcome measures that are eligible to date. The lists of examples are not exhaustive; there may be other outcome measures that meet the definition of the domain and, therefore, are eligible for review.

In addition, studies may include measures of body literacy, reproductive health knowledge, or future-oriented decision-making related to reproductive goals. These measures are considered intermediate outcomes and are not sufficient on their own to establish program effectiveness but may strengthen the evidence base when paired with behavioral or health outcomes.

1. Sexual activity

Measures in this domain include measures of any sexual activity, frequency of sexual activity, sexual initiation, delay of sexual initiation, and abstinence. Statistically significant program impacts that reflect more sexual activity are characterized as unfavorable due to a corresponding increase in risk of pregnancy or STIs. For example, a higher rate of sexual initiation is considered as an unfavorable outcome and a higher rate of delay in sexual initiation is considered as a favorable outcome.

Examples of eligible outcome measures categorized into the sexual activity domain

- Engaging in any sexual activity
- Ever having sex
- Being sexually active
- Having intercourse
- Frequency of sexual activity
- Sexual initiation
- Delay of sexual initiation
- Abstinence

2. Number of sexual partners

This domain includes measures of the number or count of sexual partners. Statistically significant program impacts that reflect a larger number of sexual partners are characterized as unfavorable due to a corresponding increase in risk of pregnancy or STIs. That is, a smaller number of sexual partners is considered to be a favorable outcome and a larger number of sexual partners is considered to be an unfavorable outcome.

Examples of eligible outcome measures categorized into the number of sexual outcomes domain

- Number or count of sexual partners
- Had multiple sexual partners
- Number of lifetime sexual partners

3. STIs or HIV

This domain includes measures of being tested for an STI or HIV and measures of being diagnosed with an STI or HIV. Measures of STI or HIV testing are considered to be eligible outcomes as long as the testing is not conducted as part of the intervention. Statistically significant program impacts that reflect more testing for STIs or HIV are characterized as favorable, and those that reflect a higher incidence of STIs or HIV diagnoses as unfavorable. For example, ever being tested for an STI is considered to be a favorable outcome, while being diagnosed with an STI or HIV is considered to be an unfavorable outcome.

Examples of eligible outcome measures categorized into the STIs or HIV domain

- Ever tested for any STI
- Ever had an STI
- Tested for STIs
- Tested for HIV
- Diagnosed with any STI
- Diagnosed with HIV
- Diagnosed with trichomoniasis
- Diagnosed with gonorrhea
- Diagnosed with chlamydia

4. Pregnancy

Measures of pregnancy, getting someone pregnant, and giving birth are categorized into this domain. Statistically significant program impacts that reflect a higher incidence of adolescent pregnancy or birth are characterized as unfavorable. For example, a higher rate of ever being pregnant or getting someone pregnant is considered as an unfavorable outcome and a lower rate of repeat pregnancy is considered as a favorable outcome.

Examples of eligible outcome measures categorized into the pregnancy domain

- Ever been pregnant
- Ever had a baby
- Having a recent pregnancy
- Having an unintended pregnancy
- Ever been pregnant or gotten someone pregnant
- Ever been pregnant or gotten someone pregnant, even if no child was born
- Having a repeat pregnancy
- Having a repeat pregnancy ending in a live birth

5. Parental/caregiver monitoring knowledge

Measures of parental or caregiver engagement capture adolescents' reports of their parents' or caregivers' involvement in their lives, including knowledge of their whereabouts and activities,

communication, monitoring behaviors, and the establishment and enforcement of behavioral expectations (e.g., rules or boundaries). These measures may reflect both caregiver actions (such as supervision, rule-setting, and communication) and adolescent disclosure of activities and experiences. We characterize as favorable statistically significant program impacts that reflect higher levels of parental or caregiver engagement.

Examples of eligible outcome measures categorized as parental/caregiver engagement

- Parental or caregiver monitoring of adolescent whereabouts and activities
- Parental knowledge of adolescent whereabouts and activities
- Family rules or expectations (e.g., dating rules, curfews)
- Parent or caregiver approval or disapproval of behaviors
- Measures of caregiver demandingness or behavioral expectations

6. Parent/caregiver-child emotional closeness

Measures of parent/caregiver-child emotional closeness capture adolescents' reports of feelings of closeness, support, affection, and trust between themselves and parents or caregivers. We characterize as favorable statistically significant program impacts that reflect higher levels of parent/caregiver-child emotional closeness.

Examples of eligible outcome measures categorized as parent/caregiver-child emotional closeness

- Maternal responsiveness
- Closeness to caregiver
- Maternal warmth
- Relationship (quality) with father
- Relationship (quality) with mother
- Attachment to birth parents
- Parental warmth

7. Sexting

Measures of sexting capture whether adolescents have sent or received text messages that include hypothetical sex talk, actual sex talk, or sexually explicit content or images. We characterize as unfavorable statistically significant program impacts that reflect higher rates of sexting.

Examples of eligible outcome measures categorized as sexting

- Sexting (sending or receiving)
- Actual sex talk
- Hypothetical sex talk
- Ever sent sext
- Sent a sext

8. Substance use

Measures of substance use capture whether adolescents have initiated or regularly used alcohol, cigarettes, marijuana, or other drugs. We characterize as unfavorable statistically significant program impacts that reflect higher rates of substance use.

Examples of eligible outcome measures categorized as substance use

- Alcohol use frequency
- Marijuana use frequency
- High or drunkenness frequency
- Any substance use in the past 30 days
- Lifetime and recent substance use
- Polysubstance use (use of several substances)

9. Pornography exposure and use

Measures of pornography exposure and use capture adolescents' self-reported engagement with or exposure to sexually explicit media, including frequency, recency, or patterns of use. These measures may also include exposure to sexually explicit content through digital platforms, including internet-based media. We characterize as unfavorable statistically significant program impacts that reflect higher levels of pornography exposure or use, given associations with sexual risk behaviors, altered expectations about relationships, and potential impacts on healthy development and decision-making.

Examples of eligible outcome measures categorized as pornography exposure and use

- Ever viewed pornography
- Frequency of pornography use (e.g., past 30 days, past 6 months)
- Age of first exposure to sexually explicit content
- Intentional versus unintentional exposure to pornography
- Time spent viewing sexually explicit material
- Exposure to online sexually explicit media

Appendix B - TPP Performance Measures

OMB# 0937-0213

Expiration Date: 07/31/2026,
renewal in progress

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0937-0213. The time required to complete this information collection is estimated to average 9 hours and 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of

Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E,
Washington D.C. 20201, Attention: PRA Reports Clearance Officer

Grantee-Level Questions: Dissemination

Grantees report project-level summary responses for each of the following during each 6-month reporting period.

Dissemination

How many manuscripts have you had accepted for publication in the past year (including both articles that were published and those that have been accepted but not yet published)? Do not include manuscripts previously reported as published. _____

Please list the references for any published manuscripts published in the past year.

How many of each unique communication channel/medium (website, blog, social media) does your organization use to share information about teen pregnancy prevention and the TPP-funded grant project, including information related to body literacy, informed consent, and optimal health? (Select all that apply)

- _____ Blog (outside of grantee's website)
- _____ Newspaper/articles
- _____ Social Media (such as Facebook, Twitter, Instagram, YouTube, etc.)
- _____ Website
- _____ Peer Reviewed Publication (include box to require grantee to enter citation)

During the reporting period, where was information about the project presented? Write the number of times each presentation occurred.

- _____ National Conference/Event (include box to require grantee to enter citation)
- _____ Statewide Conference/Event (include box to require grantee to enter citation)
- _____ Local Meeting/Event

Partners

Indicate the number of partners involved in implementing the grant-funded project during the reporting period. Partners are external organizations/agencies with whom the grantee has a written agreement (such as signed MOU, contract, or Letter of Commitment) or who are integral to the implementation, monitoring, and evaluation of the grant-funded project. Examples of partners may include program/intervention implementers (such as those organizations that provide sites, staffing, or both for TPP programming), partners who provide the supportive services to Tier 1 program participants, organizations that recruit TPP

program participants, and/or organizations that provide ongoing strategic support to the project.

Total Number of Partners (unduplicated, report as of the end of the 6-month reporting period)

Sustainability (to be reported annually)

How many partners have firm plans in place to continue the project activities (program implementation, training, research, etc.) after the end of OPA grant funding, including activities related to body literacy education and reproductive goals counseling? _____

How much funding have you secured to continue project activities beyond the end of the project period? (Enter an amount)

How many different sources of funding do you have in place to support the grant project beyond the end of the project period? _____

Training

Trainings would include professional development activities or technical assistance relevant to the implementation of project activities, including training on medically accurate and age-appropriate content, body literacy education, and reproductive goals counseling, and provided to anyone responsible for implementing any aspect of the TPP grant project. Trainings may be for staff (from grantee and partner agencies) or community members (for example, youth trained as peer educators, community members serving on advisory groups.) Stakeholders who receive the TPP intervention as the end user or target population of the TPP intervention/program proven effective should be included under the reach section and not under training.

In the reporting period, how many TPP program trainings (e.g. training of facilitators on the content of and/or how to implement TPP programs proven effective [Tier 1] have been provided through the TPP grant project? _____

In the reporting period, how many individuals affiliated with the TPP grant project (such as partner agencies, community members, stakeholders, project staff, youth who work with the project) have you or one of your partners trained on the TPP program (i.e. programs proven effective or TPP intervention) via the grant funding? _____

In the reporting period, how many *other* trainings (professional development or technical assistance activities relevant to the project) related to the execution of the TPP project (e.g., classroom management, community engagement, adolescent development, delivery of body literacy education, reproductive goals counseling, etc.) have been provided through the TPP grant project? _____

In the reporting period, how many individuals affiliated with the TPP grant project (such as partner agencies, community members, stakeholders, project staff, youth who work with the project) have you or one of your partners trained (professional development or technical assistance activities relevant to the project) on other topics related to the execution of the TPP project (e.g. classroom management, community engagement, adolescent development, etc.) via the grant funding? _____

Questions at Group (Program or Intervention) Level

For each group (this can be a group, section, unit, or class) receiving the Teen Pregnancy Prevention (TPP) program proven effective (Tier 1)

Name of the TPP Program (Tier 1) being delivered:

Tier 1 grantees would report the name of the effective program (i.e., program proven effective).

State/Territory where implemented:

Setting of Implementation: *select one or more of the following that best describes where the majority of sessions in the group took place*

In-school (Programs that take place primarily or exclusively during a school day on a school campus. This category may include public or private schools, traditional or alternative schools, of any grade level).

Clinic-based (to include school-based health centers)

Faith-based

Settings specifically serving homeless youth such as drop-in centers and shelters (such as drop in shelter/centers, other)

Settings specifically serving youth in foster care (such as the child welfare system/foster care, group homes, residential centers)

Juvenile offenders (such as detention centers, residential centers, camps)

Other out-of-school time/community (programs that primarily take place outside of school hours, and may be located within a community organization not listed above or on a school campus before or after the school day)

Technology-based (includes programs that do not take place in a physical location, such as virtual programs, text messaging, apps, internet-based programs, etc.)

Urbanicity of Implementation Site: urban, rural, suburban

Reach and Demographics of TPP Participants

For each section (class or group) of TPP effective programs or promising interventions implemented with youth, how many youth participated in your program for at least one

activity in the reporting period? Report total numbers per group and numbers by each demographic category below:

Age – 10 or younger, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20 or older, Not reported

Grade – 6 or less, 7, 8, 9, 10, 11, 12, GED program, Technical/vocational training/college, Ungraded, Not currently in school, Not reported

Ethnicity – Hispanic or Latino/a, Not Hispanic or Latino/a, Not reported

Race – American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, More than one race, Not reported

Sex¹² – Male, Female, Not reported

Total

For each section (class or group) of the effective program (Tier 1) implemented with non-youth participants, how many non-youth participants attended at least one activity of your effective program (Tier 1) in the reporting period? Indicate the unduplicated total number in each category and report numbers by each demographic category below

Caregivers (such as parents, legal guardians, siblings, extended family; foster parents; “chosen” family members of adolescents): _____

Ethnicity – Hispanic or Latino/a, Not Hispanic or Latino/a, Not reported

Race – American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, More than one race, Not reported

[Note: this count should only include caregivers who receive a TPP effective program (Tier 1). Caregivers who are engaged in other aspects of the grant project should be included elsewhere in the stakeholder engagement item.)

Youth-serving professionals (such as social workers, health care providers, teachers, juvenile offender staff, court staff): _____

Ethnicity – Hispanic or Latino/a., Not Hispanic or Latino/a, Not reported

Race – American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, More than one race, Not reported

[Note: this count should only include youth-serving professionals for whom a TPP effective program (Tier 1) are the target population. Professionals who are trained to provide services to youth should be included in the partner’s item. Professionals who are involved in the systems approaches should be included within the stakeholder engagement item]

¹² Sex data collected under this NOFO refers to biological sex, male or female, except where a different reporting requirement is expressly required by law.

Dosage of TPP effective programs/promising interventions

These items track the amount of programming received by participants in each group of the TPP effective program (Tier 1). Program participants are anyone (youth, caregivers, youth-serving professionals) who are the target population for an effective program (Tier 1).

What is the average (mean) attendance for program participants in each group? (determined by the percentage of sessions attended by each participant in the section) _____

How many participants in each group received at least 75% of the programming?

Observational Fidelity and Quality

All TPP Grantees are expected to observe at least 5% of the sessions of the TPP effective program (Tier 1). Each session should be observed for fidelity (adherence) to planned activities and overall quality, including whether content is delivered in a medically accurate and age-appropriate manner consistent with program requirements. TPP grantees are expected to develop schedules, and implementation plans to ensure that the minimum number of sessions are observed. An observer ideally should be independent from the implementation, familiar with the program model, and may be an internal or external evaluator, supervisor (program director, program coordinator), or a program partner.

In order to track completions, grantees are asked to report general information about sessions implemented. A session is generally a unit of the program delivered within a meeting day of the section. A session may correspond to a full lesson (or module) from the curriculum. In instances where multiple lessons are being implemented in a single day, a grantee may choose to define a session as the entire day's programming, provided that by doing so, the grantee is still able to report observed sessions as a whole number.

Session Information:

Note: these must be reported as whole numbers

Number of sessions (lessons) planned _____

Number of sessions (lessons) completed _____

Number of sessions (lessons) observed _____

Observer reported fidelity

Using the fidelity monitoring tool from the program/intervention developer, report the adherence (%) for observed sessions within each section.

For each effective program (meeting or lesson) that was observed during the section, what is the percent adherence to the number of activities planned? (Grantees who observe more than one session per section report the average (mean) adherence percentage for the session)

Adherence = number of activities completed/number of activities planned.

To the extent feasible, grantees should also assess whether key content areas (e.g., body literacy education and reproductive goals counseling) were delivered as intended.

Observer reported quality (Based on the [TPP observation form](#)).

Rate the overall quality of the session observed on scale of 1 (poor) – 5 (excellent). Quality ratings should also consider clarity, accuracy, and appropriateness of content, including support for informed decision-making.

Fidelity Process Form (see the TPP Fidelity Process form below)

What is the overall total score on the TPP fidelity process form (Scale of 0 – 26).

Stakeholder Engagement Measures

The stakeholder engagement items are designed to track individuals who were engaged within the overall grant project. Engagement could involve providing input on any stage of the overall grant project's implementation, such as, but not limited to, serving on an advisory group, providing feedback on the development of program materials, participating in the continuous quality improvement processes for the project, helping to plan participant recruitment strategy, rating the youth-friendliness of supportive services, etc. The participants served by an actual TPP program (effective program in Tier 1) should be counted under the reach section and not under stakeholder engagement.

Project stakeholder engagement: How many stakeholders (such as youth, youth-serving professionals, caregivers, or other community members) were engaged within the grant project during the reporting period? Report the number for each category below.

Youth _____

Caregivers _____ (such as parents, guardians, foster parents of youth, etc.)

Youth-serving professionals _____ (teachers, educators, social workers, clinical providers, other healthcare workers, juvenile probation officers, , etc.)

Community members _____ (such as faith leaders, business leaders, and any other members of the community that may not fit into categories above)

Fidelity Process Report Form for TPP Grantees

The grantee project director should complete the questions below each reporting period.

There are a total of 13 items in this scale. Score 0 for each item you mark “not at all”, 1 for each item you score as “somewhat,” and 2 for each item you score as “completely.” Your total score is what will be entered into the web-based performance measures reporting system. A total of 26 points are possible, if you score a 2 on every item.

Orientation and Training

1. Have all facilitators received training on the program intervention, including body literacy education and reproductive goals counseling?

Not at all

Somewhat

Completely

2. Have all independent observers received training on the program intervention?

Not at all

Somewhat

Completely

3. Does staff training include the use of a logic model to facilitate staff understanding of the “logic” or “theory” supporting the intervention?

Not at all

Somewhat

Completely

4. Does staff training provide staff with an understanding of the core components of the intervention, including body literacy education and reproductive goals counseling where applicable?

Not at all

Somewhat

Completely

5. Are all of the intervention structures and processes stated in written training materials and are these communicated in staff training, including expectations related to medical accuracy and age-appropriate content?

Not at all

Somewhat

Completely

6. Does staff training include detailed instructions on the use of and expectations for completing fidelity monitoring logs after each session?

Not at all

Somewhat

Completely

Ongoing Fidelity Management

7. Does the grantee have a fidelity monitoring plan in place?

Not at all

Somewhat

Completely

8. Is the grantee implementing its fidelity monitoring plan as intended?

Not at all

Somewhat

Completely

9. Does the grantee's fidelity monitoring plan include:

- a. Facilitator completion of fidelity monitoring logs after each session

Not at all

Somewhat

Completely

- b. Independent observation of at least 5% (Tier 1) of all sessions

Not at all

Somewhat

Completely

- c. Systematic review of completed fidelity monitoring logs and observation reports

Not at all

Somewhat

Completely

10. Does the grantee use data collected through fidelity monitoring logs and observations to provide periodic feedback to program facilitators to support continuous quality improvement?

Not at all

Somewhat

Completely

11. Is there evidence that corrective feedback has been used by program staff to increase fidelity?

Not at all

Somewhat

Completely

Exhibit E



U.S. Department of Health and Human Services

Office of Population Affairs

Notice of Funding Opportunity

Rigorous Impact Evaluation of Programs to Prevent Teen Pregnancy and Achieve Optimal Health

Opportunity Number

AH-TP2-26-001

Application Due Date

July 23, 2026

Technical Assistance Webinar Date

June 30, 2026

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BASIC INFORMATION	
Opportunity Title Rigorous Impact Evaluation of Programs to Prevent Teen Pregnancy and Achieve Optimal Health	
Program Office Office of Population Affairs	Application Submission and Format Electronic application submitted via Grants.gov ONLY.
Opportunity Number AH-TP2-26-001	
Award Type Cooperative agreement	Application Deadline 7/23/2026
Announcement Type Initial	Technical Assistance Webinar Date 6/30/2026
Assistance Listing 93.297	Technical Assistance Webinar Details visit the OPA website at https://opa.hhs.gov/grant-programs/funding-opportunities for details
Eligible Applicants (see Section A.1 for full details) _____	
Executive Order 12372 does apply to this NOFO (see section F.3.D)	
Estimated Total Funding Available \$8,300,000	Estimated Period of Performance (months) 60
Estimated Number of Awards 9	Anticipated Award Date 9/30/2026
Anticipated Award Funding Range \$650,000 to \$1,250,000	Anticipated Project Start Date 09/30/2026
QUESTIONS? Additional contact information in Section J	

SUMMARY

The Office of Population Affairs (OPA) announces the anticipated availability of funds for Fiscal Year (FY) 2026 grants under the authority of Division B, Title II of the Consolidated Appropriations Act, 2026 (Public Law 119-75).

This notice solicits applications for projects to rigorously evaluate promising interventions that contribute to adolescent optimal health and preventing teen pregnancy, sexually transmitted infections (STIs), behavioral risk factors underlying teen pregnancy, or other associated risk factors. OPA intends to make available approximately \$8.3 million for an estimated nine (9) grant awards for a period of up to five (5) years. The actual amount available will not be determined until enactment of the FY2027 federal budget.

The goal of this initiative is to identify effective interventions focused on body literacy and ensuring transparency and protection of parental rights for future replication by adolescent health practitioners and youth-serving professionals, and to disseminate the research findings and lessons learned to inform future studies.

OPA is especially interested in expanding the evidence available in the field of Teen Pregnancy Prevention (TPP) by funding rigorous evaluations of innovative and varied interventions designed to address the ever-evolving needs of adolescents and their parents. Funded recipients will be expected to:

- Implement and evaluate a proposed intervention that promotes body literacy education and reproductive goals counseling, expanding the knowledge base of such interventions on adolescent optimal health and teen pregnancy prevention outcomes;
- Evaluate the impact of a proposed intervention that prioritizes ensuring transparency for parents and guardians, such as through advance notice of content, offering opportunity to review, and/or meaningful opt-out provisions;
- Document and package the intervention to be implementation-ready and able to be replicated if found to be effective; and
- Disseminate research findings and lessons learned to inform future studies

Applicants should propose impact evaluations that are either randomized control trials (RCTs) or quasi-experimental designs (QEDs) with a comparison condition, and meet the standards for rigorous evaluation outlined in Appendix A. All interventions proposed for evaluation under this initiative should already have compelling, positive preliminary evidence from previous research and demonstrated support from previous participants and communities.

The Office of the Assistant Secretary for Health (OASH) Grants and Acquisitions Management Division (GAM) will administer this competition.

We encourage you to review all program requirements, eligibility information, application format and submission instructions, OASH priorities, and other content of this notice to ensure your application complies with all requirements.

A. ELIGIBILITY INFORMATION

1. Eligible Applicants

You must meet all of the eligibility requirements in order for us to review your application.

a. Eligible Entities

Any public or private entity is eligible to apply.

Additional examples of eligible organizations include:

Any public or private entity located in a State (which includes one of the 50 United States, District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the U.S. Virgin Islands, American Samoa, the Marshall Islands, the Federated State of Micronesia, and the Republic of Palau (hereafter, States)) is eligible to apply for a grant under this announcement. Faith-based organizations and American Indian/Alaska Native/Native American (AI/AN/NA) organizations are eligible to apply.

Examples of eligible Organizations include:

- State Governments
- U.S. territories
- County Governments
- City or township governments
- Special district governments
- Independent school districts
- Public and State controlled institutions of higher education
- Native American tribal governments (Federally recognized)
- Public Housing authorities/Indian housing authorities
- Native American tribal organizations (other than federally recognized tribal governments)
- Nonprofits having 501(c)(3) status with the IRS, other than institutions of higher education

- Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education
- Non-profit private institutions of higher education
- For-profit organizations, including small businesses

b. PD/PI Eligibility

There is no restriction on an individual's eligibility to be Project Director (PD)/Principal Investigator (PI) on an application. However, we will not make an award with a PD/PI who has an active government-wide exclusion, suspension, or debarment recorded in SAM.gov.

We expect that throughout the period of performance the PD/PI will be involved in, and have substantial knowledge about, all aspects of the project. Although your organization may recognize co-PD/PIs on team-managed projects, we recognize only a single PD/PI who will be responsible for the programmatic aspects of the project.

c. Other Considerations

Submitting Multiple Applications

You may submit more than one application, but each application must be for a distinctly different project.

If you submit multiple applications for the same project, we will accept only the last application submitted with a Grants.gov timestamp that is before the due date and time. We will disqualify all other versions of the application. See Section G.1.b for all disqualification factors.

Submitting an Application as a Group or Consortium

For any given project, we will only make an award to a single eligible entity. More than one entity may choose to work together on a project under this opportunity, but only one entity may submit the application. If awarded, that entity will be the award recipient and will be responsible for conducting the project.

The other entities may participate in the project, if awarded, and would be responsible to the recipient for their respective roles, typically as subrecipients.

Groups may form a consortium, partnership, or other legally recognized entity for the purpose of applying for this opportunity and carrying out any awarded project. The resulting entity must exist and be legally recognized when it applies and must have an active registration in SAM.gov. We will conduct a risk assessment on the applying entity (Section G.4) prior to making any award.

Eligibility Documentation

Entity eligibility documentation (e.g., proof of 501(c)(3) status as determined by the Internal Revenue Service or an authorizing Tribal Resolution) must be included in the submitted application. For additional information, see Section F.4.a. It is important that your organization is correctly classified in your SAM registration (Section F.2.a).

During our review of your application, we might request additional documentation to support your eligibility. This request means only that your application is under review and not that you will receive an award.

More specific information on the type of documentation that we might request specific to this opportunity appears in Section F.4.b.

Application Disqualification

We will disqualify applications that fail to meet the eligibility, responsiveness, formatting, and submission requirements (Sections G.1.b) prior to conducting merit review. Disqualified applications will not undergo further review.

We will notify disqualified applicants at the end of the competition when we announce the award recipients.

2. Application Responsiveness Criteria

We will review your application to determine whether it meets the responsiveness criteria below. If your application does not meet the responsiveness criteria, we will disqualify it from the competition; we will not review it beyond the initial screening.

The responsiveness criteria are as follows:

- Not applicable

3. Cost Sharing or Matching

You are not required to provide cost sharing or matching in your proposed budget.

B. REQUIRED ALIGNMENT WITH OASH MISSION AND AGENCY PRIORITIES

The recipients of this award must implement any funds awarded under this NOFO to effectuate program goals and agency priorities in accordance with the Priorities of the Office of the Assistant Secretary for Health (available at <https://health.gov/priorities>), and when authorized by law according to the TPP statute, regulations, legislative mandates, and additional program guidance. Funded activities must advance and support OASH's mission to improve the health and well-being of Americans.

Consistent with OASH's mission, in carrying out any project that is funded under this NOFO, recipients must align program design and activities with the agency priorities, where consistent with the authority and scope of the award.

In addition, the recipient is required to administer any project that is awarded under this NOFO in accordance with the following objectives in the Teen Pregnancy Prevention Program that are authorized to advance them:

1. Promote body literacy education for making informed and healthy decisions
that advance optimal health

The recipients must demonstrate ongoing compliance with these priorities, in all programs that are authorized to advance them, through program design, implementation, reporting, and evaluation. Failure to meaningfully align funded activities with the applicable requirements may result in corrective action, additional reporting requirements, or other actions consistent with federal grant regulations found at 2 C.F.R. Part 200 and the terms and conditions of this award (including termination pursuant to 2 C.F.R. 200.340(a)(4) for no longer effectuating program goals or agency priorities).

C. PROGRAM DESCRIPTION

The Office of the Assistant Secretary for Health (OASH), Office of Population Affairs (OPA) announces the anticipated availability of funds for Fiscal Year (FY) 2026 grants under the authority of Division B, Title II of the Consolidated Appropriations Act, 2026 (Public Law No. 119-75).

The primary focus of OASH is to lead Americans toward healthier lives by promoting health and well-being across the lifespan. This includes the reproductive lifespan, supported through innovative, evidence-based programs, services, partnerships, and research that strengthens family formation and assists people in achieving healthy pregnancies, while ensuring transparency and respect for parental rights through advance notice and meaningful opt-out provisions.

Grants funded through this NOFO will conduct rigorous impact and implementation evaluation of promising interventions that contribute to adolescent optimal health and prevent teen pregnancy, STIs, behavioral risk factors underlying teen pregnancy, or other associated risk factors. Through these awards, OPA aims to identify effective interventions focused on promoting body literacy, and ensuring transparency that upholds parental rights for replication by adolescent health practitioners and youth-serving professionals. The awards will also be used to disseminate the research findings and lessons learned to inform future studies, and ultimately expand the knowledge base for TPP programming.

1. Background

Teen Pregnancy Prevention Program

The Teen Pregnancy Prevention (TPP) program is a national, evidence-based program that funds diverse organizations working to give adolescents, and the adults supporting them, the knowledge and tools needed to advance optimal health, prevent teen pregnancy, and promote positive experiences, relationships, and environments to help our nation's youth thrive. Through medically accurate, age-appropriate education and counseling, the program helps young people make informed, future-oriented decisions that promote lifelong well-being. TPP emphasizes an upstream, preventative approach and prioritizes communities with the greatest needs and challenges, while ensuring transparency and protection of parental rights through advance notice and meaningful opt-out provisions. To learn more about the TPP program, please visit the OPA website <https://opa.hhs.gov/grant-programs/teen-pregnancy-prevention-program/about-tpp-program>.

With an annual budget of approximately \$101 million for Teen Pregnancy Prevention, OPA invests in “medically accurate and age appropriate programs that reduce teen pregnancy,” which includes “replicating programs that have been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors” (known as Tier 1), and “research and demonstration grants to develop, replicate, refine, and test additional models and innovate strategies for preventing teenage pregnancy” (known as Tier 2).

Eligibility of Programs to be Evaluated Under this NOFO

Under this NOFO, OPA is interested in funding rigorous evaluations of promising interventions that:

- Promote body literacy education that is medically accurate and age-appropriate for adolescents to make informed and healthy decisions that advance optimal health; and
- Ensure transparency and uphold parental rights by providing advance notice about program content, materials, and activities, and providing a clear and accessible process for parents to opt their children out of any specific content, particularly those related to sexuality, that may burden their religious exercise or conflict with sincerely held beliefs.

TPP Interventions rigorously evaluated previously under federal funding are not appropriate for this funding unless significant changes have been made to the intervention to address findings from the previous evaluation results. Interventions that are not appropriate for this funding unless significantly adapted include any interventions implemented and evaluated under the following awards:

- The TPP program currently funds a cohort of TPP grant recipients focused on new and innovative approaches. Rigorous Evaluation Cooperative Agreements (TPP23 Tier 2) – 2023-2028 (<https://opa.hhs.gov/grant-programs/teen-pregnancy-prevention-program/tpp-grant-recipients/current-tpp-grant-recipients>),
- Phase 2 Rigorous Evaluation of Promising TPP Interventions (TPP20 Tier 2 Phase 2) – 2020-2023 (<https://opa.hhs.gov/grant-programs/teen-pregnancy-prevention-tpp-program/tpp-grant-recipients/past-tpp-grant-recipients-2020-2023>),

- Rigorously Evaluating New TPP Approaches (Tier 2b) – 2015-2020 (<https://opa.hhs.gov/grant-programs/teen-pregnancy-prevention-program-tpp/tpp-grantees/past-tpp-grantees-2015-2020>),
- TPP FY2010 Tier 2 Research and Demonstration (<https://opa.hhs.gov/sites/default/files/2020-07/summary-researchdemonstration.pdf>), and
- Personal Responsibility Education Program Innovative Strategies (PREIS) funding (FY2010, FY2015, FY2019) (<https://www.acf.hhs.gov/fysb/grant-funding/personal-responsibility-education-innovative-strategies-preis-grantee-profiles>)

In addition, interventions already identified as effective per the criteria outlined in Appendix A – Criteria for Effective Programs are not appropriate for this funding unless significant adaptations are proposed to the intervention, ultimately creating a new intervention. Minor changes to an effective program to improve its fit and relevancy are more appropriate within TPP Tier 1 replication initiative awards. Major changes to an effective program that substantially change the model's core components, logic model, or delivery mechanism in a manner that changes the intended outcomes are appropriate for rigorous evaluation under this NOFO.

Body Literacy

Body literacy is the ability to understand how the body functions in a state of health, including knowledge of reproductive anatomy, physiology, and hormonal patterns, and to interpret biological signals to support informed decision-making, self-awareness, and long-term physical, mental, and reproductive well-being. Body literacy is also related to unplanned pregnancy. Many young women enter adolescence and early adulthood without understanding how their bodies function in a state of health or how pregnancy occurs, limiting their ability to make informed decisions about sexual behavior and prevention. Although reducing sexual risk behaviors is not the sole aim of body literacy education, research shows that adolescents who receive such education demonstrate healthier decision-making. Studies indicate that girls who receive body literacy education are much more likely to remain abstinent compared to their body-illiterate peers, suggesting that knowledge and self-understanding support protective behaviors.^{1,2} Adolescents with greater understanding of their bodies may be more confident in managing changes and making informed health decisions.³

At present, the only formal body literacy standards in the United States are the first-of-their-kind Menstrual Health Education standards adopted in Washington, D.C. in March 2023.⁴

¹ Manhart, L. E., Aral, S. O., Holmes, K. K., & Foxman, B. "Sex Partner Concurrency: Measurement, Prevalence, and Correlates Among Adolescents." *American Journal of Public Health*, vol. 101, no. 10, 2011, pp. 1896–1902. This study and related literature document associations between biological awareness, self-monitoring, and adolescent sexual decision-making.

² Sinai, I., et al. "Fertility Awareness–Based Methods of Family Planning: A Review of Effectiveness for Avoiding Pregnancy." *Journal of Midwifery & Women's Health*, vol. 57, no. 6, 2012, pp. 547–554. This review highlights the role of fertility awareness education in increasing reproductive health knowledge and self-efficacy.

³ Hebert-Beirne, Jennifer M. et al. (2017) A Pelvic Health Curriculum in School Settings: The Effect on Adolescent Females' Knowledge. *Journal of Pediatric and Adolescent Gynecology*, Volume 30, Issue 2, 188 - 192

⁴ Washington, D.C. is the only U.S. jurisdiction to mandate comprehensive menstrual health education beginning in 2023 for grades 4–12, with other states and territories not requiring comparable menstrual health standards in school curricula.

The absence of broader standards has left most adolescents without foundational biological knowledge needed to interpret their bodies, engage meaningfully with healthcare providers, or understand the implications of sexual and medical decisions.

As a result of body illiteracy, adolescents—particularly young women—often lack informed consent around healthcare decisions. For example, many do not receive comprehensive information about the side effects associated with widely prescribed medications in the context of sexual and reproductive health. This leads to a healthcare approach that prioritizes pain relief and symptom suppression over root-cause evaluation and treatment for reproductive health concerns. Without foundational biological education, adolescents and young adults are less likely to seek or expect comprehensive care that addresses underlying causes rather than masking symptoms.

Optimal Health

Optimal health is a dynamic balance of physical, emotional, social, spiritual, and intellectual health, and not merely the absence of disease or dysfunction. It reflects the highest level of health an individual can achieve and is supported by knowledge, skills, and behaviors that promote resilience, functioning, and long-term well-being across the lifespan.

Lifestyle change can be facilitated through a combination of learning experiences that enhance awareness, increase motivation, build skills, and provide access to environments that make positive health practices the easiest choice.⁵

To have a more significant impact on teen pregnancy and STIs and to achieve optimal health, it is crucial for communities to have the tools and resources needed to support youth and parents. Optimal health emphasizes a holistic approach that aims to move individuals towards better health by promoting healthier behaviors and not just preventing disease. This model can be applied at the individual level, encouraging people to make informed choices and prioritize their well-being.

Ensuring Transparency and Protection of Parental Rights

Fostering the relationship between adolescents and their parents or caregivers is important for the prevention of adolescent health risk behaviors including sexual activity. The TPP grant recipients should ensure transparency and respect for parental rights by providing parents or guardians advance notice of program content, materials, and activities, and offer meaningful opportunity to review such materials. Recipients should also provide a clear and accessible process for parents to opt their children out of any specific content or activities, particularly those related to sexuality, that may burden their religious exercise or conflict with sincerely held beliefs. These three main elements of providing advance notice of materials to parents and guardians; offering meaningful opportunity for parents and guardians to review first; and having in place a clear process for parents and guardians to opt their child out of content or activities should also be implemented for funded projects that occur outside school hours or in a non-school setting.

⁵ O'Donnell M. Definition of Health Promotion 2.0: Embracing Passion, Enhancing Motivation, Recognizing Dynamic Balance, and Creating Opportunities. American Journal of Health Promotion. 2009;24(1): iv-iv.

This requirement is consistent with constitutional and statutory protections for religious liberty and parental rights. In *Mahmoud v. Taylor*, 606 U.S. ____ (2025), which relates to school programs during school hours, the Supreme Court reaffirmed that the government may not condition participation in a public program or receipt of a public benefit on a parent’s willingness to accept a burden on their religious exercise. Similarly, in *Mirabelli v. Bonta*, No. 25A810 (U.S. 2026), the Court recognized the importance of protecting parents’ ability to direct the upbringing of their children and that the state cannot override that role in a way that causes irreparable harm. In the context of federally funded adolescent health programming, these principles underscore that participation must remain voluntary and that parents must retain the ability to direct the upbringing and education of their children. Accordingly, funded programs should be implemented in a manner that avoids compelling participation in content that conflicts with protected beliefs and does not rely on or require ideological content inconsistent with these protections.

2. Expectations for Recipients

The goal of this funding opportunity is to rigorously evaluate promising interventions that contribute to adolescent optimal health and prevent teen pregnancy. OPA is interested in funding rigorous evaluations of promising interventions to prevent teen pregnancy that (1) promote body literacy for optimal health; and (2) ensure transparency and the protection of parental rights.

Evaluating promising interventions includes developing, replicating, refining, and testing additional models and innovative strategies. The goal of this initiative is to identify effective interventions for future replication by adolescent health practitioners and youth-serving professionals, and to disseminate the research findings and lessons learned to inform future studies.

We expect funded applicants to:

1. **Implement medically accurate and age-appropriate promising interventions to prevent teen pregnancy by (1) promoting body literacy for optimal health; and (2) ensuring transparency and protection of parental rights**

We expect recipients to implement interventions that are medically accurate and age-appropriate. “Age-appropriate” content assures that topics and themes are appropriate for the age group and other specific characteristics of the target audience. All program content must be suitable for the developmental stage of the intended audience and support healthy, informed decision-making, including promoting delayed sexual initiation as a behavior associated with reduced teen pregnancy.

Building on this goal, recipients are expected to incorporate sexual risk avoidance (SRA) education as a component of program delivery. SRA education provides adolescents with clear, evidence-informed information about the health and social benefits of avoiding sexual activity during adolescence, and supports young people in developing the knowledge, skills, and motivation to make risk-avoidance decisions consistent with their long-term well-being.

Programs should draw on SRA curricula and frameworks that provide developmentally appropriate instruction on the risks associated with adolescent sexual activity, the benefits of delay, and strategies for resisting social pressure. SRA content should complement body literacy education by reinforcing connections between sexual decision-making, hormonal health, emotional well-being, and future reproductive outcomes.

Medically accurate materials and instruction are expected to be grounded in current, evidence-based scientific and clinical knowledge, and be within the scope of TPP statutory requirements to prevent teenage pregnancy. When materials provide information on widely prescribed medications for sexual and reproductive health, for example, the information should reference potential health risks to support minors and their parents or guardians in informed decision-making, which may include a desire to consult with their healthcare provider. Consistent with applicable state law, recipients are expected to only provide referrals for other medical procedures with parental consent.

Interventions should have a clearly described theory of change and logic model. Projects should not duplicate interventions that have already been rigorously evaluated through previous Federal funding (see Background).

Funded interventions can use different modalities for implementation (e.g., self-paced, technology) and aim to impact not only individuals but also the communities and systems within which individuals are situated.

This opportunity is for research and demonstration projects, and not service delivery. Service delivery may be incidental or ancillary to the project, but service delivery is not the primary purpose of this initiative. Other than piloting, we do not expect recipients to implement the intervention with participants who are not in the study sample.

Within 9 months of funding, recipients must have conducted a materials review to ensure that all materials delivered to study participants are medically accurate and age appropriate. Project materials include intervention and comparison group materials, such as but not limited to curricula, facilitator manuals, participant manuals, videos, podcasts, posters, scripts, participant booklets, pamphlets, and handouts. All project materials are also expected to align with applicable OASH priorities. We expect recipients to inform OPA of their review process, findings, and plans to address any issues identified during the planning period. OPA expects recipients to submit all materials to us for a medical accuracy review prior to implementation and may request a copy of the materials for review prior to awarding funding. Recipients may not begin implementation with the materials until after OPA has approved the use of the materials. If applicable and available at the time of application, include in your appendices any formal, written agreements (e.g., MOUs) from the developer/purveyor/copyright holder of the intervention indicating that you have permission to use and to make any changes to materials. (Changes may include those to ensure medical accuracy, age-appropriateness, and alignment with applicable OASH priorities, for example.)

We expect recipients to engage the intended population in planning and implementing the project. Members of the intended audience for the intervention should also provide feedback to ensure that the intervention is relevant, a good fit, and likely to resonate with their peers. Within 10 months of funding, recipients are expected to pilot-test intervention materials to incorporate user-feedback, demonstrate desirability, and ensure fit and appropriateness.

We expect recipients to finalize all intervention materials prior to beginning the rigorous evaluation. Materials should be finalized within 12 months of funding. Once the evaluation has begun, recipients should not make major changes to the intervention materials to avoid negatively impacting the evaluation. By the end of Year 1, we expect that all recipients will be ready to begin the evaluation and implementing their proposed intervention.

Projects should not duplicate interventions that have already been rigorously evaluated through previous Federal funding (see Background).

2. Conduct rigorous evaluation of the intervention

We expect all recipients to conduct a rigorous impact and implementation evaluation of their proposed intervention. We expect rigorous impact evaluations to have the most robust possible design that is feasible for the intervention in the setting and with the intended population. We expect the evaluation design to meet the criteria provided in Appendix A – Criteria for Effective Programs. The criterion outlines the quality and evidence of effectiveness a study must have to be deemed effective and replicable under the TPP program. Recipients may collect additional outcomes beyond those recognized in Appendix A, as long as at least one of the study outcomes is one identified in Appendix A, and the other outcomes collected are “associated risk factors” clearly associated with teen pregnancy.

We expect recipients to conduct either randomized control trials (RCTs) or quasi-experimental designs (QEDs) with a comparison group. RCTs are experiments that randomly assign participants into different, unique groups: the treatment group and the comparison. We expect all recipients conducting randomized evaluations to use the intent-to-treat (ITT) framework for primary analyses. In an ITT framework, evaluators compare the participant outcomes between the individuals assigned to receive the intervention and those not assigned to the intervention. QEDs form intervention and comparison groups through methods other than random assignment of participants. Researchers use QEDs for impact evaluations when random assignment is not feasible. QEDs include methods such as Propensity Score Matching (PSM), Regression Discontinuity Designs (RDD), and Interrupted Time Series (ITS) (see Glossary).

Recipients may conduct either efficacy or effectiveness studies. Efficacy studies evaluate interventions under ideal conditions, often with the close involvement of the intervention developer (see Glossary), whereas effectiveness studies evaluate an intervention during routine or natural conditions (see Glossary).

Recipients may conduct supplementary analyses in addition to the rigorous impact and implementation evaluations. These additional analyses may include cost studies, qualitative data analyses, or core components analyses. We strongly encourage testing of the core components as

part of the rigorous evaluation.

Members of the intended audience should provide input into evaluation of the intervention to ensure that the project addresses their needs and fills existing gaps for the intended audience, setting, or community(ies). Recipients should ensure that the promising intervention and subsequent study does not duplicate programs or services already available and selected implementation sites are not duplicative of other TPP-funded projects. We expect you to confirm that your project does not duplicate other programming already offered within proposed sites or communities within 1 month of funding.

We expect recipients to have a detailed evaluation design and survey instruments finalized within 12 months of funding. We expect that all studies shall have a counterfactual, and there will be equivalency between the study groups at baseline. Additionally, we expect the programming received by the study groups to be different enough to allow for a meaningful test. By the end of Year 1, recipients should obtain necessary Institutional Review Board (IRB) approvals for the evaluation and be ready to begin the evaluation. We also expect recipients to register their studies with an online registry such as clinicaltrials.gov within 15 months of funding.

We expect recipients to have a data collection plan within 12 months of funding. We expect recipients to collect and analyze outcomes that are relevant to the intervention's logic model and proposed research questions. Recipients should include at least one outcome as identified in Appendix A – Criteria for Effective Programs. We expect recipients to collect all study data during the period of performance. We anticipate that recipients will collect survey data at baseline, at one short-term follow-up (e.g., between 0 months-1-year post-intervention), and at one long-term follow-up (e.g., 9 months or more post-intervention). Recipients should justify any additional data points proposed beyond these three points and discuss feasibility and necessity with us after receiving the award (i.e., during the planning period). We expect recipients to submit an analysis plan to us for review and feedback during the third year of funding; we will provide templates during that year. We expect recipients to use the final 6-9 months of the award for data analysis and reporting. We expect recipients to submit a final evaluation report to us summarizing their evaluation findings and lessons learned. We will review and provide feedback on this report.

We expect recipients to monitor and report to us on their progress recruiting, consenting, and retaining study participants. We expect recipients to make steady and consistent progress toward enrolling their study sample during each year of their award. A general benchmark is to enroll at least 25% of the sample by the end of year 2, at least 50% of the sample by the end of year 3, at least 75% of the sample by the end of year 4, and reach 100% of the sample size during year 5. We expect recipients to meet the standards for attrition as identified in [Appendix A – Criteria for Effective Programs](#).

We expect recipients to address limitations, bias, and possible threats to internal and external validity within their studies. Recipients should conduct their studies through a credible and neutral process, which includes, at a minimum, evaluation staff who do not have a conflict of interest and can remain independent of the intervention. We strongly encourage use of an

independent, external evaluator.

As a condition of the award, we require recipients to participate in ongoing OPA-sponsored Evaluation Technical Assistance. Further, as a condition of the award, we expect recipients to participate in an OPA-directed Federal evaluation, if selected and funding for such an evaluation becomes available.

3. Collaborate with partners and maintain organizational capacity

We expect recipients to use partnerships to fulfill capacity needs and successfully complete the project. Within 6 months of funding, recipients are expected to have finalized formal, written agreements (memorandum of understanding/agreements, contract, etc.) with all key partners and subrecipients. Recipients and key partners should have the collective expertise necessary to successfully accomplish the goals and objectives for the overall project. We expect recipients will engage key partners in the project and maintain a collaborative environment. Each recipient is responsible for ensuring all partners meet the project expectations successfully, do not conflict with applicable OASH Priorities, and fulfill their roles.

Recipients should assess the professional development needs of project staff on a regular basis and ensure that staff have the training needed to complete their roles in the project. Within 12 months of funding, OPA expects all project staff to receive initial training needed to successfully execute the project. This should include training on the promising intervention, performance measures, data collection, and the overall study.

We expect recipients to collaborate, coordinate, and share information with other OPA recipients, as appropriate, to prevent unnecessary duplication of activities, and ensure sharing and best use of available resources across funded projects.

4. Monitor and improve the project

We expect recipients to monitor the overall project and make ongoing improvements to the project based on key findings. This could include improvements to either the evaluation or implementation procedures, for example.

We expect recipients to conduct an implementation evaluation designed to answer questions about intervention delivery during the study. At a minimum, we expect the implementation evaluation to address dosage, fidelity, quality, context, and counterfactual experience.⁶ We expect recipients to conduct periodic monitoring of the programs and services offered within study sites and communities by other organizations to ensure that the project does not duplicate other services, and that the study clearly accounts for the experiences of the comparison group. In addition, recipients should monitor the progress of participant enrollment, consent, and retention within the study as described in “2. Conduct rigorous evaluation of the intervention”

⁶ Office of Adolescent Health (OAH). (September 2017) Estimating Program Effects on Program Participants. Online at: <https://opa.hhs.gov/sites/default/files/2020-07/estimating-program-effects-on-program-participants-brief.pdf>, Accessed 4/29/2025

performance goal.

The monitoring process must include performance measures specific to the awarded project. In addition, recipients must collect uniform performance measures and report to us on a semi-annual basis. [Appendix B – TPP Performance Measures](#) includes a list of the measures (OMB #0937-0213, Expiration July 31, 2026, renewal pending). Recipients are required to obtain and document any necessary permissions to collect these data. Documentation may include written formal agreements with partners (e.g., MOUs), consent forms from parent/guardians, copies of school district approvals, citation to state law, etc. to collect these data. Recipients may be required to provide the supporting documentation for review, on request. Recipients have the responsibility to ensure they have appropriate permissions to collect all required performance measure data prior to collecting the data. There are no exceptions or waivers for this requirement.

While implementing and evaluating some non-curricular approaches, such as technological innovations, systems-level, and community-level approaches, you may find that some OPA measures or constructs (e.g., such as dosage, fidelity, and quality) are not relevant to your intervention. If you identify a need to change a measure, you will need prior approval from OPA to use alternate or proxy measures for dosage, fidelity, and/or quality. We expect recipients to develop measures that future implementors of the intervention could use to monitor fidelity, quality, and dosage, and include those in their final program package (See performance goal 5. Document and package the intervention.). There are no exceptions or waivers for this requirement.

We expect recipients to determine whether the intervention implementation occurred as originally intended in the approved project. We expect recipients to monitor the dosage of the intervention participants receive. We expect recipients to establish and implement a fidelity monitoring process for the intervention. The process should include, at a minimum, collection of data on fidelity and quality of implementation, reviewing and analyzing the data on a regular basis, and using the data to make continuous quality improvements to the implementation of the intervention. We expect recipients to collect qualitative contextual data relevant to the environment in which the intervention is being developed. Recipients should observe a minimum of 10% of all intervention sessions and 100% of intervention facilitators for fidelity and quality on an annual basis.

5. Document and package the intervention

By the end of the project period, successful projects should have documented the evaluated intervention with sufficient detail so that other organizations may replicate the intervention to scale. Recipients should consult members of the intended population when developing branding and/or packaging intervention materials for dissemination.

Recipients should provide us with a complete electronic package of the final implementation-ready intervention by the end of the project (see Section H.8 - HHS Rights to Materials and Data regarding intellectual property rights). Implementation-ready interventions must include all the necessary components that will allow someone other than the original developer to implement

the intervention. To be implementation-ready, an intervention package must include clearly defined program materials and core components, define all necessary staff supports and training needed for implementors, and specify guidelines and tools for monitoring implementation fidelity and quality (see performance goal, 4. Monitor and improve the project). We will provide guidance to recipients by Year 3 of their project.

We expect recipients to articulate the core components of the intervention(s) they are evaluating. Articulating the components of the intervention will help fill knowledge gaps about what makes an intervention effective and which components drive successful programming. We strongly encourage recipients to test the core components as part of the rigorous impact evaluation. We will provide all recipients with a TPP components checklist and instructions during the first six months of the award, and recipients must use the checklist to describe the components of their intervention and submit to OPA within the first 12 months of funding. To complete the components checklist, recipients will describe the intended content of the intervention, the delivery mechanism and format, the staff delivering the content, the dosage of the intervention, the location for implementation, and features of the group intended to receive the intervention. Additional information about the core components checklist and expectations may be found in [Appendix C – Resources](#).

Recipients must update the checklist at the end of the project. We expect recipients and their partners to develop a plan for distributing the intervention to others who might be interested in replicating it in the future; this plan should account for any training needed.

6. Disseminate project results

We expect recipients to develop and implement a plan for widely disseminating the results of the evaluation, including implementation evaluation results, impact evaluation results, lessons learned, successes, and challenges. We expect recipients to write a final evaluation report summarizing the key findings and lessons learned from their projects. The final evaluation report should be in the format of an article for a journal of the recipient's choice. We expect recipients to disseminate their evaluation findings and lessons learned through presentations at professional conferences.

In addition to the traditional methods of dissemination, we expect recipients to work with us to share findings broadly with key project partners, community members, youth-serving professionals, researchers, other OPA recipients, the public, and policymakers. Recipients should also consult members of the intended population when developing messaging about project findings.

We expect the dissemination plan will include publication of at least one article in a peer-reviewed journal and presentations at professional conferences. When published, the article should be freely, immediately, and accessibly made available to the public. In addition to disseminating information about the evaluation results, we expect recipients to develop a plan for disseminating information about the intervention to organizations who may want to replicate the intervention in the future.

3. Federal Involvement in the Project

If you receive an award, we will encourage you to seek the advice and opinion of federal staff when problems arise. However, you would be responsible for making sound programmatic and administrative judgments. The responsibility for operating decisions will be yours and does not shift to HHS, OASH, or Office of Population Affairs.

Under a grant, the program office's involvement may include routine monitoring and technical assistance such as monthly conference calls, occasional site visits, ongoing review of plans and progress, participation in relevant meetings, provision of training and technical assistance.

Awards will be in the form of cooperative agreements with the recipient. Cooperative agreements are a form of assistance that allows for substantial involvement between federal program office and the recipient during the project period. Substantial programmatic involvement from OPA may include:

- a. Approving key personnel changes, including the project director/principal investigator and lead evaluator, or others identified as essential in the proposal.
- b. Reviewing and approving program materials prior to use in the project to ensure the materials are medically accurate and age appropriate.
- c. Reviewing progress at stated milestones and providing approval to move forward with the study.
- d. Advising on the evaluation design plan and survey instruments prior to initiating the evaluation.
- e. Advising on the evaluation analysis plans prior to beginning analyses.
- f. Advising on and acceptance of final evaluation report.

4. Eligibility criteria for project participants

You must not restrict participation in the project on the basis of race, color, national origin, religion, sex, disability, age, or another protected characteristic (See Section I.5).

D. AWARD INFORMATION

Budget period(s)

We expect to fund awards in five 12-month budget periods for a total period of performance up to 60 month(s). However, we may approve shorter periods of performance. Budget periods may vary from the estimated 12 months because of the timing of award issuance or other administrative factors.

For multi-year projects, recipients must submit a non-competing continuation (NCC) application for each budget period after the first. We will provide guidance generally 3 months prior to the end of the active budget period. Continuation funding is contingent upon the availability of

funds, satisfactory progress of the project, appropriate stewardship of federal funds, and the best interests of the government. Funding for all approved budget periods after the first is generally the same as the initial award amount and may be subject to any offset with funds unused in a previous budget period.

E. APPLICATION CONTENTS AND FORMAT

1.Format of the Application

You must prepare your application using the forms and information described in this NOFO. The official online application package on Grants.gov contains all necessary forms and guidance for preparing an application. This package includes but is not limited to:

- Full Text of the NOFO
- Standard forms (required) and their instructions
 - SF-424 Application for Federal Assistance
 - SF-424A Budget Information for Non-Construction Programs
 - SF-LLL Disclosure of Lobbying Activities
 - Project Abstract Summary
- Sample templates, if available.

In addition to the four standard forms in the application package, your application will consist of 3 sections of materials you prepare:

1. Project Narrative
2. Appendices to the Project Narrative
3. Budget Package.

We strongly encourage you to read all instructions for the application format and content to avoid disqualification of your application. An application checklist is available in Section K.1.

a. Project Narrative – Formatting

Following the formatting instructions below will help ensure that your application is readable for review process. Acceptable electronic file formats are in Section E.3.a.

Names of Individuals

We encourage you to use individuals' full names (first, middle, last) on the standard forms and any other documents such as résumés/curricula vitae/biographical sketches to distinguish them for verification in the SAM exclusion records. Delays may result in award processing if full names are not provided.

You should avoid submitting personally identifiable information such as personal contact information (e.g., home address and telephone number) on résumés/curricula vitae/biographical sketches. Do not submit social security numbers.

If you receive an award, only one Project Director/Principal Investigator (PD/PI) will be named on the award documents. (Section A.1.b) Avoid using a placeholder or honorary PD/PI. If you have not hired an individual to be the PD/PI, you should name an interim PD/PI, and your application should clearly identify that person as such.

We typically expect the PD/PI to be named on the SF-424 in box 8.f. Avoid naming grant writers in box 8.f unless they have the expertise to respond to technical questions about the proposed project in a timely manner.

Identify other personnel who are essential or key to the execution of the proposed project clearly in your project narrative.

If you receive an award, a request for a change in PD/PI or key personnel under any circumstance requires prior approval of the grants management officer before becoming effective. We may disallow any costs incurred as a result of that change prior to our approval. See Section I.1.c.

Page Formatting

If you submit documents that do not conform to the following instructions, GAM will disqualify your application during the review process (Section G.1.b).

Use an easily readable typeface, such as Times New Roman or Arial.

Use a 12-point font.

Use an 8.5" X 11" page size. Any other size page (e.g., A4, legal) will disqualify your application.

You must double-space the Project Narrative pages or we will disqualify your application. You may single-space tables or use alternate fonts, but you must ensure the tables are easy to read.

Do not number pages or include a table of contents. Our grants management system will generate page numbers once your application is complete.

You must submit your application in the English language and in terms of U.S. dollars (2 C.F.R. § 200.111(a)).

Page Limits

Your project narrative and appendices must adhere to these page limits.

The page limits do not include the budget package (Section E)

The page limits do not include the required forms (SF-424, SF-424A, SF-LLL, and the Project Abstract Summary)

If your application exceeds the specified page limits when printed on 8.5" X 11" page, we will not review your application further.

We encourage you to print out your application before submitting it to ensure that it is within the page limits and is easy to read. Do not reduce pages to fit multiple pages on a single sheet to avoid exceeding the page limitation.

Do not hyperlink to documents or sites outside of your application to augment your application. Reviewers will not be permitted to follow links to external content during their assessment of your application. The one exception to this is a link to your internal controls as part of your budget package (Section E.2.c.3).

	Page Limit
Project Narrative	____ 50 ____
Project Narrative plus Appendices	____ 100 ____

Labeling Proprietary Information

Proprietary information includes patentable ideas, trade secrets, privileged or confidential commercial or financial information, the disclosure of which may harm the applicant. You should include proprietary information in your application only to the extent that it is essential to the reviewers' understanding of the project. Proprietary information should not appear in your Project Abstract Summary.

If your application contains proprietary information, you should clearly label the top of the first page of the project narrative. For example,

Contains proprietary or confidential information that [Your Organization Name] requests not be released to persons outside the government, except for purposes of review and evaluation.

Awarded applications are subject to release under the Freedom of Information Act (FOIA) with redactions as the FOIA statute permits.

b. Appendices to the Project Narrative – Formatting

Your appendices should include any specific items outlined in Section E.2.b. Your documents should be easy to read.

You should use the same formatting specified for the Project Narrative. However, documents such as résumés/curricula vitae/biographical sketches, organizational charts, tables, Memoranda of Agreement (MOAs) or Letters of Commitment (LOCs) may have formatting common to those documents, so long as the pages are easy to read. For example, resumes, MOAs and LOCs may be single-spaced.

You must upload all of your appendices as a single, consolidated file in the Attachments section of your Grants.gov application. You must use an acceptable file format (Section F.3.a). We

strongly encourage you to convert your file(s) to PDF format before uploading and review them to ensure accurate conversion.

Your Project Narrative plus the Appendices may not exceed the total number of pages for the application (Section E.1.a).

c. Budget Package - Formatting

The budget narrative should use the formatting required of the project narrative for the explanatory text. Budget tables may be single-spaced but should be laid out in an easily readable format and within the printable margins of an 8.5" x 11" page. You must use an acceptable file format (Section F.3.a). We do not accept Excel or other similar spreadsheet formats.

The application page limit does not include the SF-424A or the budget narrative (including budget tables).

We recommend you present budget amounts and computations in a columnar format: first column, object class categories; second column, federal funds requested; third column, non-federal resources; and last column, total budget.

Object Class	Federal Funds Requested	Non-Federal Resources	Total Budget
Personnel	\$100,000	\$25,000	\$125,000

2. Content

a. Project Narrative - Content

The Project Narrative is the most important part of your application. We will use it as the primary basis to determine whether your project merits an award. The project narrative should provide a clear and concise description of your project. We recommend that your project narrative include the following components with the requested information. Labeling the sections accordingly will help the reviewers find information quickly.

You must clearly describe the administrative, management, and clinical capability of the applicant organization and plans for delivering services that meet the expectations outlined in the NOFO. You should include all services to be provided by the project as part of the program plan. Proposed projects must adhere to all requirements of the TPP statute, applicable regulations, and legislative mandates.

Successful proposals should include the following:

1. Project Significance

- Describe how the intervention is promising and how it addresses one or more of

OPA's priorities for this NOFO:

- Promote body literacy to make informed and healthy decisions in order to support optimal health; and
- Ensure transparency and uphold parental rights in program implementation by providing advance notice to parents or guardians that includes relevant details about program content, materials, and activities; offering opportunities for review; and providing clear, accessible processes for parental opt-out of specific content or activities, particularly those related to sexuality that may burden religious exercise or conflict with sincerely held beliefs.
- Describe how the intervention will incorporate sexual risk avoidance.
- Indicate how you will ensure that the intervention does not duplicate other programs that have already been found effective. Tell us why your proposed project is likely to prevent teen pregnancy, STIs, behavioral risk factors underlying teen pregnancy, or other associated risk factors. Describe how the project will add to the knowledge base of what works to prevent teen pregnancy.
- Identify your intervention by name and clearly and succinctly describe the who, what, when, where, why, and how of your intervention. Indicate the setting where the intervention will take place. Describe the intervention, including, but not limited to a description of participant materials, the topics and themes covered by the intervention, the duration of the intervention, and how you will deliver the intervention to participants. Tell us who implements the intervention and what qualifications or training staff need to implement the intervention.
 - If your intervention is a systems-level or community-level one, describe the boundaries of the system or community.
 - If your intervention is technology-based, note any equipment end-users need to access the intervention.
 - If your intervention is a major adaptation of a program identified as effective, explain clearly what major adaptations you have made, how the core components have changed, and demonstrate that your intervention is essentially a new one.
 - If anyone has rigorously evaluated your intervention before, and the results of previous studies did not identify evidence of effectiveness, explain why the significance of the intervention warrants additional rigorous impact evaluation of the intervention.
- Describe your theory of change for the intervention. You may reference a logic model included in your appendices (Section E.2.b) to support your narrative. You should clearly indicate the outcome measures for your evaluation, including at least one outcome identified in Appendix A – Criteria for Effective Programs. You may

also examine other associated risk factors underlying teenage pregnancy (such as increased positive relationships with peers, improved mental health, or other similar factors). If using such measures, clearly demonstrate how the outcomes are related to preventing teen pregnancy and address gaps in the TPP field. You should justify the significance of your intervention and why your intervention is well-suited to a rigorous evaluation. Your theory of change and logic model should be consistent with the intervention description.

- Summarize all previous testing, research, and evaluation done on the intervention. Specify the type of evaluation(s) done such as formative evaluation, implementation evaluation, or pre-post tests, or other types. Describe the key findings on TPP-relevant outcomes as identified in [Appendix A – Criteria for Effective Programs](#). Explain specifically how the prior research supports your theory of change. Indicate why the research shows that the intervention has promise and merit for reducing teen pregnancy.
- Summarize any research that shows the intervention is user-centered and therefore a good fit for the participants. Describe any data that shows previous participants liked the intervention, or that the community supports the intervention. Provide evidence that the intervention will have good uptake among the intended audience. Include data that shows whether previous participants had a favorable experience, high levels of engagement, or satisfaction with the intervention. Describe any previous user testing to develop or refine the intervention and specify how you used past participant feedback to develop and refine the intervention.
- Describe any resources or processes used during the development of the intervention to ensure that materials are medically accurate, age appropriate, and aligned with applicable OASH priorities. If applicable and available at the time of submission, include in your appendices any formal, written agreements (e.g., MOUs) from the developer/purveyor/copyright holder of the intervention indicating that you have permission to use and to make any changes to materials. (Changes may include those to ensure medical accuracy, age-appropriateness, and alignment with applicable OASH priorities, for example.)

2. Impact Evaluation Design

- Provide a thorough description of your impact evaluation design in your application; an optional sample template is available under in [Appendix D – Sample Evaluation Design Template](#) for this opportunity. Propose the most robust design that is feasible for your intervention and setting and justify why that is the case. OPA expects that all proposed evaluation designs will be consistent with the study quality standards outlined in [Appendix A – Criteria for Effective Programs](#)). Your impact evaluation design should include the following:

i. *Research Questions*

- State your proposed research questions. Indicate which questions are primary and which are secondary. Focus each question on a single outcome at a single time point.
- Explain clearly how each research question aligns with the intervention and its theory of change. You may reference material you included in the proposed intervention section of your application.
- You should include at least one research question that assesses the intervention's impact on an outcome domain outlined in [Appendix A – Criteria for Effective Programs for preventing teen pregnancy.](#)
- You may propose additional research questions that address other behavioral risk factors underlying teen pregnancy or other associated risk factors for teen pregnancy (such as mental health, educational attainment, healthy relationships, intimate partner violence, substance use, etc.). The outcomes must align with your intervention's logic model. Provide supporting information that clearly links all proposed research questions and outcomes to the reduction of teen pregnancy. Clearly demonstrate how the outcomes you are testing would address gaps in the TPP field.
- Describe how answering these questions will improve programs, outcomes, and/or policies for youth and their families and promote optimal health in communities.

ii. *Type of Study Proposed and Justification*

- Describe the type of study proposed. Appropriate studies are either RCTs or QEDs with comparison group and are consistent with the study quality standards outlined in Appendix A – Criteria for Effective Programs). Indicate whether you would conduct an efficacy or effectiveness trial. Justify why the type of study proposed is the most robust design feasible for the intervention and setting for your project. Your evaluation should include a comparison group to meet OPA's standards of rigor.

iii. *Description of the Formation of Study Groups*

- Describe how you will form the study groups (i.e., intervention and comparison). Describe differences between your study groups, along with strategies to minimize potential contamination.
 - For RCTs, clearly state the unit of random assignment and indicate that you have aligned it with the unit of analysis. Briefly describe

the random assignment procedure, including whether you plan to use blocking/stratification and a justification for doing so.

- For QEDs, describe the method for formation of the comparison/counterfactual.

iv. *Comparison Experiences and Study Context*

- Describe any intervention or programming your team will provide to the individuals in the comparison group. Indicate any other TPP-relevant programming the comparison group members might receive in addition to programming provided by your project team (e.g., for example, business as usual programming provided by the study sites). Contrast the proposed comparison group experience to the experience of individuals receiving the intervention. Describe how the team will ensure that the experiences of both the intervention and comparison groups would be sufficiently different from each other.
- Confirm that the study groups will have different levels of exposure to TPP content. Describe why the proposed programming for the comparison group will not affect contrast between the groups.

v. *Data Collection Plan and Outcomes*

- Describe your plans for obtaining data for the study. Specify what data you will obtain and clearly state how the data aligns with the outcomes for your research questions. Indicate the timing of data collection. Most projects collect baseline data, short-term follow-up data, and either intermediate or long-term follow-up data. Describe any systems that you will use to enter and store data. Justify why your data collection plan is likely to be successful.
- If conducting surveys, describe the survey instrument(s) you will administer. Indicate how you will administer surveys to participants (e.g., by phone, in-person, web-based). Indicate whether the mode of data collection is the same for the intervention and comparison groups. Indicate the proposed timeline for participant recruitment, consent and assent, and data collection. Demonstrate that all proposed data collections will take place within the 5-year period of performance. Align this information with the project work plan. If you propose using secondary or administrative data for your analysis, describe the secondary data source(s) that you would use. Indicate how and from whom you would obtain permission for obtaining the data. Verify that the timing of the data would align with the timing of your project. Describe the variables that align with your research questions and verify that outcomes would be available for both the intervention

(treatment) and counterfactual (comparison or control) groups. Summarize your evaluator's relevant experience with the collection and analysis of the type(s) of data you propose for the study (you may reference information contained in your capacity section below).

vi. *Human Subjects Protections, Data Privacy and Security*

- Identify the Institutional Review Board (IRB) you will use during the study, including the Federal-wide Assurance number and IRB registration number. Include a proposed timeline for acquiring the approval of the IRB for the proposed activities. Any award based on your application does not supersede the need for IRB review, approval, or determination of an exemption. **Do not include in your application the package prepared for your IRB review.**
- Discuss your process for obtaining consent and assent from study participants. Describe the estimated rate of consent for study participants and provide a reasonable justification of the expected consent rate based on previous studies conducted by your team. Discuss the timing of the consent process relative to the formation of the study groups (for an RCT, this would be relative to the timing of random assignment). Estimate the number or proportion of sample members who will provide consent, relative to the number of individuals recruited for potential participation. Provide evidence that the evaluation team has achieved a similar consent rate in a similar evaluation. If consent must happen after random assignment, describe how your team will keep the consent process blind to treatment status.
- Describe how you will securely store any sensitive data collected from study participants.

vii. *Statistical Power, and Minimal Detectable Effect (MDE) Size*

- Describe how you plan to estimate the causal impact of the intervention. Show the minimum detectable effect (MDE) size needed for an impact and explain how you calculated the MDE.
- Estimate the statistical power for the study and demonstrate that the power is consistent with study design. Describe the statistical power analysis used to arrive at the sample size. Calculate a Minimum Detectable Effect (MDE) that has an 80% chance of being statistically significant at a specific alpha level, for each outcome. Describe the outcomes and assumptions used in the statistical power calculations. Provide sufficient justification as to why the study will find an effect larger than the MDE calculated.

- If you plan to conduct analyses of subgroups, present additional statistical power analyses to estimate those MDEs.

viii. Sample Size, Recruitment, and Retention

- State your proposed sample size, based on your Power calculations above. Explain the plan to recruit participants for the study and justify that your team can recruit the full sample within the period of performance at the proposed implementation sites or communities. Indicate how you will maximize the participation of individuals who are part of the evaluation sample – both treatment and comparison groups. Indicate whether the IRB is likely to approve any proposed incentives. Describe how the incentives would successfully improve participation. Describe and justify the expected survey response rates. Describe any barriers and challenges to participant recruitment and retention you expect to encounter and how you plan to address them.
- We expect most evaluation designs to be sufficiently well-powered to detect impacts for the primary research question(s) (80 percent chance of being statistically significant at the $p < .05$ level). We encourage applicants with anticipated small sample sizes (e.g., projects in juvenile justice or foster care settings) to propose Bayesian analyses to supplement their analysis or to propose other approaches suited to small samples with a justification for the approach. Examples of relevant evaluation technical assistance resources are available in [Appendix C – Resources](#).
- Describe how you will maintain sufficient participant contact information that will ensure the evaluation team can maintain contact with participants throughout the entire study.

ix. Readiness and Feasibility

- Describe the readiness of all study materials, processes, and procedures. The materials should include participant materials delivered to either the treatment or comparison groups, study instruments, and Institutional Review Board (IRB) application materials, etc. You should reference the timelines in your project's work plan.
- Demonstrate that your project is likely to be ready for full implementation by the end of the 12-month planning period. See [Appendix E – Planning Period Deliverables](#) for an outline of all deliverables expected within the first 12 months of funding.

x. Biases, Limitations, Threats to Validity, and Independence of Evaluation

- Explain how you will conduct the evaluation through a credible and neutral

process, including evaluation staff who do not have perceived or actual conflict of interest and can remain independent from the intervention. Tell us how you will ensure that the evaluation and the implementation of the intervention are independent from each other.

- Explain any other limitations and biases, and how you plan to address them.

xi. Supplemental analyses

- Describe and justify any supplemental or exploratory analyses you plan to complete in addition to the impact and implementation evaluation. The additional analyses may include cost studies, qualitative data analyses, core components analyses, etc. Include any exploratory analyses proposed to uncover relationships between variables.
- You may use the Treatment on Treated (TOT) Framework for supplemental analyses⁷. If you do, demonstrate that you can complete the supplemental analyses by the end of the project and with the proposed staffing level without compromising the quality of the impact evaluation.

3. Implementation Evaluation and Project Improvement

- Describe how you will monitor the implementation of the intervention throughout the study. Indicate the criteria that you will use to assess whether your intervention's implementation occurred as you intended. Indicate how you will measure the dosage (the amount of the intervention received by participants). Describe what fidelity adherence to the key project activities looks like and how you will monitor this during the study. Tell us how you will assess overall quality of implementation. You may use the TPP performance measures (see [Appendix B – TPP Performance Measures](#)) as a basis for your dosage, fidelity adherence, and quality metrics. Indicate any other implementation metrics that you intend to track.
- Describe how you will monitor the context within which the study takes place and how you would ensure that your project does not duplicate other programming already offered within proposed sites or communities.
- Tell us how you will collect and assess participant engagement. Include any benchmarks that will you set for the implementation measures to ensure successful implementation of the intervention. A general benchmark is to enroll at least 25% of the sample by the end of year 2, at least 50% of the sample by the end of year 3, at least 75% of the sample by the end of year 4, and reach 100% of the sample size

⁷ Administration of Children and Families, Office of Planning, Research, and Evaluation. (2016, March 16). Common Framework for Research and Evaluation. Retrieved from https://www.acf.hhs.gov/sites/default/files/opre/acf_common_framework_for_research_and_evaluation_v02_a.p

during year 5.

- Describe how you will use the implementation data to assess and improve the project.
- Describe how you will monitor the experience of the comparison group throughout the study, including programming that comparison group members may receive outside the study. Indicate what data your team will use, and how often you will collect and assess that data.
- Describe the process for monitoring the quality of the evaluation as it is occurring. Indicate what data you will use in the monitoring process, such as sample intake, response rates at baseline and follow-up, and intervention participation rates, etc. Indicate who would collect, monitor, and review the implementation data, how often you would review the data, and to describe how you might use the data to make project improvements.
- Describe how you will obtain, review, and use feedback from the intervention participants, end users, and other key community members, on the project throughout the period of performance.
- Describe how any state and local policies at your sites may affect data collection and your plans to address any challenges, particularly in collecting the uniform TPP performance measures.

4. Organizational Capability, Partnerships, and Staffing

- Describe your organization's capability to successfully manage and implement the proposed rigorous evaluation project. You should describe the structure of your organization (or the division of a larger agency which will have responsibility for this project), the nature and scope of its work, and the relevant capabilities it possesses. Describe the relevant capabilities of your organization not included elsewhere in the project narrative. Include and refer to your organizational chart in your appendices (Section E.2.b).
- Name all the organizations that you plan to work with on the project. Indicate the roles and responsibilities of each organization on the project. The roles may include serving as study sites, recruiting study participants, implementing the intervention, or collecting data, etc. Describe clearly how each organization will contribute to achieving the project's objectives and outcomes. You should include supporting documentation for the partnerships (MOUs, Letters of Commitment (LOCs), etc.) as described in Section E.2.b. For any proposed partnerships where a written, formal agreement (e.g., MOU) will not be available when you submit your application, describe the timeline for securing the agreement.

- Identify the key personnel for the project, describe their role on the project, and include their organization of affiliation. Key personnel should include at minimum the Principal Investigator/Project Director (PI/PD) and Lead Evaluator for the project. Identify any additional project personnel whose contributions are essential to the project. Summarize the relevant skills, experience, and training for each key personnel position that demonstrates the person selected is well-suited to their role on the project.
- Describe the PI/PD's relevant experience in overseeing, leading, and implementing projects of similar size and scope, with similar populations or settings, and using similar evaluation designs as that proposed.
- Describe the Lead Evaluator's previous experience or training in conducting impact evaluations with a design similar to the design proposed; conducting implementation evaluations or process studies; working with similar interventions and populations; maintaining high sample retention and response rates; and managing and analyzing data. Show clearly that the Lead Evaluator has previous success using the methods proposed for this study and has familiarity with any administrative datasets proposed for use in the study. You may refer to the CVs/resumes/biosketches in your Appendices (Section E.2.b).
- Explain why the proposed evaluation team is capable of successfully executing the evaluation design. Explain why the staffing of the evaluation team is sufficient to successfully complete all aspects of the study, including management, oversight, evaluation monitoring, data collection, data preparation, data analysis, and report writing. Provide evidence from previous evaluations that demonstrates successful recruitment, engagement, and retention of the participants throughout the study. Describe the evaluation team's experience disseminating evaluation findings and lessons learned in peer-reviewed publications, presentations at professional meetings, and briefings with key partners.
- Describe who will be responsible for implementing the intervention and justify that the intervention team can deliver the intervention with high quality. Include any relevant, prior experience the implementation team has working with the priority population, within the proposed setting, and with the intervention (or similar interventions). Identify the team members or partner organizations responsible for implementing the intervention. Describe the successful results the intervention team has implementing interventions like the proposed project; successful results might include, for example, interventions conducted with high levels of participant engagement, attendance, participant satisfaction, or high quality. Support the information you provide with CVs/resumes/biosketches or position descriptions within your appendices.

- Indicate any additional team members or partnering organizations that will recruit participants. Describe their ability to recruit a sample of the intended audience large enough to meet the sample size estimates indicated earlier within your evaluation design.
- Indicate whether any of your project team has previous experience collecting participant feedback and using the feedback to adjust programs.
- Identify any plans to hire additional staff after the award, including a timeline for when you would hire them. You should include job descriptions in your appendices for any open positions.
- Describe how you will assess and deliver any training and professional development for project staff relevant to their role, including training in delivering the intervention. Your plan should ensure that all staff responsible for implementing and evaluating the intervention are well-trained and prepared to successfully fulfill their roles and responsibilities. Indicate how you and your partners will hire and retain staff who are qualified, well-trained, and actively engaged in the project.

5. Project Management and Work Plan

- Describe your project management approach with reference to the Work Plan and/or organizational chart submitted in your appendices (Section E.2.b). Specify who would have day-to-day responsibility for key tasks such as leadership of the overall project, monitoring the evaluation, monitoring the quality of intervention implementation, preparation of reports; dissemination activities, and communications with other partners and HHS/OASH. Describe the approach that you will use to monitor and track progress on the project's tasks and objectives.
- Clearly identify the individual who will serve as the PI/PD and that individual's qualifications, competing time commitments, and related ongoing projects. HHS/OASH expects that, throughout the award period, the PI/PD will have substantial knowledge about all aspects of the project.
- Include the time that your key project staff will spend on the project relative to their other commitments and justify that the proposed commitment to this project is sufficient for completion of all project goals, objectives, and activities described in your work plan.

b. Appendices to the Project Narrative – Content

All items described in this section will count toward the total page limit of your application. You must submit them as **a single electronic file** uploaded to the Attachments section of your Grants.gov application.

Samples and optional forms/templates for some of these items are located under the Related Documents tab for this NOFO on Grants.gov.

Your application should include the following appendices:

1) Work Plan

Include a detailed work plan that is consistent with your project narrative and budget narrative. Your work plan should cover all years of the estimated period of performance.

Applicants are expected to submit a work plan that includes the performance goals outlined in this NOFO. The work plan should reflect SMART objectives (specific, measurable, achievable, realistic, and time-framed), and activities for providing CBA to successive cohorts of organizations for the five-year project period.

The work plan should also reflect the following deliverables:

- Within 6 months of funding - have finalized formal, written agreements (memorandum of understanding/agreements, contract, etc.) with all key partners and subrecipients.
- Within 10 months of funding - pilot-test intervention materials.
- Within 12 months of funding - finalize intervention materials, have a data collection plan, finalize detailed evaluation design, obtain any necessary Institutional Review Board (IRB) approvals, and have all project staff trained to successfully execute the project.
- By the end of Year 1 - be ready to begin fully implementing and evaluating and the proposed intervention.
- Within 15 months of funding - register study with an online registry such as clinicaltrials.gov.
- In the third year of funding (Year 3) - finalize analysis plan.
- Final 6-9 months of the project period – conduct data analysis and reporting.
- End of project period – submit to OPA complete electronic package of the final implementation-ready intervention, including updated components checklist.

2) Logic Model

Submit with your application a detailed logic model that describes the inputs, objectives, activities, outputs, and short- and long-term outcomes of the intervention being tested through the proposed project. All program objectives, activities, and anticipated outcomes shall be reflected in the logic model and demonstrate that the proposed project reflects a coherent approach. The logic model should visualize how the intervention's theory of change operates on participants to achieve the TPP-relevant outcomes

3) Formal written agreements (e.g., MOUs/MOAs) and/or Letters of commitment (LOC)

If available at the time of submission, you should submit formal, written agreements such as MOUs, MOAs, LOC, contract, etc. for each partner (or one signed agreement with all partners) and include specific roles, responsibilities, resources, and contributions of partner(s) to the project. If applicable and available at the time of application, include in your appendices any formal, written agreements (e.g., MOUs) from the developer/purveyor/copyright holder of the intervention indicating that you have permission to use and to make any changes to materials. (Changes may include those to ensure medical accuracy, age-appropriateness, and alignment with applicable OASH priorities, for example.) Formal agreements must detail the specific role and resources that the partner will provide, or activities that the partner will assume, in support of the project. It should also describe the organization's expertise, experience, and access to the targeted population(s). Fully executed formal agreements will be required within 30 days following the issuance of any award made under this announcement. Letters of commitment are not the same as letters of support. Letters of support are letters that are general in nature that speak to the writer's belief in the capability of an applicant to accomplish a goal/task. Letters of support also may indicate an intent or interest to work together in the future, but they lack specificity. You should NOT provide letters of support; letters of support will not be considered during the review.

4) Organizational Chart

Include an organizational chart that reflects the management structure for the project and demonstrates where the project resides within the greater organization.

5) Curriculum Vitae/Résumés/Biosketches for Key Project Personnel

Submit with your application curriculum vitae, résumés, or biosketches of the Project Director/Principal Investigator, Lead Evaluator, and all other Key Personnel. Key Personnel includes those individuals who will oversee the technical, professional, managerial, and support functions and/or assume responsibility for assuring the validity and quality of your organization's program. This includes at a minimum Program Manager/Program Coordinator. You should use full names (first, middle, last) on these documents to distinguish them for verification in the System for Award Management exclusion records. You should use the formatting common to those documents. (See <https://grants.nih.gov/grants/forms/biosketch.htm> for templates and sample biographical sketches.)

6) References Cited

Include your references cited in your project narrative as an appendix. Include citations for all evidence of evaluations conducted on the proposed intervention to date. You may use any standard format that you choose as long as it will clearly lead the reader to your source of information or data.

c. Budget Package - Content

A complete budget package consists of the following required components:

- SF-424A "Budget Information Non-Construction Programs"
- Budget narrative with detailed justification by cost category/object class, and

- Plan for oversight of federal funds.

You should include supporting documentation for your budget (e.g., a copy of your approved indirect cost rate) as part of the budget package, not as part of your appendices to the project narrative. There is no page limit for the budget package contents. If you are recommended for an award, you may be asked to provide additional information about your budget package.

Throughout your budget package, “Federal resources” refers only to the funds you are requesting from the program office for this project. “Non-federal resources” are all other non-HHS/OASH federal and non-federal resources. Funds from federal grant programs typically are not eligible as cost share for other federal grants. It is your responsibility to confirm with other federal agencies whether funds you receive from them are eligible resources to apply to your proposed project.

1. Standard Form SF-424A

You must enter the project budget according to the directions provided with the standard form.

You must provide costs by object class category for the first 12 months (i.e., first budget period) of the proposed project using Section B, box 6 of SF-424A. If the estimated period of performance is 12 months or less, this will be your total budget request for the entire project.

"Federal resources" refers only to the funds for which you are applying under this NOFO. "Non-federal resources" are all other resources (federal and non-federal).

Do not include costs beyond the first budget period in the object class budget in box 6 of SF-424A or box 18 of SF-424. The amounts entered in these sections should only reflect the first budget period.

If there is a discrepancy between your SF-424A and budget narrative and justification, we will rely on the narrative and justification to determine the final amounts.

2. Budget Narrative with Justification

Your budget narrative must include a detailed line-item budget and must include calculations for all costs and activities by the “object class categories” identified on SF-424A. You must provide a detailed justification for the costs by object class. The object class budget organizes your proposed costs into a set of defined categories.

Use the guidelines in Section K.4 for preparing the detailed object class budget.

Budget Periods

Your budget narrative must describe the first budget period in detail. For each proposed cost for the first budget period, provide a justification that includes explanatory text and line-item detail. You should describe how you derived your categorical costs. Your justification should show the necessity and reasonableness of the proposed costs for the project.

For subsequent budget years in an anticipated multi-year period of performance, provide a summary narrative and line-item budget for each year beyond the first. For categories or items

that differ significantly from the first budget period, provide a detailed justification explaining these changes.

Funding levels for all approved budget periods after the first are generally the same as the initial award amount and are subject to an offset with funds unused in the previous budget period. Carryover of unobligated funds from one budget period to the next requires prior approval.

Determining Proposed Costs

Your budget narrative should justify the overall cost of the project as well as the proposed cost per activity, service delivered, and/or product. For example, the budget narrative should define the amount of work you have planned and expect to perform, what it will cost, and an explanation of how the result is cost effective. If you are proposing to provide services to clients, you should describe how many clients you expect to serve, the unit cost of serving each client, and how this is cost effective.

Proposed costs must adhere to the cost principles described in 2 C.F.R. §200.416. We have provided additional information on the most common cost categories for applications for OASH awards in Section K.4.

Budget calculations must include estimation methods, quantities, unit costs, and other similar quantitative detail sufficient to verify the calculations. Carefully review Funding Restrictions (below) for specific information regarding allowable, unallowable, and restricted costs.

Describing Federal and Non-federal Share

Both federal and non-federal resources (if applicable) must be detailed and justified in the budget narrative. “Federal resources” refers only to the HHS/OASH funds for which you are applying under this NOFO. “Non-federal resources” are all other non-HHS/OASH federal and non-federal resources.

If matching or cost sharing is required or offered voluntarily, you must include a detailed listing of any funding sources identified in box 18 of SF-424 (Application for Federal Assistance).

Indirect Costs

Indirect costs for training are limited to a fixed rate of eight percent of the modified total direct costs (MTDC) exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of \$50,000 (2 C.F.R. § 200.414 (c)(1)).

Funding Restrictions

The following restrictions apply to costs you may propose and be awarded.

Pre-Award Costs

Pre-award costs are NOT allowed. Pre-award costs (2 C.F.R. § 200.458) are those incurred prior to the effective date of the Federal award directly pursuant to the

negotiation and in anticipation of the Federal award where such costs are necessary for efficient and timely performance of the scope of work.

Salary Rate Limitation

Each year's appropriations act limits the salary rate that you may charge to the grants and cooperative agreements that we award. You must not use award funds to pay the salary of an individual at a rate in excess of Federal Executive Pay Scale Executive Level II.

As of January 2026, the Executive Level II maximum salary is \$228,000. This amount reflects an individual's base salary exclusive of fringe benefits and any income that an individual working on the award project may be permitted to earn outside of the duties to the applicant organization. This salary rate limitation also applies to subawards/subcontracts under an HHS/OASH award.

An example of the application of this limitation for an individual devoting 50% of their time to this award is broken down below:

Salary Rate Limitation	
Individual's <i>actual</i> base full-time salary \$350,000 with 50% of time devoted to project, i.e., 0.5 FTE	Direct salary (\$350,000 x 0.5) = \$175,000
	Fringe (25% of salary) = \$43,750
	Total = \$218,750
Individual's base full-time salary <i>adjusted</i> to Executive Level II: \$225,700 with 50% of time devoted to the project	Direct salary (\$225,700 x 0.5) = \$112,850
	Fringe (25% of salary) = \$28,212.50
	Total amount allowed = \$141,062.50

Appropriate salary rate limits will apply as required by law.

Vehicle Purchase

We will not approve a vehicle purchase at the time of award even when included in your application. You must obtain prior approval before the purchase of a mobile health unit or any other vehicle with award funds. A request for prior approval must include a detailed justification of the need for the vehicle that includes an analysis of comparing purchase, lease, and other alternatives. Equipment purchases are subject to transfer to another federal project or sale at the end of the period of performance ([2 C.F.R. § 200.313\(e\)](#)).

Construction Costs

We will not approve construction costs. This includes major improvements to or significant renovations of facilities.

3. Plan for Recipient Oversight of Federal Award Funds

You must include a plan for oversight of federal award funds which describes:

- how your organization will provide oversight of federal funds and how award activities and partner(s) will adhere to applicable federal award and programmatic regulations. Include identification of risks specific to your project as proposed and how your oversight plan addresses these risks.
- the organizational systems that demonstrate effective control over and accountability for federal funds and program income, compare outlays with budget amounts, and provide accounting records supported by source documentation.
- for any program incentives proposed, the specific internal controls that will be used to ensure only qualified participants will receive them and how they will be tracked.
- organizational controls that will ensure timely and accurate submission of Federal Financial Reports to the OASH Grants and Acquisitions Management Division via the Payment Management System as well as timely and appropriate withdrawal of cash from the Payment Management System.

If your internal controls are available online, you may provide a link as part of your plan in the budget narrative. Although merit reviewers are not permitted to access any external materials linked in the application as part of their review, this link would facilitate review of your proposal if recommended for risk assessment (Section G.4).

Section K.5 contains questions you may find useful in preparing your Recipient Plans for Oversight of Federal Funds.

d. Project Abstract Summary Guidance

You must complete the Project Abstract Summary form. The application page limit does not include the Project Abstract Summary Form. Research projects may enter zero for “Estimated number of people to be served as a result of the award of this grant.”

The abstract will serve as the application summary going forward. Do not include sensitive or proprietary information in your abstract.

If your project is funded, we will publish the abstract on TAGGS.hhs.gov and USASpending.gov as you submitted it. You may request to edit it later, or we may ask you to edit it later to reflect any negotiated changes to the project. The abstract may also appear on the program office website or other government websites.

Your abstract should contain:

- Specifics about the project purpose

- Activities that you will perform
- Expected deliverables and outcomes
- Intended project beneficiary(ies) or participant(s)

Your description of the project should be brief and use plain language an average reader can understand. You should limit abbreviations, acronyms, or jargon without definitions. The abstract should be unique to your project.

F. SUBMISSION REQUIREMENTS AND DATES

1. Obtaining an Application Package

The official complete application package is available on [Grants.gov](https://www.grants.gov). Search either the Assistance Listing number or the NOFO number AH-TP2-26-001.

The package consists of several Adobe PDF format documents. This is a standard format widely accessible across multiple platforms including mobile devices. The Acrobat Reader application is available at <https://www.adobe.com/acrobat/pdf-reader.html>.

All materials will be under the Package tab on the page for this opportunity on Grants.gov. If you have problems locating the application package, contact Grants.gov Helpdesk.

2. Required Registrations

You must have an active registration in SAM.gov and Grants.gov to apply for this opportunity.

It is your responsibility to plan ahead to ensure adequate time to register in both systems before submitting your application. We recommend beginning the registration process immediately, but **no later than** 30 days prior to the application deadline with a goal of your registration being complete at least 15 days prior to the application deadline.

a. Unique Entity Identifier and System for Award Management (SAM)

Grants.gov will not accept an application unless you have an active SAM.gov registration and received a Unique Entity Identifier (UEI). There is no fee for registering in SAM.gov.

In cases where an individual is an eligible applicant (see Section A.1.a), the individual does not need a SAM.gov registration. However, the individual must still create a Grants.gov account. Grants.gov will assign a default UEI value where applicable.

We cannot make an award to your entity unless it has an active SAM registration. In accordance with [2 C.F.R. § 25.205](https://www.ecfr.gov/current/title-2/chapter-I/subchapter-A/part-25/section-25.205), if you have not complied with this requirement, we may:

- determine that you are not qualified to receive an award; and
- use that determination as a basis for making an award to another applicant.

Should you successfully compete and receive an award, all first-tier subrecipients must have a UEI number at the time you make a subaward to them.

Registering in SAM

Your organization must register online in the System for Award Management (SAM). Grants.gov will reject submissions from applicants with nonexistent or expired SAM Registrations. You will find instructions on the Grants.gov website as part of the [organization registration](#) process.

Complete a SAM registration (or renewal) as soon as possible if you do not currently have an active registration that will remain active through the competitive process. Registration will include obtaining a unique entity identifier (UEI). SAM.gov provides an [Entity Registration Checklist](#) to help you prepare the necessary documentation.

You may register in SAM as an entity applying for either

- Federal Assistance Awards Only (e.g., grants and cooperative agreements) or
- All Awards (including procurement awards).

If you chose to register for All Awards, you must answer Yes to the question “Do you wish to apply for a federal financial assistance project or program, or is your entity currently the recipient of funding under any federal financial assistance project or program?” Failure to do so will require us to obtain a separate assurance document from you during our risk assessment (Section E.3) and may delay any award.

The list of representations and certifications to be certified as part of your registration is reproduced in Section K.6 with the corresponding HHS regulation citations. By submitting your application to this NOFO, your authorized representative certifies to these representations and certifications by signing Box 21 of SF-424A.

Make sure your SAM registration information is accurate, especially your organization’s legal name and physical address including your ZIP+4. Should you successfully compete and receive an award, this is the legal name and address we must use on the NOA.

During your registration, your organization will need to designate an E-Business Point of Contact (EBiz POC). The EBizPOC will need to be the individual to set up your Grants.gov account.

SAM Registration Renewal

If your organization has previously registered in SAM, confirm your status and determine whether you need to update or renew it. You must [renew your SAM registration](#) each year.

If you are successful and receive an award, you must maintain an active SAM registration with current information at all times during an active award or an application or plan under consideration by an HHS agency.

Timing of Registration

It may take up to 2-3 weeks (or longer during periods of high volume) for a registration to become active in SAM. After that, it may take an additional 24-72 hours for SAM to

synchronize with Grants.gov. Grants.gov must recognize your SAM registration as active to accept your application. We strongly encourage confirming your registration status well before you are ready to submit your application to Grants.gov.

b. Grants.gov Registration

The Grants.gov [Applicant Registration](#) page provides the most up to date guidance on registering. There is no fee for registering to use Grants.gov.

Your EBizPOC may begin creating your account prior to receiving your UEI from SAM.gov. However, you will need to complete the SAM.gov registration prior to complete your Grants.gov registration.

Grants.gov is a platform that allows you to have multiple users with a variety of role-based access to perform actions on application(s). You must register an authorizing official for your organization. We do not determine who your organization's authorizing official is; your organization makes that decision. However, your authorizing official(s) must have the authority to act on behalf of your organization.

You may consider registering a backup authorized organization representative(s) in Grants.gov to ensure someone is available to submit your application. We will not extend due dates because your authorized official is unavailable.

We encourage potential applicants to familiarize themselves with the [Workspace Overview](#) and options as soon as possible.

3. Submission Instructions

It is your responsibility to read and understand the instructions to submit a complete and properly formatted application.

a. Electronic Application Submission

We require that all applications be submitted electronically via Grants.gov unless the Grants Management Officer has granted an exemption in writing (See Section F.3.a).

Grants.gov Information

You may access the application for this opportunity on [Grants.gov](#). Search for the downloadable application page by the NOFO number AH-TP2-26-001 or Assistance Listing number 93.297.

To ensure successful submission of your application, you should carefully follow the step-by-step [instructions](#) on the site. These instructions are kept up-to-date and also provide links to Frequently Asked Questions and other troubleshooting information. You are responsible for reviewing all Grants.gov submission requirements on the Grants.gov site.

You should contact Grants.gov with any questions or concerns regarding the technical system questions about the electronic application process (Section J).

See Section E.2 for requirements related to UEI numbers and SAM registration.

Electronic File Submission

Applications, excluding required standard forms, must be submitted as three (3) files. Any additional files submitted as part of the Grants.gov application will not be accepted for processing and will be excluded from the application during the review process. Merit reviewers are not permitted to follow embedded links to materials outside of the application. Your content must fit within the page limits of the application.

File 1	The complete Project Narrative
File 2	All documents that make up the Appendices described in Section E.3.c
File 3	The entire Budget Package including supporting documentation described in the Budget Narrative content section.

Acceptable File Formats

All files uploaded for your application must be in an acceptable file format and must contain a valid file format extension in the filename.

We only accept the file formats identified in the table to ensure compatibility across our other systems although Grants.gov will allow you to attach unacceptable formats.

We strongly encourage you to upload your application in Adobe PDF format. By converting to PDF prior to submission, you may prevent any unintentional changes that might occur with submission of an editable document. Most commonly available applications for document preparation have the ability to “Save As” or “Print To PDF.” We do not recommend submitting scanned copies through Grants.gov unless you have confirmed the clarity of the scan and the readability of the documents.

Any file submitted as part of the Grants.gov application that is not in a file format listed as acceptable will not be imported for processing and will be excluded from the application during the review.

We will not contact you for resubmission of files to correct the file type.

We will not contact you for passwords or for resubmission of unprotected files. We will forward unprotected information in the application forwarded for consideration, but we will not forward password protected portions.

Acceptable File Formats (extension)
• Adobe PDF (.pdf) • Microsoft Word (.doc or .docx) • Image formats (.jpg, .gif, .tif, or .bmp only)
Unacceptable File Formats (extension)
• Microsoft Excel files (.xls) or other similar spreadsheet files • Any compressed file formats (e.g., .zip, .rar, or Adobe Portfolio)

- Any password protected files

Timing Considerations

We strongly encourage you to submit your application a minimum of 4-5 days prior to the application closing date. You are responsible for allowing time for system registrations and where applicable State Single Point of Contact (SPOC) notifications (Section F.3.d).

Do not wait until the last day in case you encounter technical difficulties, either on your end or with Grants.gov. Grants.gov can take up to 48 hours to notify you of a successful or rejected submission. You are better off having a less-than-perfect application successfully submitted and under consideration than no application.

If your submission fails due to a system problem with Grants.gov, we may accept your application if you provide verification from Grants.gov indicating system problems existed at the time of your submission and that time was before the submission deadline. If you have reported a system problem to the Grants.gov helpdesk, obtain a ticket number to provide us so that we can verify the problem.

A “system problem” does not include known issues for which Grants.gov has posted instructions regarding how to submit an application successfully, such as compatible Adobe versions or file naming conventions. Nor does a “system problem” include issues that should have been identified by reviewing and confirming your account status prior to the submission deadline.

Exemption to the Grants.gov Submission Requirement

We will consider an exemption to the Grants.gov submission requirement only under limited circumstances. To obtain an exemption, you must request one via email from GAM point of contact Eric West at Eric.West@hhs.gov. Your request **must provide details as to why you are technologically unable to submit** electronically through Grants.gov. You should submit your request at least 4 business days prior to the application deadline to ensure we can review your request at least to 2 business days before the deadline.

In your e-mail requesting an exemption include:

- the NOFO number;
- your organization’s UEI number;
- your organization’s name, address and telephone number;
- the name and telephone number of your Authorizing Official;
- the Grants.gov Tracking Number (e.g., GRANT####) assigned to your submission; and
- a copy of the “Rejected with Errors” notification from Grants.gov.

We will not grant an exemption to the electronic submission requirement for:

- Failure to have an active System for Account Management (SAM) registration prior to the application due date.
- Failure to follow Grants.gov instructions to ensure software compatibility.
- Failure to have the correct permission levels configured in your Grants.gov workspace.

GAM will only accept applications via alternate methods (i.e., PDF via email or hardcopy paper via U.S. mail or other provider) from applicants with prior written approval. If you receive an exemption, you must still submit your complete application, and we must receive it by the due date.

We will accept only applications submitted through Grants.gov or a pre-approved alternate format.

b. Submission Dates and Times

You must submit your application for this funding opportunity by July 23, 2026.

Your submission time is the date and time stamp provided by Grants.gov when you **complete** your submission. If you do not submit your application by the due date and time, we will not review it, and it will receive no further consideration.

It is your responsibility to review all instructions available on Grants.gov for successfully submitting an application. For information on registering for Grants.gov or to receive assistance on any technical system questions, contact Grants.gov directly (Section J).

c. NOFO Technical Assistance Webinar

We will provide a technical assistance webinar for applicants on June 30, 2026.

You should review the entire announcement prior to attending to have any questions answered well in advance of the application due date. You should also subscribe to this opportunity on Grants.gov to receive any amendments, revisions, question and answer documents, or other updates.

Following the webinar, we will typically post an FAQ addressing common questions including those of general applicability asked during the webinar. We will also post a link to the recorded TA webinar.

Out of fairness to all applicants, we do not provide one-on-one consultation on the specific content development for any applications.

d. Intergovernmental Review

This program is not subject to the Intergovernmental Review requirements of [Executive Order 12372](#), “Intergovernmental Review of Federal Programs,” as implemented by [45 C.F.R. part 100](#).

4. Other Submission Requirements

a. Program-Specific Requirements

Non-profit Status

If you are a non-profit organization, please submit documentation of nonprofit status.

Any of the following constitutes acceptable proof of such status:

- (a) A reference to the Applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in the IRS code;
- (b) A copy of a currently valid IRS tax exemption certificate;
- (c) A statement from a State taxing body, State attorney general, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals; or
- (d) A certified copy of the organization's certificate of incorporation or similar document that clearly establishes nonprofit status.

b. Follow-up Submission Requirements

We may request additional documentation during the review process. We suggest having these documents readily available. Requests will only come from the OASH GAM staff. If you have any concern about the validity of a request, please contact us through the contact information provided in Section J.

Requested documentation may include a copy of your:

- Approved negotiated indirect cost rate, if not submitted in your budget package
- Internal controls
- Authorizing Tribal Resolution

We may request additional documentation as needed during our risk assessment process in Section G.4.

Failure to provide the requested documentation by the requested deadline may result in our no longer considering your application and moving on to another to make an award.

You should not interpret a request for information as an indication that we will make an award to you. A request only means that we are continuing to review your application.

G. APPLICATION REVIEW INFORMATION

Your application will undergo a series of reviews designed to ensure compliance with statutory and regulatory requirements, alignment with agency priorities, and responsible stewardship of Federal funds, consistent with Executive Order 14332, "Improving Oversight of Federal Grantmaking" (available at <https://www.whitehouse.gov/presidential->

[actions/2025/08/improving-oversight-of-federal-grantmaking/](#)), which aims to “strengthen oversight and coordination of, and to streamline, agency grantmaking to address [...] problems, prevent them from recurring, and ensure greater accountability for use of public funds more broadly.”

Application Qualification and Alignment Review

GAM personnel in coordination with Federal program staff, including senior Department officials or other designated Presidential appointees, consistent with the Executive Order on “Improving Oversight of Federal Grantmaking” will conduct a qualification review. There are several components to qualifying an application to proceed to merit review.

- **Eligibility Review** to determine whether you are an eligible applicant as described in Section A.
- **Responsiveness Review** to determine whether the responsiveness criteria have been met as described in Section G.1.
- **Formatting Review** to determine whether your application meets the formatting requirements described in Section E.1.

The Grants Management Officer will make the final determination on whether an application is eligible and qualified to proceed to merit review. This decision is not appealable.

Merit Review

An independent merit review panel will evaluate applications that are qualified and eligible. These reviewers are experts in their fields, and are drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies.

We do not disclose the identities of our review panelists. Each is vetted during the selection process to identify and manage any real or apparent conflict of interests.

Using the Merit Review Criteria, the reviewers will provide comments and rate the applications. We will provide reviewer comments to applicants after we have made final award decisions and issued notices of award. We do not provide scores.

Programmatic Technical Review and Risk Assessment

In addition to the independent merit review panel, federal staff will review each application for technical (programmatic), budgetary, and grants management compliance.

1. Responsiveness Review

The responsiveness review assesses your application at a high level to determine whether the application has addressed the subject matter of the opportunity or met any legal requirements. The criteria, if any, we describe below facilitate a go/no-go determination by the review team. Failure to address the responsiveness criteria clearly and provide the required information will result in disqualification.

a. Responsiveness Criteria

For this opportunity, the responsiveness criteria are:

- Not applicable

b. Disqualifying Criteria

Disqualification means we will not review the application and will give it no further consideration.

We will disqualify applications:

• not submitted electronically via Grants.gov (unless an exemption was granted by the grants management officer in writing 2 business days prior to the deadline)
• not submitted by the due date and time (Section F.3.b)
• not submitted by an eligible applicant (Section A.1.a)
• submitted <u>multiple times for the same project</u> from the same organization, <i>except</i> for the last application received by the deadline (Section A.1.c)
• not meeting the Responsiveness Criteria (Section G.1.a), if any
• not including a non-federal sources justification in the budget narrative when including cost-sharing (voluntary or required) (Section A.3)
• requesting total funds (direct plus indirect costs) that are either: ○ Above the Award Ceiling of \$1,250,000
• missing or incomplete required forms in the application package found on Grants.gov including SF-424; SF-424A, SF-LLL, and the Project Abstract Summary (Section E)
• not meeting the formatting requirements (Section E), specifically: ○ not submitted in the English language and U.S. dollars (2 C.F.R. § 200.111(a)) ○ not submitted with ▪ an 8 ½ " x 11" page size ▪ 1" margins on all sides (top, bottom, left and right) ▪ a font size of not less than 12 points ▪ a Project Narrative that is double-spaced ○ exceeding the 50-page limit for the Project Narrative ○ exceeding the total 100-page limit for the Project Narrative plus Appendices combined, excluding SF-424, SF-424A, SF-LLL, Project Abstract Summary, and Budget Narrative with budget tables

2. Merit Review Criteria

Federal staff and an independent merit review panel will assess all qualified eligible applications according to the following criteria. Disqualified applications will not be reviewed against these criteria.

- **Significance of the Proposed Intervention (40 points)**
- **Evaluation Design: Research Question and Study Design (15 points)**
- **Evaluation Design: Methodology (15 points)**
- **Implementation of the Intervention and Project Improvement (15 points)**
- **Project Management and Work Plan (10 points)**
- **Budget (5 points)**

Scores will be calculated for a total possible of 100 points.

SIGNIFICANCE OF THE PROPOSED INTERVENTION (40 POINTS)

- The application demonstrates the intervention's promise, public health significance, and alignment with at least one of the priorities noted below. Applicants should describe how the proposed intervention addresses gaps for reducing teen pregnancy. The intervention does this through its delivery mechanism, duration, the intended audience, the setting, the topics, and themes covered. The applicant should specifically describe how its intervention addresses the following priorities:
 - Promoting body literacy to make informed and healthy decisions that advance optimal health: The intervention supports adolescents in developing body literacy, defined as the ability to understand how the body functions in a state of health, including knowledge of reproductive anatomy, physiology, and hormonal patterns, and to interpret biological signals to support informed decision-making, self-awareness, and long-term physical, mental, and reproductive well-being. Applications should describe preliminary evidence of how content enables adolescents to make informed, healthy decisions that advance optimal health outcomes. Applicants should incorporate sexual risk avoidance (SRA) education as a component of program delivery. This may include, but is not limited to, fostering understanding of anatomy and physiology, healthy relationships, delay of sexual initiation, and personal agency in decision-making.
 - Ensuring transparency and upholding parental rights: The intervention incorporates clear, proactive strategies to ensure transparency with parents and guardians. Applicants should describe processes for providing advance notice about program content, materials, and activities in a

manner that is accessible and understandable. Applicants should also outline a clear and accessible process that allows parents to opt their children out of any specific content, particularly those related to sexuality, that may burden their religious exercise or conflict with sincerely held beliefs. Applicants should describe how these processes will be communicated, documented, and implemented consistently across settings.

- Applicants should present a well-articulated and plausible theory of change, consistent with the intervention, and supported by compelling preliminary research that demonstrates the intervention is likely to reduce teen pregnancy.
- Applicants should provide evidence of end-user feedback (e.g., adolescents, parents, or community stakeholders) that has informed the design, adaptation, or refinement of the intervention. Applicants are also expected to provide any information that demonstrates that the intervention is well-suited for the proposed implementation. The project includes processes to ensure that the materials are medically accurate and age-appropriate.
- The extent to which the applicant proposes an intervention that meaningfully advances applicable OASH priorities. This includes describing anticipated outcomes of the intervention, once evaluated, on at least one of the OASH priorities as it relates to reducing teen pregnancy. In addition, applicants should describe the intervention's scalability and/or adaptability.

EVALUATION DESIGN: RESEARCH QUESTION AND STUDY DESIGN (15 POINTS)

- The proposed research questions are well-reasoned, focused, well-aligned with the intervention's theory of change, and clearly address the reduction of teen pregnancy. At least one research question assesses the intervention's impact on an outcome identified in Appendix A – Criteria for Effective Programs.
- The applicant proposes an appropriate type of impact study with comparison group (either a Randomized Control Trial or a Quasi-Experimental Design) that meets the standards for a rigorous evaluation in Appendix A – Criteria for Effective Programs. The applicant justifies why the evaluation design proposed is the most rigorous feasible for the setting and intervention and is realistic to conduct within a 5-year project.

EVALUATION DESIGN: METHODOLOGY (15 POINTS)

- The applicant adequately justifies that assignment of participants to the treatment and comparison groups will ensure baseline equivalence and proper contrast

between the groups for the research question.

- The estimated statistical power for the study is consistent with study design to ultimately demonstrate the effectiveness of the intervention. The statistical power analysis used to arrive at the sample size includes the Minimum Detectable Effect (MDE) that has an 80% chance of being statistically significant at a specific alpha level, for each outcome. The application considers the outcomes and assumptions used in the statistical power calculations, including presence in the area of similar interventions and available target sample, the description is consistent with the proposal as a whole.
- The applicant indicates a feasible sample size for the study, consistent with the proposed power calculations, and a clear and realistic rationale for how the team could recruit and retain enough participants to reach the proposed sample size, while accounting for attrition. The applicant describes an effective approach to maximizing and maintaining the participation of individuals within the evaluation sample. The applicant justifies its expected survey response rates, discusses potential challenges to recruitment and retention, and proposes a sound approach to addressing them.
- The application includes a sound, feasible data collection plan that will succeed. The applicant specifies the source(s) of data they will use in the study and clearly demonstrates that the evaluation team has the relevant expertise with the data collection methods and sources proposed. The applicant describes outcomes in the data collection plan that aligns with the intervention's logic model, theory of change, and the proposed research questions. The timelines for data collection are realistic for a 5-year project and are consistent with the project work plan.
- The extent to which the applicant clearly describes how they would conduct the study in a credible and neutral manner, including at a minimum, evaluation staff who do not have a conflict of interest and can remain independent of the intervention. The extent to which the applicant clearly discusses study limitations and biases and presents a sound plan that is likely to address them.
- The applicant describes a sound and feasible process for protecting human subjects that is likely to obtain participant consent and assent and secure sensitive data with appropriate IRB oversight and approval. The applicant described a feasible timeline for obtaining IRB approval(s) with the identified the IRB(s) by name to occur within the first 12 months of funding.

IMPLEMENTATION OF THE INTERVENTION AND PROJECT IMPROVEMENT (15 POINTS)

- The proposed implementation plan is a clear and feasible approach for ensuring a high-quality implementation of the intervention throughout the study with adequate monitoring of dosage, fidelity, overall quality of implementation, participant engagement and satisfaction, sample intake, participation, and response rates. The plan describes how and when the applicant will collect and use data to assess and improve the project. The applicant describes a sound plan to monitor the context of the evaluation and the experience of the comparison group.
- The applicant clearly describes the role(s) of all proposed partners and provides a compelling rationale for choosing its partners. The strength of proposed partnerships overall is adequate to support project activities. Signed written formal agreements (e.g., MOUs, LOCs, etc.) within the appendices demonstrates partnerships at a level of commitment needed for the project to be successful.
- The applicant describes a feasible strategy for engaging end-users of the intervention in the ongoing planning and implementation of the entire project. The proposed strategies are likely to obtain significant input from members of the intended audience in the implementation of the intervention, execution of the evaluation, and dissemination of findings.
- The applicant organization, its partners, and staff including the lead evaluator, PI/PD, and key project staff, demonstrate sufficient capacity and capability to successfully complete the proposed project within 5 years. The applicant demonstrates capacity through sufficient staffing assignments; staff with the necessary and relevant experience, qualifications, and training; knowledge of rigorous evaluation studies similar in size and scope to the proposed project; and an optional demonstration of examples of successful rigorous evaluation studies in similar settings and contexts and with similar populations as the proposed study.
- The project team demonstrates past success in project planning and improvement for the recruitment and retention of the intended population, collecting data, analyzing data, reporting on evaluation studies, and engaging community members and end-users.
- The application clearly identifies the team members/organizations responsible for implementing the intervention, and they demonstrate prior experience working with the intended audience and within the proposed implementation setting. The intervention team has a clear track record of implementing interventions similar to the proposed project. Resumes/biosketches/CVs/position descriptions within the appendices clearly support the information within the narrative.

PROJECT MANAGEMENT AND WORK PLAN (10 POINTS)

- The application describes a reasonable plan for appropriate oversight for the project to manage the implementation of the intervention and its evaluation including monitoring each activity and collaboration partner. The application clearly demonstrates that the PI/PD and other key personnel have sufficient availability to ensure adequate oversight. An organization chart within the appendices supports the information in the narrative.
- The application and work plan provides a reasonable and feasible timeline for successfully completing the project within 5 years, realistically accounts for the readiness of project materials and staffing levels, and demonstrates readiness to fully implement and evaluate the proposed intervention by the end of Year 1 of the project. The project timeline includes all study implementation activities and is consistent with the evaluation design. Data collection concludes at least 6 months from the end of the project to allow sufficient time for analysis and report writing.
- The work plan is consistent with the project narrative, includes plans for disseminating project findings and lessons learned, and includes plans to document the intervention with sufficient detail so that others may replicate it after end of the award.

BUDGET (5 points)

- The application will be assessed based on the extent to which the budget and budget narrative clearly show how the total amount requested was determined; are detailed, reasonable, adequate, cost efficient, and clearly aligned with the proposed technical approach.

3. Merit Review and Selection Process***Application Status Inquiries***

During the review process, we do not release information about individual applications. If you would like to track your application, please see the instructions on Grants.gov.

If you receive communications to negotiate an award or request additional or clarifying information, this does not mean you will receive an award. It only means that your application is still under consideration.

Federal Staff Review

In addition to the independent merit review panel, Federal staff will review each application for technical (programmatic), budgetary, and grants management compliance.

The Office of Population Affairs will coordinate with a senior appointee to provide recommendations for funding to the Grants Management Officer to conduct risk analysis consistent with 2 CFR 200 and applicable HHS policy. No award decision is final until a Notice of Award is issued by the Grants Management Officer, in coordination with a senior appointee or appointee's designee, consistent with the Executive Order on "Improving Oversight of Federal Grantmaking."

In providing these recommendations the program office will take into consideration the following additional factors(s):

- Geographic distribution
- Non-duplication of or overlap with existing interventions
- Variety in of any of the following: priority areas addressed, interventions, intended audience, settings, and delivery mechanisms or location
- Technical components in the evaluation design or intervention resulting in an unacceptable risk of meeting proposed project objectives.
- Alignment with HHS and OASH priorities

4. Review of Risk Posed by Applicant

Before issuing any award, GAM evaluates each recommended application for risks in accordance with 2 C.F.R. § 200.206. This evaluation may incorporate results of the evaluation for eligibility or of the quality of an application.

Risk Factors Considered

We will use a risk-based approach and may consider any items such as the following:

- a. Your financial stability;
- b. Quality of management systems and ability to meet the management standards prescribed in 2 C.F.R. part 200;
- c. History of performance. Your record in managing Federal awards, if you are a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
- d. Reports and findings from audits performed; and
- e. Your ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

Also, prior to making a Federal award with a total Federal share greater than the simplified acquisition threshold (currently \$250,000), GAM must review and consider any information about you that is in the designated integrity and performance system accessible through the System for Award Management (SAM) (formerly the Federal Awardee Performance and Integrity Information System (FAPIIS)).

If you are a prior Federal award recipient, the information in the system must, at a minimum, “demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics.” 2 C.F.R. § 300; see also 2 C.F.R. §200.206. You have the option to review information in SAM and comment on any information about your organization that a Federal awarding agency previously entered and is currently available through SAM.

GAM will consider any comments by you, in addition to the other information in the designated system, in making a judgment about your integrity, business ethics, and record of performance under Federal awards.

Risk Review Outcomes

If GAM does not make an award to you because we determine that your organization does not meet either or both of the minimum qualification standards as described in [2 C.F.R. § 200.206](#), we must report that determination to SAM.gov, if certain conditions apply. See [2 C.F.R. § Part 300](#).

If GAM determines that a federal award will be made, specific conditions that correspond to the degree of risk assessed will be applied to the Federal award. Such conditions may include additional programmatic or financial reporting or releasing funds on a reimbursable rather than cash advance basis.

Funding Priorities

A funding priority adds points to merit review scores if we determine that the application meets the listed criteria. Qualifying for a funding priority does not guarantee that your application will be successful.

Priority 1: Not currently funded by this opportunity (2 Points)

We will give you a funding priority if:

Your organization does not hold an active award under this opportunity at the time you apply.

Priority 2: Never funded by this opportunity (2 Points)

We will give you a funding priority if:

Your organization has never received an award under this opportunity.

H. AWARD NOTICES

Upon completion of risk analysis and concurrence of the GMO, GAM will issue Notices of Award (NOAs). No award decision is final until the GMO issues a NOA. All award decisions, including the level of funding, if an award is made, are final and you may not appeal.

We are not obligated to make any federal award as a result of this NOFO. If we make awards, the awards may be for periods shorter than indicated. Only the GMO can bind the federal government to the expenditure of funds.

Funded Applications

If you are successful, you will receive official notice of your award with a Notice of Award (NOA) via a system notification from our grants management system (Grant Solutions) and/or via e-mail. The NOA includes the amount awarded for the specified budget period, the purpose(s) of the award, the anticipated length of the period of performance, terms and conditions of the award, and the amount of cost share or matching, if applicable.

If you receive an NOA, we strongly encourage you to read the entire document to ensure your organization's information is correct and that you understand all terms and conditions. You should pay specific attention to the terms and conditions, as some may require a time-limited response. The NOA will also identify the Grants Management Specialist (GMS) and Federal Project Officer (FPO) assigned to the award for assistance and monitoring. The GMS and FPO will work as a team. Any questions or concerns during the project should be communicated to both the GMS and FPO.

Pre-award costs are not allowed. If you begin a project prior to receiving a NOA or the project period start date on the NOA, you incur costs at your own risk. We will disallow the costs and will not approve them retroactively.

We intend to award funds as much in advance of the anticipated project start date (See Overview, page 1) as practicable, with a goal of 10-15 days. Note this is an estimated start date and award announcements may be made at a later date and with a later period of performance start date.

Unfunded Applications

If you are unsuccessful or your application was disqualified, OASH will notify you by email and/or letter. If the merit review panel reviewed your application, you may receive summary comments pertaining to the application resulting from the review process. We do not release application scores.

You may receive a letter indicating that your application was "approved, but unfunded" (ABU). This does not mean you will receive an award or funding. Applications designated ABU are kept active for up to 12 months. During that time, a program office may consider an ABU application for award should funds become available. However, an ABU status does not guarantee that we will fund your project.

We will not transfer an ABU application for consideration under a new NOFO. You would have the option to resubmit your application, with any updated material, for consideration under that new NOFO.

I. AWARD REQUIREMENTS AND ADMINISTRATION

The following subsections describe the administrative requirements and the terms and conditions that will apply to any award you might receive under this NOFO. As of October 1, 2025, HHS has adopted 2 CFR Part 200, with some modifications included in 2 CFR Part 300. These regulations replace those in 45 CFR Part 75.

1. Administrative and National Policy Requirements

a. Recipient Responsibilities

You will have the full responsibility for the conduct of the approved project or activity and for adherence to all award terms and conditions, statutory, regulatory, or policy requirements applicable to grants and cooperative agreements. The approved project or activity is the project described in your application subject to any OASH GMO approved amendments. Approval of the project does not waive or negate any statutory, regulatory, or policy requirements applicable to grants and cooperative agreements.

You will be encouraged to seek the advice and opinion of the federal project officer and grants management specialist on special problems that may arise. Such advice does not diminish your responsibility for making sound programmatic and administrative judgments and does not imply that the responsibility for operating decisions has shifted to HHS, OASH, or the program office.

b. Accepting an Award

You accept an award and its terms and conditions by drawing or otherwise obtaining funds for the award from the grant payment system. By accepting an award, you agree to comply with the applicable federal requirements for grants and cooperative agreements, including those in the SAM registration certifications and representations, and to the prudent management of all expenditures and actions affecting the award, including the monitoring of any subrecipients.

You must comply with all terms, conditions, and requirements outlined in the Notice of Award, including: award policy terms and conditions contained in the HHS [Grant Policy Statement](#) (GPS), and its subsequent updates, all requirements imposed by program statutes and regulations, Executive Orders, and HHS grant administration regulations; and requirements or limitations in any applicable appropriations acts.

c. Scope of the Award and Prior Approvals

You may only use award funds to support activities in your funded project. HHS GPS Section II and 2 CFR §200.308 describe the aspects of your funded project that will require prior approval from the OASH GMO for any changes. Some of the award modifications to an approved project that will require prior GMO approval include:

- a change in the scope or the objective(s) of the project (even if there is no associated budget revision, such as reduction in services, closing of service or program site(s)).
- significant budget revisions, including changes in the approved cost-sharing or matching;
- a change in a key person(s) specified in your application;

- reduction in time devoted to the project by the approved PD/PI, either as percentage of full-time equivalent of 25% or more or absence for 3 months or more; or
- the transferring of any work to another entity or individual through contract, subaward, or other means that differs from described in the awarded proposal.

d. Alignment with HHS Priorities

As applicable here, recipients must use funds awarded under this NOFO to implement program goals or agency priorities in accordance with the HHS' vision, mission, core values, and strategic priorities, where authorized by law.

Funded activities must advance HHS's vision of protecting and improving the health and well-being of Americans. The particular focus is on those who are medically underserved, medically vulnerable, or live in areas with limited access to care. HHS's duty is to serve wisely, effectively, and with measurable results that justify every taxpayer dollar invested.

In carrying out any project funded under this NOFO, the recipient must adhere to the HHS priorities (available at <https://www.hhs.gov/about/priorities/index.html>), where they are consistent with the authority and scope of the award and its activities.

HHS will implement these priorities consistent with applicable laws, regulations, court orders, and any required procedures.

The recipient must demonstrate ongoing compliance with these priorities, in all programs that are authorized to advance them, through program design, implementation, reporting, and evaluation.

e. Applicable Termination Provisions

If you receive an award, HHS may terminate it if any of the conditions in [2 C.F.R. §§ 200.340\(a\)\(1\)-\(4\)](#) are met.

f. Discretionary Awards Terms

All activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations, and applicable judicial holdings. Accordingly, discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate: racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation; denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic; illegal immigration; or any other initiatives that compromise public safety. If an application does not align, the application will not receive funding to the extent permitted by law and applicable court orders.

2. Program Specific Terms and Conditions

We may include on any awards made under this opportunity the following as special terms and requirements.

a. Paperwork Reduction Act Clearance Packages

Any collection of information you conduct as defined in 5 C.F.R. § 1320.3(c) may require OMB clearance under the Paperwork Reduction Act (PRA) if it is a requirement of your award to collect that information. You would be responsible for preparing the clearance package necessary to obtain PRA clearance and submitting it to the project officer. The project officer will assist in the submission of the package to OMB and notify you when the approval has been received or request additional information.

3. Award Closeout

When the award expires, you must submit within 120 days all necessary documentation to closeout your award. If we do not receive acceptable final performance, financial, and property reports in a timely fashion and we determine that closeout cannot be completed with your cooperation, we must complete a unilateral closeout with the information available to us ([2 C.F.R. § 200.344](#)). See Section F.16 for specific detail.

If you do not submit all reports within one year of the period of performance end date, we must report your material failure to comply with the terms and conditions of the award with the OMB-designated integrity and performance system. As a result, we may also determine that enforcement actions are necessary, including actions such as withholding support or a high-risk designation on an existing or future award.

4. Lobbying Prohibitions

In general, any funds from an award made under this NOFO must not be used for other than normal and recognized executive legislative relationships. See 2 C.F.R. § 200.450.

You must not use funds for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat:

- the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or
- any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

You must not use any funds awarded to pay the salary or expenses of any employee or subrecipient, or agent acting for you, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive Order proposed or pending.

5. Non-Discrimination Requirements

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance ([HHS-690](#)). To learn more, see the [HHS Office for Civil Rights website](#).

6. Smoke- and Tobacco-free Workplace

We strongly encourage all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. This is consistent with the HHS mission to protect and advance the physical and mental health of the American people.

7. Acknowledgement of Funding

Each year's annual appropriation requires that when issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all organizations receiving Federal funds, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state— (1) the percentage of the total costs of the program or project which will be financed with Federal money; (2) the dollar amount of Federal funds for the project or program; and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

You must also acknowledge Federal support in any publication you develop using funds awarded under this program, with language such as:

This [project/publication/program/website, etc.] was supported by [Award Number] issued by the Office of the Assistant Secretary for Health of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funded by Organization Name.

You must also include a disclaimer stating the following:

The contents are solely the responsibility of the author(s) and do not necessarily represent the official views of, nor an endorsement by, Organization Name, OASH, HHS, or the U.S. Government. For more information, please visit [Organization Name website, if available].

8. HHS Rights to Materials and Data

All publications you develop or purchase with funds awarded under this announcement must adhere to the requirements of the program. You own the copyright for materials that you develop under an award, and pursuant to 2 C.F.R. § 200, the HHS awarding agency reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so.

In addition, pursuant to 2 C.F.R. § 200, the federal government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes.

9. Trafficking in Persons

Awards are subject to the requirements of Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended ([22 U.S.C. § 7104](#)).

10. Efficient Spending

Awards will be subject to the [HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items, and Printing and Publications](#).

11. Whistleblower Protection

Awards will include a term and condition that applies the terms of [2 C.F.R. § 200.217](#) to the award, and requires that you inform your employees in writing of employee whistleblower rights and protections under 41 U.S.C. § 4712 in the predominant native language of the workforce.

12. Health Information Technology (IT) Interoperability

Health information technology is defined in Section 3000 of the Public Health Service Act (42 U.S.C. § 300jj). HHS has substantially adopted and codified that definition at [45 C.F.R. § 170.102](#). The regulation defines health information technology as hardware, software, integrated technologies or related licenses, IP, upgrades, or packaged solutions sold as services that are designed for or support the use by health care entities or patients for the electronic creation, maintenance, access, or exchange of health information.

If you receive an award that involves:

- a. implementing, acquiring, or upgrading health IT for activities, you are required to utilize health IT that meets standards and implementation specifications adopted in [45 C.F.R. part 170, Subpart B](#), if such standards and implementation specifications can support the activity.
- b. implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Section 4101, 4102, and 4201 of the [HITECH Act](#), you are required to utilize health IT certified under the Office of the HHS Office of the National Coordinator for Health Information technology (ONC) Health IT Certification Program, if certified technology can support the activity. See <https://www.healthit.gov/topic/certification-ehrs/certification-health-it>.

If standards and implementation specifications adopted in [45 CFR Part 170, Subpart B](#) cannot support the activity, recipients and subrecipients are encouraged to utilize health IT that meets non-proprietary standards and implementation specifications developed by consensus-based

standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at <https://www.healthit.gov/isa/>.

13. Certain telecommunications and video surveillance services or equipment

As described in [2 C.F.R. 200.216](#), recipients and subrecipients are prohibited from obligating or spending grant funds (to include direct and indirect expenditures as well as cost share and program) to:

- a. Procure or obtain;
- b. Extend or renew a contract to procure or obtain; or
- c. Enter into a contract (or extend or renew a contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
 1. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
 2. Telecommunications or video surveillance services provided by such entities or using such equipment.
 3. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country.

14. Human Subjects Protection

Federal regulations ([45 C.F.R. part 46](#)) require that applications and proposals involving human subjects be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, you must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in [45 C.F.R. part 46](#). Additional information is available on the [Office of Human Research Protections](#) website. This includes a series of [decision charts](#) to help assess whether an activity is human subjects research covered by the regulation and when an exemption may apply.

OASH requires, as part of any award involving human subjects, that recipients submit copies of all IRB approvals (not full protocols), or documentation of exemption determinations, within 5

days of the IRB approving the research or documentation of the specific exemption applied. Recipients must receive IRB approval or determine an exemption is applicable before any human subjects research begins.

15. Research Integrity

Federal regulations require that an applicant for or recipient of Public Health Service support for biomedical or behavioral research, biomedical or behavioral research training, or activities related to that research or research training must comply with the Public Health Service Policies on Research Misconduct in [42 C.F.R. part 93](#). Compliance includes having written policies and procedures for addressing allegations of research misconduct that meet the requirements of part 93, unless exempt; responding to each allegation of research misconduct for which the applicant or recipient is responsible under part 93 in a thorough, competent, objective, and fair manner; fostering a research environment that promotes the responsible conduct of research and discourages research misconduct; and maintaining an active assurance. More information about assurances is available in [42 CFR Part 93 Subpart C](#) and on the Office of Research Integrity [assurance program](#) website.

16. Reporting

Recipients must report on project progress (2 C.F.R. § 200.329) and financial status (2 C.F.R. § 200.328) during the course of the project. At the end of the project, acceptable final progress and financial reports are a requirement of the award closeout process. Failure to provide final progress or financial reports on any HHS award may affect decisions on future new or continuation funding.

a. Performance Project Reports (PPR)

Performance Project Reports (PPR)

You must submit periodic performance project reports on a semi-annual basis via the Performance Project Report (PPR) module in GrantSolutions. We must receive the PPR by the due date included in the terms and conditions on the NOA. PPRs must address the content required by 2 C.F.R. § 200.329. The program office may provide additional guidance on the content of the progress report.

At the end of the project, you must submit a final performance report covering the entire period of performance no later than 120 days after the end of the period of performance. The program office may provide additional guidance on the content of the final report, which you must submit in the PPR module.

Project Performance and Continuation Awards

For projects with multiple budget periods anticipated, you will be required each year of the approved period of performance to submit in addition to your PPRs, a noncompeting continuation application. This application will include a summary of progress the last PPR, an updated work plan, and a budget package (SF-424A, narrative, and justification) for the

upcoming budget period. Specific guidance will be provided via Grant Solutions well in advance of the application due date.

For the optional competitive additional year of funding intended to transition successful projects to sustainability, application guidance and review criteria will be provided during the final year of the period of performance.

We will award continuation funding based on availability of funds, satisfactory progress of the project, grants management compliance, including timely reporting, and continued best interests of the government. Progress is assessed relative to meeting the goals, objectives, and outcomes in the approved, funded project as described in the approved application and other supporting documents.

Performance Measures

OPA requires the recipient to submit performance measures each year on a semi-annual Basis (OMB #0937-0213, Expiration July 31, 2026, renewal pending see [Appendix B – TPP Performance Measures](#)).

b. Financial Reports

You must submit quarterly Federal Financial Reports (FFR) (SF-425). Your specific reporting schedule will be issued as a condition of award. Typically, we align the FFR reporting periods with the quarters of the federal fiscal year. FFRs are cumulative and due 30 days after the end of each reporting period or more specifically for the:

Quarter ending September 30, your FFR is due October 30

Quarter ending December 31, your FFR is due January 30

Quarter ending March 30, your FFR is due April 30

Quarter ending June 30, your FFR is due July 30.

In lieu of the last quarterly FFR, you will also be required to submit a final FFR covering the entire award 120 days after the end of the period of performance. You must submit FFRs via HHS Payment Management System (PMS) (<https://pms.psc.gov>).

Once submitted and accepted, your financial report data will be available in GrantSolutions, which is our grant management system.

c. Audits

If your organization expends \$1,000,000 or greater in federal funds, it must undergo an independent audit in accordance with [2 C.F.R. § 200.501](#), often referred to as the Single Audit requirement.

d. Reporting of Matters Relating to Recipient Integrity and Performance

If the total value of your currently active grants, cooperative agreements, and procurement contracts from all Federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this Federal award, then you must maintain the currency of information reported to SAM.gov that is made available in the designated integrity and

performance system (currently FAPIIS) about civil, criminal, or administrative proceedings described in 2 C.F.R. part 200. This is a statutory requirement (41 U.S.C. § 2313).

All information posted in the designated integrity and performance system will be publicly available. For more information about this reporting requirement related to recipient integrity and performance matters, see [Appendix XII to 2 C.F.R. part 200](#).

e. Other Required Notifications

Before you enter into a covered transaction at the primary tier, in accordance with [2 C.F.R. § 180.335](#), you as the [participant](#) must notify OASH, if you know that you or any of the principals for that covered transaction:

- Are presently excluded or disqualified;
- Have been convicted within the preceding three years of any of the offenses listed in [2 C.F.R. § 180.800\(a\)](#) or had a civil judgment rendered against you for one of those offenses within that time period;
- Are presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses listed in [2 C.F.R. § 180.800\(a\)](#); or
- Have had one or more public transactions (Federal, State, or local) terminated within the preceding three years for cause or default.

At any time after you enter into a covered transaction, in accordance with [2 C.F.R. § 180.350](#), you must give immediate written notice to OASH if you learn either that—

- You failed to disclose information earlier, as required by [2 C.F.R. § 180.335](#); or
- Due to changed circumstances, you or any of the principals for the transaction now meet any of the criteria in [2 C.F.R. § 180.335](#).

J. CONTACTS

Administrative and Budgetary Requirements

For information related to administrative and budgetary requirements, contact the HHS/OASH grants management specialist listed below.

Eric West
OASH Grants and Acquisitions Management
Email: eric.west@hhs.gov

Program Requirements

For information on program requirements, please contact the program office representative listed below.

Jaclyn Ruiz
Office of Population Affairs

Phone: 240-453-8134

Email: Jaclyn.Ruiz@hhs.gov

Grants.gov Support

For information or assistance on submitting your application electronically via Grants.gov, contact Grants.gov directly. Assistance is available 24 hours a day, 7 days per week.

GRANTS.GOV Applicant Support

Website: <https://www.grants.gov>

Phone: 1-800-518-4726

Email: support@grants.gov

SAM.gov Registration Support

For information or assistance on registering with SAM.gov, contact the General Services Administration (GSA) Federal Service Desk (FSD) Monday through Friday 8:00 AM to 8:00 PM Eastern at:

Website: https://www.fsd.gov/gsafsd_sp (Live Chat option available)

U.S. Phone: 866-606-8220

International Phone: +1 334-206-7828

K. OTHER INFORMATION

1. Application Checklist

The below is a summary listing of all the application elements required for this funding opportunity.

Application Checklist	
	SAM.gov Registration/Renewal – start as soon as possible (recommended minimum of 6-8 weeks prior to submission deadline)
	Grants.gov Registration (recommended minimum of 6-8 weeks prior to submission deadline)
	Application for Federal Assistance (SF-424)
	Budget Information for Non-construction Programs (SF-424A)
	Disclosure of Lobbying Activities (SF-LLL)
	Project Abstract Summary , including any responsiveness criteria (Section F.1.a)
	Project Narrative – Submit all Project Narrative content (Section E.2.a) as a single acceptable file (Section F.3.a).
	Project Narrative Appendices – Submit all Appendix content (Section E.2.b) as a single acceptable file (Section F.3.a).
	Budget Package – Submit all Budget Package content (Section E.2.c) as a single acceptable file (Section F.3.a). Note SF-424A is not included in the package and should be uploaded with the standard forms. Must include documentation of any cost-share or matching proposed regardless of whether it is voluntary or mandatory. (Section A.3)
	Other Submission Requirements (Section F.4).

2. Acronyms

ABU	Approved, but Unfunded
FAPIS	Federal Awardee Performance and Integrity Information System
FFATA	Federal Financial Accountability and Transparency Act
FFR	Federal Financial Report (SF-425)
FSD	Federal Service Desk (GSA)
FSRS	FFATA Subaward Reporting System
GAM	Grants and Acquisitions Management Division
GMO	Grants Management Officer
GMS	Grants Management Specialist
GPS	Grants Policy Statement
GSA	General Services Administration
HHS	Department of Health and Human Services
IRB	Institutional Review Board
MDE	Minimum Detectable Effect
MTDC	Modified Total Direct Costs
NCC	Non-competing Continuation
NOA	Notice of Award
NOFO	Notice of Funding Opportunity
OASH	Office of the Assistant Secretary for Health
OMB	Office of Management and Budget
PD/PI	Project Director/Principal Investigator
PHS	Public Health Service
PPR	Performance Project Report
QED	Quasi-Experimental Designs
RCT	Randomized control trials
RDD	Regression discontinuity design
SF	Standard Form
SPOC	State Single Point of Contact

3. Glossary

Age appropriate content assures that topics and themes are appropriate for the age group and other specific characteristics of the target audience. All program content must be suitable for the developmental stage of the intended audience and support healthy, informed decision-making, including promoting delayed sexual initiation as a behavior associated with reduced teen pregnancy.

Body literacy is the ability to understand how the body functions in a state of health, including knowledge of reproductive anatomy, physiology, and hormonal patterns, and to interpret biological signals to support informed decision-making, self-awareness, and long-term physical, mental, and reproductive well-being.

Core components are the key ingredients of an intervention or its implementation determined by the developer to be the key ingredients related to achieving the outcomes.

Fidelity is the degree to which an implementer adheres to the core components of an evidence-based program.

Dosage is the amount of an intervention received by a participant, such as by attendance records.

Counterfactual is the comparison or control group(s) in the rigorous impact evaluation which provides a contrast to the treatment or intervention group; the comparison group within the study does not receive the treatment intervention.

Effectiveness Studies examine effectiveness of an intervention under routine practice or circumstances that would typically prevail in the target context. “Typical” circumstance means that implementation should be similar to what would occur outside of a study and that there is no more substantial developer or technical assistance support than in normal implementation.

Efficacy Studies allow for testing of an intervention under “ideal” circumstances. For example, these conditions may include more implementation support or more highly trained personnel than would be expected under routine practice, or in contexts that include a more homogenous sample of participants than is typical. Additionally, efficacy studies often including a higher level of support or developer involvement (if applicable) than would be the case under normal circumstances.

Fit is how well a program matches, or is appropriate for, the community, organization, stakeholders, and potential participants (i.e., youth, parents).

Formative Evaluation test different elements of the intervention and its implementation. This can occur during the program development. Primary goal of the formative evaluation is to develop, test, and learn about the intervention before rigorous impact evaluation.

Impact Evaluation is designed to measure the impact of an intervention on a specific outcome. Impact evaluations generate evidence of efficacy or effectiveness of a fully developed intervention by providing estimates of the intervention's ability to achieve its intended outcomes. A rigorous impact evaluation is designed to test the intervention against a comparison condition (the counterfactual) in a credible and valid manner.

Implementation Evaluation is research that seeks to assess the implementation of the intervention to answer questions about what was implemented and how and why an intervention works. Implementation factors include fidelity, dosage, quality, responsiveness, acceptability, feasibility, and context, among others.

Independent Evaluator is the person(s) responsible for planning and conducting the evaluation. An independent evaluator has no pre-existing financial interest to the applicant (PI) or the intervention and has no conflicts of interest (such as but not limited to, being a relative of the proposed PI or having a financial stake in the intervention or its publisher/vendor).

Interrupted time series is a specific quasi experimental design approach used for evaluating causal effects of interventions. Under this approach researchers obtain multiple observations prior to the intervention to establish a baseline. Researchers obtain multiple observations after the intervention. The research demonstrates effects when the observations after the intervention deviate from expectations derived from baseline projections.

Intention to Treat (ITT) is an analysis of the impact of the offer of the program upon the outcome(s) of interest. In other words, the treatment group contains all participants randomized to receive the intervention, whether they actually participated in the programming/services.

Key Personnel includes those individuals who are essential to the project because of specialized training, skills, or expertise. This also includes those who will oversee the technical, professional, managerial, and support functions and/or assume responsibility for assuring the validity and quality of the project. This does not include individuals who provide routine administrative support to the project as part of their broader support of the organization.

Medically accurate materials and instruction are expected to be grounded in current, evidence-based scientific and clinical knowledge, and be within the scope of TPP statutory requirements to prevent teenage pregnancy. When materials provide information on widely prescribed medications for sexual and reproductive health, for example, the information should reference potential health risks to support minors and their parents or guardians in informed decision-making, which may include a desire to consult with their healthcare provider.

Optimal health is a dynamic balance of physical, emotional social, spiritual and intellectual well-being, and not merely the absence of disease or dysfunction. It reflects the highest level of health an individual can achieve and is supported by knowledge, skills, and behaviors that promote resilience, functioning, and long-term well-being across the lifespan.

Parent, for the purpose of this NOFO, refers to the main adult who takes care of an adolescent's basic needs, like food and safety. This can include biological parents, relatives like grandparents, aunts, uncles, or siblings, and nonbiological parents such as adoptive, foster, or stepparents. "Parents" play an important role in raising adolescents and helping them grow emotionally and socially through their daily interactions.

Preliminary evidence is data from studies such as formative or implementation evaluation that suggest the innovation could have an impact on the specific behavioral outcomes of interest.

Propensity score matching is a statistical matching approach that is sometimes employed in quasi-experimental design studies for the purposes of developing a comparison group. This approach is based on a predicted probability of group membership (e.g., intervention vs. control) using measured characteristics of study units as predictors. The predicted probabilities obtained from logistic regression.

Project Merit shows that the intervention is needed by the population/community, the recipients liked the innovation, the innovation is a good fit for the population, and there is community support for the innovation.

Quasi-Experimental Design (QED) is a design that forms a counterfactual group by means other than random assignment. Researchers use this approach for comparing observed changes in the treatment group with a comparison group (as a counterfactual representing an absence of intervention) to assess and estimate the impact of the program on participants. However, groups formed in these designs typically differ for reasons other than chance, and these differences may influence the impact estimate. There are different types of approaches used in quasi-experimental designs such as those using Propensity Score Matching (PSM), Regression Discontinuity, Interrupted Time Series (ITS) and others.

Randomized Control Trial (RCT) is an experimental design study that assigns program participants to two distinct groups (at random): the treatment group, which receives program services, and the control group, which does not. The control group is the "counterfactual," representing the condition in which the program or intervention is absent. Random assignment ensures that the treatment and control groups are initially similar and do not differ on background characteristics or other factors. Random assignment, thus, creates an evaluation design where any observed differences between the two groups after the program intervention takes place can be attributed to the intervention with a high degree of confidence.

Random assignment is process that uses randomly generated numbers or other approaches to assign study units to groups in ways that are unaffected by the characteristics of the study units. With random assignment, any differences between the groups at pre-test can be attributed only to chance. The use, or lack of use, of this process differentiates experimental designs from non-experimental designs.

Rigorous impact evaluation is either a randomized control trial (RCT) or a quasi-experimental design (QED) with counterfactual condition; the most robust possible design that is feasible for the intervention.

Regression discontinuity design (RDD) is a specific quasi experimental design approach that is used for evaluating causal effects of interventions. Under this approach, assignment to a treatment is determined at least partly by the value of an observed covariate lying on either side of a fixed threshold. The intervention and control group are formed using a well-defined cutoff score. The group below the cutoff score receives the intervention and the group above does not, or vice versa. For example, if students are selected for a program based on test scores, those just above the score and just below the score are expected to be very similar except for participation in the program and can be compared with each other to determine the program's impact.

Statistically significant is when a result has statistical significance and is very unlikely to have occurred given the null hypothesis (no relationship between two measured phenomena) or by chance. Typically, statistical significance is measured at the $p < .05$ level.

Theory of Change is an ongoing process of reflection to explore change and how it happens, as well as what that means for a particulate intervention, in a particular context, sector, and/or group of people.

Treatment Group is the group affected by or receiving the intervention in a rigorous evaluation study.

Treatment on Treated (TOT) is an analysis that assesses the impact of actual program participation upon the outcome(s) of interest.

4. Object Class Descriptions and Required Justifications

Personnel

Description

Includes costs of employee salaries and wages, excluding benefits.

Does NOT include consultants, subrecipient personnel costs, personnel costs outside of your organization. [2 C.F.R. § 200.459.](#)

Justification

Clearly identify the PD/PI, if known. Provide a separate table for personnel costs detailing for each proposed staff person: the title; full name (if known at time of application), time commitment to the project as a percentage or full-time equivalent; annual salary and/or annual wage rate; federally funded award salary; non-federal award salary, if applicable; and total salary.

No salary rate may exceed the statutory limitation in effect at the time you submit your application (see E.2.c.2).

Sample Personnel Table					
Position Title and Full Name	Percent Time	Annual Salary	Federally-Funded Salary	Non-Federal Salary	Total Project Salary
Project Director, John K. Doe	50%	\$100,000	\$50,000	\$0	\$50,000
Data Assistant, Susan R. Smith	10%	\$30,000		\$3,000	\$3,000

Fringe Benefits

Description

Includes costs of personnel fringe benefits, unless treated as part of an approved indirect cost rate.

Justification

Provide a breakdown of the amounts and percentages that comprise fringe benefit costs such as health insurance, Federal Insurance Contributions Act (FICA) taxes, retirement insurance, and taxes.

Travel

Description

Includes costs of travel by staff of the applicant organization only.

Does NOT include travel costs for subrecipients or contractors under this object class.

Justification

For each trip proposed for your organization employees only, show the date of the proposed travel, total number of traveler(s); travel destination; duration of trip; per diem; mileage allowances, if privately owned vehicles will be used; and other transportation costs and subsistence allowances.

Equipment

Description

Includes tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost that equals or exceeds the lesser of the capitalization level established by the recipient or subrecipient for financial statement purposes, or \$10,000 (([2 C.F.R. § 200.1](#) and § [200.313\(e\)](#)).

Acquisition cost means the cost of the asset including the cost to ready the asset for its intended use. Acquisition cost for equipment, for example, means the net invoice price of the

equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Acquisition costs for software includes those development costs capitalized in accordance with generally accepted accounting principles (GAAP). Ancillary charges, such as taxes, duty, protective in transit insurance, freight, and installation may be included in or excluded from the acquisition cost in accordance with the non-Federal entity's regular accounting practices.

Justification

For each type of equipment requested you must provide a description of the equipment; the cost per unit; the number of units; the total cost; and a plan for use of the equipment in the project; AND a plan for the use, and/or disposal of, the equipment after the project ends.

If your organization uses its own definition for equipment you should include in the budget narrative a copy of the policy, or section of your policy, that includes the equipment definition. Reference the policy in your justification. Do not include this policy in your appendices.

Supplies

Description

Includes costs of all tangible personal property other than those included under the Equipment category. This includes office and other consumable supplies with a per-unit cost of less than \$10,000 ([2 C.F.R. § 200.1](#)).

Justification

Specify general categories of supplies and their costs. Show computations and provide other information that supports the amount requested.

Contractual

Description

Includes costs of all contracts or subawards for services and goods except for those that belong under other categories such as equipment, supplies, construction, etc.

Include third-party evaluation contracts, if applicable, and contracts or subawards with subrecipient organizations (with budget detail), including delegate agencies and specific project(s) and/or businesses to be financed by the applicant.

This line item is not for individual consultants.

Justification

Demonstrate that all procurement transactions will be conducted in a manner to provide, to the maximum extent practical, open, and free competition. Recipients and subrecipients are

required to use [2 C.F.R. § 200.320](#) procedures and must justify any anticipated procurement action that is expected to be awarded without competition and exceeds the simplified acquisition threshold fixed by [FAR 2.101](#) and currently set at \$250,000. In some cases, OASH may require recipients make pre-award review and procurement documents, such as requests for proposals or invitations for bids, independent cost estimates, etc., available. Any proposal for awarding fixed amount subawards is subject to [2 C.F.R. § 200.333](#) and will require detailed justification to support the fixed award amount.

Transferring a substantive part of the project effort to another entity (including non-employee individuals) through contract or other mechanism requires a detailed budget and budget narrative for each subrecipient, by title or name, along with the same supporting information referred to in these instructions. If you plan to select the subrecipients post-award and a detailed budget is not available at the time of application, you must provide information on the nature of the work to be transferred, the estimated costs, and the process for selecting the subrecipient.

Other

Description

Includes such costs as, where applicable and appropriate,

- consultants;
- insurance;
- professional services (including audit charges);
- space and equipment rent;
- printing and publication;
- training, such as tuition and stipends;
- participant support costs including incentives,
- staff development costs; and
- any other costs not addressed elsewhere in the budget.

Do not include costs covered by your negotiated indirect cost rate.

Justification

Provide computations, a narrative description, and a justification for each cost under this category.

Indirect Costs

Description

Calculate your indirect costs based on a percentage of your modified total direct costs (MTDC)([2 C.F.R. § 200.1](#)).

There are two methods. You must clearly identify the rate you used in your submitted budget.

Negotiated Indirect Cost Rate

If you have an approved negotiated indirect cost rate from the Department of Health and Human Services (HHS) or another cognizant federal agency, you should apply that negotiated rate. You should enclose a copy of the current approved rate agreement in your Budget package file.

If you request a rate that is less than allowed, your authorized representative must submit a signed acknowledgement that you are accepting a lower rate than allowed. This should be an explicit statement that you are accepting a lower rate than is allowed and specify what the lower rate is.

De minimis Rate (2 C.F.R. § 200.414(f))

If you do not have a current Federal negotiated indirect cost rate (including provisional rate) you “may elect to charge a de minimis rate of up to 15 percent of modified total direct costs (MTDC).” (2 C.F.R. § 200.414(f).) You may “determine the appropriate rate up to this limit. . . . When applying the de minimis rate, costs must be consistently charged as either direct or indirect costs and may not be double charged or inconsistently charged as both.” (2 C.F.R. § 200.414(f).) If you elect to use the de minimis rate, you must use the de minimis rate for all Federal awards until you choose to receive a negotiated rate.

Indirect costs for training are limited to a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of \$50,000 (45 C.F.R. § 75.414 (c)(1)(i)).

Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$50,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs, and the portion of each subaward in excess of \$50,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs (2 C.F.R. § 200.1).

Justification

Provide the calculation for your indirect costs total, i.e., show each line item included in the base, the total of these lines, and the application of the indirect rate. If you have multiple approved rates, indicate which rate as described in your approved agreement is being applied and why that rate is being used. For example, if you have both on-campus and off-campus rates, identify which is being used and why.

Program Income

Description

Program income means gross income earned by your organization that is directly generated by an awarded project except as provided in 2 C.F.R. § 200.307. Program income includes but is not limited to income from fees for services performed or the use or rental of real or personal property acquired under the award.

Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulations, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them. See also [2 C.F.R. § 200.307](#) and [35 U.S.C. § 200-212](#) (applies to inventions made under Federal awards).

Justification

Describe and estimate the sources and amounts of program income that this project may generate. All program income generated as a result of awarded funds must be used within the scope of the approved project-related activities.

Any program income earned must be used under the addition or additive method unless otherwise specified in Section E.2. These funds should not be added to your budget, unless you are using the funds as cost sharing or matching, if applicable. This amount should be reflected in box 7 of the SF-424A.

Non-Federal Resources (Cost Share or Match)

Description

Amounts of non-federal resources that will be used to support the project as identified in box 18 of the SF-424. For all federal awards, any shared costs or matching funds and all contributions, including cash and third-party in-kind contributions, must be accepted as part of the recipient's cost sharing or matching when such contributions meet all of the criteria listed in [2 C.F.R. § 200.306](#).

For awards that require matching by statute, you will be held accountable for projected commitments of non-federal resources in your application budgets and budget justifications by budget period even if the justification exceeds the amount required.

For awards resulting from an application where you voluntarily propose cost sharing, we will include this voluntary cost sharing in the approved project budget, and you will be held accountable for it as shown in the Notice of Award (NOA).

Failure to meet a cost sharing or matching obligation that is part of the approved project budget on the NOA may result in the disallowance of federal funds.

If you are funded, you must report cost sharing or matching funds on your quarterly Federal Financial Reports.

Justification

You must provide detailed budget information in your budget narrative (not your appendices) for every funding source identified in box 18. "Estimated Funding (\$)" on the SF-424.

You must fully identify and document the specific costs or contributions you propose as part of your required or voluntary cost sharing requirement. You must provide documentation in your application on the sources of funding or contribution(s).

For in-kind contributions, you must include how the stated valuation was determined. Matching or cost sharing must be documented by budget period.

Unrecovered indirect costs may be included as part of your cost sharing or matching only with prior approval of the grants management officer. Your budget narrative must clearly state that it is your intent to include unrecovered indirect costs as part of your cost sharing or matching. You should include in your budget narrative a copy of your negotiated cost rate to support the justification. Unrecovered indirect cost means the difference between the amount charged to the Federal award and the amount which could have been charged to the Federal award under your approved negotiated indirect cost rate. (See [2 C.F.R. § 200.306\(c\)](#)).

If your application does not include the required supporting documentation for required or voluntary cost-sharing or matching, it will be disqualified from competitive review (Section G.1.b).

5. Considerations in Recipient Plans for Oversight of Federal Funds

(See also Section E.3.b.3)

To the maximum extent possible, a recipient organization should segregate responsibilities for receipt and custody of cash and other assets; maintaining accounting records on the assets; and authorizing transactions. In the case of payroll activities, the organization, where possible, should segregate the timekeeping, payroll preparation, payroll approval, and payment functions.

Questions for consideration in developing your plan may include:

- Do the written internal controls provide for the segregation of responsibilities to provide an adequate system of checks and balances?
- Are specific officials designated to approve payrolls and other major transactions
- Does the time and accounting system track effort by cost objective?
- Are time distribution records maintained for all employees when his/her effort cannot be specifically identified to a particular program cost objective?
- Do the procedures for cash receipts and disbursements include:
- Receipts are promptly logged in, restrictively endorsed, and deposited in an insured bank account?
- Bank statements are promptly reconciled to the accounting records, and are reconciled by someone other than the individuals handling cash, disbursements and maintaining accounting records?
- All disbursements (except petty cash or EFT disbursements) are made by pre-numbered checks?
- Supporting documents (e.g., purchase orders, Invoices, etc.) accompany checks submitted for signature and are marked "paid" or otherwise prominently noted after payments are made?

6. Financial Assistance General Certifications and Representations

When you register your organization in SAM.gov, you must complete the certifications and representations applicable to grants (i.e., federal assistance). We have provided for your reference the list of items that you are certifying when you complete this during your registration.

When your organization completes its registration (new or renewal) in SAM.gov, your organization attests that your organization:

1. Has the legal authority to apply for federal assistance and the institutional, managerial and financial capability to ensure proper planning, management, and completion of any financial assistance project covered by this Certifications and Representations document (See [2 C.F.R. § 200.113](#) Mandatory disclosures, [2 C.F.R. § 200.214](#) Suspension and debarment, OMB Guidance A- 129, "Policies for Federal Credit Programs and Non-Tax Receivables");
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives (See [2 C.F.R. § 200.302](#) Financial Management [2 C.F.R. § 200.303](#) Internal controls;
3. Will disclose in writing any potential conflict of interest to the federal awarding agency or pass through entity in accordance with applicable federal awarding agency policy (See [2 C.F.R. § 300.112](#) Conflict of interest;
4. Will comply with all limitations imposed by annual appropriation acts;
5. Will comply with the U.S. Constitution, all federal laws, and relevant Executive guidance in promoting the freedom of speech and religious liberty in the administration of federally-funded programs (See [2 C.F.R. § 200.300](#) Statutory and national policy requirements [[2 C.F.R. § 300.112](#)] and [2 C.F.R. § 200.303](#) Internal controls [[2 C.F.R. § 300](#)]);
6. Will comply with all applicable requirements of all other federal laws, executive orders, regulations, and public policies governing financial assistance awards and any federal financial assistance project covered by this certification document, including but not limited to:
 1. Trafficking Victims Protection Act (TVPA) of 2000, as amended, [22 U.S.C. § 7104\(g\)](#);
 2. Drug Free Workplace, [41 U.S.C. § 8103](#);
 3. Protection from Retaliation of Disclosure of Certain Information, [41 U.S.C. § 4712](#);
 4. National Environmental Policy Act of 1969, as amended, [42 U.S.C. § 4321](#) et seq;
 5. Universal Identifier and System for Award Management, [2 C.F.R. part 25](#);
 6. Reporting Subaward and Executive Compensation Information, [2 C.F.R. part 170](#);
 7. OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Non-procurement), [2 C.F.R. part 180](#);
 8. Civil Actions for False Claims Act, [31 U.S.C. § 3730](#);
 9. False Claims Act, [31 U.S.C. § 3729](#), [18 U.S.C. §§ 287](#) and [1001](#);
 10. Program Fraud and Civil Remedies Act, [31 U.S.C. § 3801](#) et seq;

11. Lobbying Disclosure Act of 1995, [2 U.S.C. § 1601](#) et seq;
12. Title VI of the Civil Rights Act of 1964, [42 U.S.C. § 2000d](#) et seq;
13. Title VIII of the Civil Rights Act of 1968, [42 U.S.C. § 3601](#) et seq;
14. Title IX of the Education Amendments of 1972, as amended; [20 U.S.C. § 1681](#) et seq
15. Section 504 of the Rehabilitation Act of 1973, as amended; [29 U.S.C. § 794](#); and
16. Age Discrimination Act of 1975, as amended, [42 U.S.C. § 6101](#) et seq.

7. Protections for Healthcare Entities under Weldon and Other Conscience Protection Statutes

Under this program, HHS will not require grantees, individuals and institutions, who are covered by the Weldon Amendment to counsel or refer for abortions, notwithstanding the program's current regulations, see 42 C.F.R. 59.5(a)(5); See 86 FR 56144, 56153 (10/7/2021) (“[O]bjecting individuals and grantees will not be required to counsel or refer for abortions in the Title X program in accordance with applicable federal law. OPA has long worked with grantees and providers to ensure appropriate compliance with conscience laws”). The Weldon Amendment provides that Federal or State agencies or programs cannot subject institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions. See Consolidated Appropriations Act, 2026, H.R. 7148, Div. B., Tit. V, Section 507(d). Under Weldon, a health care entity includes an individual physician or other health care professional, a hospital, a provider sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization, or plan. For more information about whether an entity is covered by the Weldon Amendment, applicants/grantees may consult resources provided by the Office for Civil Rights, <https://www.hhs.gov/conscience/your-protections-against-discrimination-based-on-conscienceand-religion/index.html>. And if an entity believes it has been subject to discrimination under Weldon, it may file a complaint with OCR here: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

Appendix A - Criteria for Eligible TPP Effective Programs

The criteria below define the level of evaluation quality and evidence required for a program to be considered rigorously evaluated and eligible for replication under this NOFO.

Summary

Types of research designs and data used in the analysis

Studies must examine the effects of a program using quantitative data, statistical analysis, and hypothesis testing. Both randomized controlled trials and quasi-experimental impact study designs can be considered.

Timeliness of the study findings

To be eligible, programs must have at least one impact study with evidence of effectiveness from a follow-up data collection conducted within the last 15 years, calculated from the date the new findings are released.

Types of outcomes

Studies must measure program impacts on at least one measure of sexual risk behavior or its health consequences. Measures meeting this definition fall into the following domains: (1) sexual activity, including initiation of sexual activity, frequency of sexual activity, and voluntary delay or abstinence; (2) number of sexual partners; (3) STIs or HIV;⁸ (4) pregnancies; (5) parental/caregiver engagement; (6) parental/caregiver-child emotional closeness; (7) sexting; (8) substance use; and (9) pornography use.

In addition to these outcomes, studies may include the following intermediate outcome domains, which support informed decision-making and long-term health:

(10) body literacy and reproductive health knowledge, including understanding of reproductive anatomy and physiology, hormonal function, fertility, and the ability to interpret biological indicators of health (e.g., menstrual cycle phases, ovulation, and male reproductive development); and

(11) reproductive goals and future-oriented decision-making, including adolescents' ability to articulate goals related to relationships, childbearing, and family formation and to understand how current behaviors may affect those goals.

Measures within domains (10) and (11) are considered intermediate outcomes and are not sufficient on their own to demonstrate program effectiveness. To be eligible, studies must include at least one outcome from domains (1) through (9).

Most studies use self-reported measures, but biological measures of STIs and administrative data (for example, birth records) are also considered. Measures with limitations in terms of their quality or interpretation (for example, composite indices that aggregate multiple heterogeneous indicators into a single score) are excluded. Ineligible measures also include outcomes that

⁸ STI testing is an eligible outcome as long as the test is not provided as part of the intervention.

combine multiple behaviors together (e.g., sex while under the influence, or sex without consent). See “Types of Eligible Outcomes” for more details on the outcome measures that are eligible, including examples of measures in each outcome domain.

Study Quality

To meet the definition used in this NOFO for an effective program, the rigorous evaluation study supporting the effectiveness of the program must meet the criteria for either a “high” or “moderate” study quality rating as summarized in Table 1 below and described in more detail following Table 1.

Table 1. Summary of study quality ratings

Criteria category	Features of studies with the high study rating	Features of studies with the moderate study rating
Study design	Random or functionally random assignment	Random assignment design with high attrition or reassignment; Quasi-experimental design with a comparison group
Attrition	Random assignment studies that do not exceed What Works Clearinghouse standards for overall and differential attrition (cautious assumption)	Random assignment studies that exceed What Works Clearinghouse attrition standards. Attrition is not assessed in quasi-experimental designs
Baseline equivalence	Not assessed; samples are assumed to be equivalent by virtue of random assignment and low levels of sample attrition	The equivalence of the research groups is demonstrated at baseline, and systematically adjusted for in impact analyses
Reassignment	Analysis is based on original assignment to research groups	Not assessed, given the baseline equivalence requirement described below
Confounding factors	At least two subjects or groups in each research group and no systematic differences in data collection methods	At least two subjects or groups in each research group and no systematic differences in data collection methods

Note: Studies that do not achieve the high or moderate rating are given a rating of low.

Study design

The highest study quality rating is reserved for randomized controlled trials and similar studies that randomly assigned subjects to their research groups. Studies using random assignment provide the strongest evidence that differences in the outcomes between the treatment and control groups can be attributed to the program. (Designs based on functionally random assignment, such as alternating based on last name, date of birth, or certain digits of an identification number, are also eligible for this highest rating.)

Quasi-experimental designs with an external comparison group are eligible for at best a moderate rating. In such studies, subjects are sorted into the research groups through a process other than random assignment; therefore, even if the treatment and comparison groups are well matched based on observed characteristics, they may still differ on unmeasured characteristics. We therefore cannot rule out the possibility that the findings are attributable to unmeasured group differences. The moderate study rating is also applied to random assignment designs that do not meet other criteria for the highest rating (that is, attrition or reassignment), as explained in more detail below.

Quasi-experimental designs without an external comparison group (for example, pre-post designs) are given a low study rating. These designs are not considered for either the high or moderate rating because they offer no credible means to assess what the sample's outcomes would have been absent the intervention — a necessary condition for obtaining an unbiased impact estimate. Quasi-experimental and random assignment studies that do not meet the other criteria for a high or moderate rating are also assigned the lowest rating.

Attrition

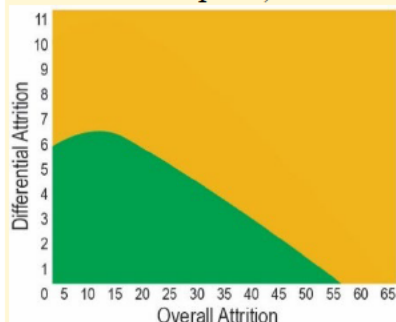
In random assignment studies, a loss of study participants can bias the study's impact estimates by creating differences in the characteristics of the treatment and control groups. Bias can arise from overall attrition (the percentage of study participants lost among the total study sample) or differential attrition (the difference in attrition rates between the treatment and control groups).

The cutoff for an acceptable level of sample attrition is tied not only to the extent of overall attrition or differential attrition but rather to a combination of the two. For example, for studies with a relatively low overall attrition rate of 10 percent. For studies with a higher overall attrition rate of 30 percent, the standard requires a lower rate of differential attrition, at approximately 4 percent. Only random assignment studies meeting the standard for acceptable combinations of overall and differential attrition using the cautious assumptions are considered for the highest study rating. Random assignment studies that do not meet these standards are considered for the moderate study rating.

For cluster randomized trials, in which individuals are assigned to treatment and control conditions in groups (for example, schools or classrooms, random assignment studies with low attrition at both levels (cluster and individual) are eligible for the high rating. Random assignment studies with high attrition at either level must demonstrate baseline equivalence of the analytic sample to be eligible for the moderate study rating.

In addition, cluster randomized trials that include sample members in the impact analysis who were not included in the sample at the time of random assignment (in other words, they joined the sample after random assignment) may also be required to demonstrate baseline equivalence of the analytic sample to be eligible for the moderate study rating. This requirement is enforced in contexts where the unit of assignment could potentially be exploited by joiners (for example, when classrooms within a school are the unit of assignment and a student may join a particular classroom in order to get the intervention).

Figure 1. Standard for assessing sample attrition in study quality ratings (WWC cautious attrition assumption)



Source: WWC. Procedures and Standards Handbook, Version 4.1. Washington, DC: U.S. Department of Education, 2020.

Any sample exclusions made after random assignment may factor into the attrition calculation. Depending on the specifics of the research design, these sample exclusions may arise from participant nonconsent, nonresponse, nonparticipation, or any number of other factors. The key determination is whether the exclusion in question presents any risk of bias to the study's impact estimates. Any sample exclusion that occurs after random assignment and presents a risk of bias will be factored into the attrition calculation.

The attrition standards are not applied to quasi-experimental studies. This criterion is explained in greater detail below.

Baseline equivalence

In quasi-experimental comparison group studies and random assignment studies with concerns about sample composition change (for example, studies with high attrition, reassignment, or individuals included in the analysis who may have selected/joined a cluster based on an attractive intervention), the use of well-matched treatment and comparison groups can minimize the risk of bias in the impact estimates. Therefore, in order to receive the moderate study rating, quasi-experimental comparison group studies and random assignment studies with concerns about sample composition change are required to demonstrate that the intervention and comparison groups were similar at baseline on three key demographic characteristics: age or grade level, biological sex, and race/ethnicity. For studies with sample members at least 14 years old at baseline (or eighth grade or higher), the study authors must also establish baseline equivalence on at least one behavioral outcome measure (for example, rates of sexual initiation). This criterion is not applied to studies with younger sample members because rates of sexual risk behaviors are typically low for this age group.

The following approach is used to determine if samples satisfy the baseline equivalence requirement: If the reported difference of a specified baseline characteristic is greater than 0.25 standard deviations in absolute value, based on the variation of that characteristic in the pooled sample of treatment and control group members, the treatment and control groups are considered to be nonequivalent.

Depending on the size of the baseline difference, a statistical adjustment in the analysis may be required. There are slightly different rules for statistical adjustment requirements for demographic characteristics and baseline measures of the outcomes:

- For demographic characteristics, when differences in the specified baseline characteristics are greater than 0.05 and lower or equal to 0.25 standard deviations, the analysis must include a statistical adjustment to meet the baseline equivalence requirement.⁹ Differences of less than or equal to 0.05 standard deviation require no statistical adjustment.
- For baseline measures of the outcome, any difference lower than or equal to 0.25 standard deviations must be statistically adjusted for.¹⁰

Only those outcomes for which baseline equivalence is established are considered for possible evidence of program effectiveness. For example, if a study examined program impacts on three relevant outcome measures—sexual initiation, parental/caregiver engagement, and pregnancy—but established baseline equivalence for only one of the three measures (parental/caregiver engagement) the study meets the criteria for a moderate study rating, but only the impact findings for that one outcome measure (parental/caregiver engagement) are considered for possible evidence of program effectiveness.

These baseline equivalence criteria are assessed on the study's final analysis sample. In some cases, studies assess equivalence for all youth who completed a baseline survey, but then present impact estimates for only a smaller subset of youth who completed a follow-up survey. These studies do not meet the baseline equivalence criteria, because equivalence was not established for the smaller subset of youth on which the program impacts were based. Similarly, studies are not considered for the moderate rating if they present baseline equivalence statistics separately for subgroups defined by age, biological sex, or race/ethnicity, without also establishing equivalence for the full analytic sample on which they estimated program impacts. Some studies, for example, present baseline equivalence statistics separately for males and females or for subgroups of older and younger youth, but not for the overall combined sample. Finally, studies must demonstrate baseline equivalence of their analytic samples for various outcomes using unimputed baseline data. When there are multiple analytic samples, studies should ideally present baseline equivalence for each analytic sample. Baseline equivalence may be assessed using information for a sample of individuals that differs slightly from the sample of individuals used to produce a finding, (for example, due to item-level nonresponse on a survey) provided the difference in samples falls below the threshold for high attrition.

Some impact evaluations (notably, quasi-experimental studies and random assignment studies with high levels of attrition) use various statistical techniques to equate treatment and comparison groups at baseline. These techniques include (among others) (1) estimating

⁹ When demographic characteristics are presented for multiple categories (for example, multiple races), the assessment of baseline equivalence will be based on the modal category.

¹⁰ Including baseline measures on the left side of the regression equation (a difference-in-differences approach) will be an allowable means of statistically adjusting for baseline differences for continuous and count outcomes, but not for dichotomous outcomes (unless the authors justify the pre-post correlation for these outcomes); the pre-post correlation for dichotomous outcomes rarely exceeds the $r=.60$ threshold typically required for a difference-in-differences adjustment to effectively adjust for baseline differences, which is why this approach is allowable only for continuous or count outcomes.

propensity scores and limiting the analytic sample to the subset of observations that match well on the scores or (2) calculating (entropy or inverse-propensity) weights and using those weights to produce more credible impact analyses. These equating approaches are likely to improve baseline equivalence, and thus reduce confounding, relative to comparing the original (unweighted or unmatched) treatment and control groups.

Studies using these types of equating approaches are potentially eligible to receive a moderate rating if they satisfy the following requirements:

- The equating approach must include only exogenous variables in the calculation of the score or weight used to equate groups. Exogenous covariates are variables the treatment status will not potentially affect. If it's determined that a model included potentially endogenous variables (such as level of engagement with the program), then all results based on the model will receive a low rating.
- The success of the equating approach must be assessed by comparing the effect size differences between the matched or weighted analytic sample for all required baseline variables. Per the baseline equivalence standards discussed before, if the effect size differences are greater than 0.05 and lower than or equal to 0.25 standard deviations, the analysis must include an appropriate statistical adjustment. Differences less than or equal to 0.05 standard deviations do not require a statistical adjustment (except for a baseline measure of the outcome, which does require adjustment). Differences greater than 0.25 standard deviations do not meet the baseline equivalence requirement.
- Adjusting for the propensity (or other equating) score by itself (for example, by including it as a covariate in the impact model) is not sufficient when statistical adjustments for baseline measures of the outcomes or demographic characteristics are required. When a required covariate in a matched sample design requires statistical adjustment, the impact model should directly adjust the required covariate.
- If a study uses weighting approaches to equate groups, the study must document that the sum of the weights in the analytic sample is less than or equal to the number of observations in the analytic sample. This step is necessary to guard against artificially enhancing the precision of the standard errors and impact estimates that often result from outlier weights.

Reassignment

In random assignment studies, deviation from the original random assignment (for example, moving youth from the treatment to the control group) can bias the study's impact estimates. Therefore, in order for a random assignment study to meet the criteria for the highest rating, the analysis has to have been performed on the sample as originally assigned. In order to receive a high rating, subjects cannot be reassigned, based on actual treatment they received, for reasons such as contamination, noncompliance, or level of exposure. Random assignment studies that somehow alter the original random assignment must establish baseline equivalence of their final analysis sample in order to be considered for a moderate study rating.

For similar reasons, random assignment studies cannot statistically control for measures of program dosage, participation, or any other factors that effectively alter the composition of the treatment and control groups as originally assigned. Any impact estimates resulting from such

analyses are excluded from our subsequent data extraction and assessment of program effectiveness (described below).

Confounding

In certain cases, a component of the research design or methods lines up exactly with the intervention being tested, undermining the credibility of attributing an observed effect to the intervention. For example, if a study assigns only one subject or group (such as a facilitator, classroom, or school) to the treatment or control condition, there is no way to distinguish the effects of the program from the particular effects of that one assigned subject or group. This can happen, for example, in a randomized controlled trial in which a single facilitator was assigned to deliver the program to the treatment group (and that person is not also the facilitator of a program delivered to the control group). This can also happen in quasi-experimental comparison group studies that estimate program impacts by comparing a single school or school district that implemented a pregnancy prevention program with a neighboring school or school district that did not have the program. In these cases, there is no way to distinguish the effects of the program from other characteristics of the particular facilitator, school or district that implemented the program. A confounding factor can also arise from systematic differences in data collection methods for the treatment and comparison groups—for example, if program staff collect data from all subjects in the treatment group but an independent group of staff collect data from the control group. In this case, the mode of data collection cannot be separated from the effects of the intervention. Because the presence of such confounding factors severely weakens the credibility of a study's findings, a low rating is assigned to random assignment or quasi-experimental comparison group studies with either (1) only one subject or group in the treatment and control condition or (2) systematic differences in data collection procedures between the treatment and control groups.

Analysis considerations

Some studies contain multiple follow-up periods and conduct impact analyses that incorporate more than one follow-up assessment in a single analytic model (for example, in a repeated measures, difference-in-differences, or growth curve analysis). In such situations, the potential internal validity threats will separately be assessed and associated with the evidence contributing to each follow-up assessment. That is, separate attrition assessments at each point in time included in the impact analytic approach (as needed) will be conducted and assessment of the baseline equivalence of the analytic samples contributing to each point-in-time impact estimate (as needed). Although some studies will report differences in trends as an estimate of program effectiveness, the point-in-time differences in outcomes as the focal effect size statistics of interest will be prioritized and therefore the internal validity threats at each point in time will be assessed even in studies that do not report impacts separately for each time point. If the authors do not provide this information, an author query may be conducted for effect size information at each point-in-time.

Study authors must handle missing data appropriately, regardless of design. The most common and straightforward method researchers use when data are missing is to simply remove observations with missing data from the samples they analyze and conduct a complete-case analysis. But other methods for handling missing data are sometimes used, including imputation

(replacing observations with guesses as to the most reasonable value) or maximum likelihood (creating a statistical model to account for the missing data), and these alternate approaches may provide more credible estimates of program effectiveness than complete-case analyses. The [WWC Standards Handbook Version 4.1](#) lists five acceptable approaches to handle missing data, along with standards for how RCTs and QEDs with missing outcome or baseline data should be handled (WWC 2020).

Evidence of Effectiveness

Eligible effective programs must have at least one impact study showing evidence of a favorable, statistically significant impact on at least one outcome measure within one of the eligible outcome domains, for either the full analytic sample or a subgroup defined by (1) biological sex or (2) sexual experience at baseline. Programs that include body literacy education or reproductive goals counseling may also demonstrate impacts on intermediate outcomes (e.g., body literacy knowledge or future-oriented decision-making), but such measures must be assessed in conjunction with at least one behavioral or health outcome domain. The eligible outcome domains are (1) sexual activity; (2) number of sexual partners; (3) STIs or HIV;¹¹ (4) pregnancies; (5) parental/caregiver engagement; (6) parent/ caregiver-child emotional closeness; (7) sexting; (8) substance use; and (9) pornography exposure and use. In addition, the study cannot show evidence of any adverse, statistically significant impacts on any outcomes in these domains.

Statistical significance is assessed with a two-tailed hypothesis test and a specified alpha level of $p < .05$. For studies in which the unit of assignment is a group (or cluster) of individuals (for example, schools or classrooms), study authors must appropriately adjust statistical significance tests for the correlation in measurement among individuals within the same group (intra-cluster correlation). If the tests are not appropriately adjusted, the review team may follow up with study authors to request adjusted estimates. If adjusted estimates are unavailable, the evidence in question will be excluded from the review.

Although commonly featured in the literature, evidence from subgroups defined by sexual activity at follow-up receives a low rating and, therefore, is not considered when assessing program effectiveness. As with other endogenous subgroups that are defined by behavior emerging after the start of the program, the composition of those who are sexually active at follow-up may be affected by program participation. As a result, even with an experimental design, the treatment and comparison groups within such subgroups may lack equivalence, leading to biased estimates of a program's impact for these groups (see [Colman 2012](#)).¹²

Types of Eligible Outcomes

Eligible outcome measures fall into the following domains: (1) sexual activity; (2) number of sexual partners; (3) STIs or HIV;¹³ (4) pregnancies; (5) parental/caregiver monitoring

¹¹ STI testing is an eligible outcome as long as the test is not provided as part of the intervention.

¹² Colman S. (2012). Estimating program impacts for a subgroup defined by post-intervention behavior: Why is it a problem? What is the solution? U.S. Department of Health and Human Services, Office of Population Affairs. https://opa.hhs.gov/sites/default/files/2020-07/estimating_programs_brief.pdf

¹³ STI testing is an eligible outcome as long as the test is not provided as part of the intervention.

knowledge; (6) parent/ caregiver-child emotional closeness; (7) sexting; (8) substance use; and (9) pornography exposure and use. The outcome measures examined in studies are generally self-reported measures but can also be biological measures of STIs and measures from administrative data (for example, birth records). Measures with limitations in terms of their quality or interpretation (for example, composite indices that aggregate multiple heterogeneous indicators into a single score) are excluded. Ineligible measures also include outcomes that combine multiple behaviors together (e.g., sex while under the influence, or sex without consent).

Information in this section is organized by outcome domain. For each domain, a brief description of the measures categorized into each domain is provided including examples of specific measures, which are based on outcome measures that are eligible to date. The lists of examples are not exhaustive; there may be other outcome measures that meet the definition of the domain and, therefore, are eligible for review.

In addition, studies may include measures of body literacy, reproductive health knowledge, or future-oriented decision-making related to reproductive goals. These measures are considered intermediate outcomes and are not sufficient on their own to establish program effectiveness but may strengthen the evidence base when paired with behavioral or health outcomes.

1. Sexual activity

Measures in this domain include measures of any sexual activity, frequency of sexual activity, sexual initiation, delay of sexual initiation, and abstinence. Statistically significant program impacts that reflect more sexual activity are characterized as unfavorable due to a corresponding increase in risk of pregnancy or STIs. For example, a higher rate of sexual initiation is considered as an unfavorable outcome and a higher rate of delay in sexual initiation is considered as a favorable outcome.

Examples of eligible outcome measures categorized into the sexual activity domain

- Engaging in any sexual activity
- Ever having sex
- Being sexually active
- Having intercourse
- Frequency of sexual activity
- Sexual initiation
- Delay of sexual initiation
- Abstinence

2. Number of sexual partners

This domain includes measures of the number or count of sexual partners. Statistically significant program impacts that reflect a larger number of sexual partners are characterized as unfavorable due to a corresponding increase in risk of pregnancy or STIs. That is, a smaller number of sexual partners is considered to be a favorable outcome and a larger number of sexual partners is considered to be an unfavorable outcome.

Examples of eligible outcome measures categorized into the number of sexual outcomes domain

- Number or count of sexual partners
- Had multiple sexual partners
- Number of lifetime sexual partners

3. STIs or HIV

This domain includes measures of being tested for an STI or HIV and measures of being diagnosed with an STI or HIV. Measures of STI or HIV testing are considered to be eligible outcomes as long as the testing is not conducted as part of the intervention. Statistically significant program impacts that reflect more testing for STIs or HIV are characterized as favorable, and those that reflect a higher incidence of STIs or HIV diagnoses as unfavorable. For example, ever being tested for an STI is considered to be a favorable outcome, while being diagnosed with an STI or HIV is considered to be an unfavorable outcome.

Examples of eligible outcome measures categorized into the STIs or HIV domain

- Ever tested for any STI
- Ever had an STI
- Tested for STIs
- Tested for HIV
- Diagnosed with any STI
- Diagnosed with HIV
- Diagnosed with trichomoniasis
- Diagnosed with gonorrhea
- Diagnosed with chlamydia

4. Pregnancy

Measures of pregnancy, getting someone pregnant, and giving birth are categorized into this domain. Statistically significant program impacts that reflect a higher incidence of adolescent pregnancy or birth are characterized as unfavorable. For example, a higher rate of ever being pregnant or getting someone pregnant is considered as an unfavorable outcome and a lower rate of repeat pregnancy is considered as a favorable outcome.

Examples of eligible outcome measures categorized into the pregnancy domain

- Ever been pregnant
- Ever had a baby
- Having a recent pregnancy
- Having an unintended pregnancy
- Ever been pregnant or gotten someone pregnant
- Ever been pregnant or gotten someone pregnant, even if no child was born
- Having a repeat pregnancy
- Having a repeat pregnancy ending in a live birth

5. Parental/caregiver monitoring knowledge

Measures of parental or caregiver engagement capture adolescents' reports of their parents' or caregivers' involvement in their lives, including knowledge of their whereabouts and activities, communication, monitoring behaviors, and the establishment and enforcement of behavioral expectations (e.g., rules or boundaries). These measures may reflect both caregiver actions (such as supervision, rule-setting, and communication) and adolescent disclosure of activities and experiences. We characterize as favorable statistically significant program impacts that reflect higher levels of parental or caregiver engagement.

Examples of eligible outcome measures categorized as parental/caregiver engagement

- Parental or caregiver monitoring of adolescent whereabouts and activities
- Parental knowledge of adolescent whereabouts and activities
- Family rules or expectations (e.g., dating rules, curfews)
- Parent or caregiver approval or disapproval of behaviors
- Measures of caregiver demandingness or behavioral expectations

6. Parent/caregiver-child emotional closeness

Measures of parent/caregiver-child emotional closeness capture adolescents' reports of feelings of closeness, support, affection, and trust between themselves and parents or caregivers. We characterize as favorable statistically significant program impacts that reflect higher levels of parent/caregiver-child emotional closeness.

Examples of eligible outcome measures categorized as parent/caregiver-child emotional closeness

- Maternal responsiveness
- Closeness to caregiver
- Maternal warmth
- Relationship (quality) with father
- Relationship (quality) with mother
- Attachment to birth parents
- Parental warmth

7. Sexting

Measures of sexting capture whether adolescents have sent or received text messages that include hypothetical sex talk, actual sex talk, or sexually explicit content or images. We characterize as unfavorable statistically significant program impacts that reflect higher rates of sexting.

Examples of eligible outcome measures categorized as sexting

- Sexting (sending or receiving)
- Actual sex talk
- Hypothetical sex talk
- Ever sent sext
- Sent a sext

8. Substance use

Measures of substance use capture whether adolescents have initiated or regularly used alcohol, cigarettes, marijuana, or other drugs. We characterize as unfavorable statistically significant program impacts that reflect higher rates of substance use.

Examples of eligible outcome measures categorized as substance use

- Alcohol use frequency
- Marijuana use frequency
- High or drunkenness frequency
- Any substance use in the past 30 days
- Lifetime and recent substance use
- Polysubstance use (use of several substances)

9. Pornography exposure and use

Measures of pornography exposure and use capture adolescents' self-reported engagement with or exposure to sexually explicit media, including frequency, recency, or patterns of use. These measures may also include exposure to sexually explicit content through digital platforms, including internet-based media. We characterize as unfavorable statistically significant program impacts that reflect higher levels of pornography exposure or use, given associations with sexual risk behaviors, altered expectations about relationships, and potential impacts on healthy development and decision-making.

Examples of eligible outcome measures categorized as pornography exposure and use

- Ever viewed pornography
- Frequency of pornography use (e.g., past 30 days, past 6 months)
- Age of first exposure to sexually explicit content
- Intentional versus unintentional exposure to pornography
- Time spent viewing sexually explicit material
- Exposure to online sexually explicit media

Appendix B - TPP Performance Measures

OMB# 0937-0213

Expiration Date: 07/31/2026,
renewal in progress

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0937-0213. The time required to complete this

information collection is estimated to average 9 hours and 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

Grantee-Level Questions: Dissemination

Grantees report project-level summary responses for each of the following during each 6-month reporting period.

Dissemination

How many manuscripts have you had accepted for publication in the past year (including both articles that were published and those that have been accepted but not yet published)? Do not include manuscripts previously reported as published. _____

Please list the references for any published manuscripts published in the past year.

How many of each unique communication channel/medium (website, blog, social media) does your organization use to share information about teen pregnancy prevention and the TPP-funded grant project, including information related to body literacy, informed consent, and optimal health? (Select all that apply)

- _____ Blog (outside of grantee's website)
- _____ Newspaper/articles
- _____ Social Media (such as Facebook, Twitter, Instagram, YouTube, etc.)
- _____ Website
- _____ Peer Reviewed Publication (include box to require grantee to enter citation)

During the reporting period, where was information about the project presented? Write the number of times each presentation occurred.

- _____ National Conference/Event (include box to require grantee to enter citation)
- _____ Statewide Conference/Event (include box to require grantee to enter citation)
- _____ Local Meeting/Event

Partners

Indicate the number of partners involved in implementing the grant-funded project during the reporting period. Partners are external organizations/agencies with whom the grantee has a written agreement (such as signed MOU, contract, or Letter of Commitment) or who are integral to the implementation, monitoring, and evaluation of the grant-funded project. Examples of partners may include program/intervention implementers (such as those organizations that provide sites, staffing, or both for TPP programming), partners who provide the supportive services to Tier 1 program participants, organizations that recruit TPP

program participants, and/or organizations that provide ongoing strategic support to the project.

Total Number of Partners (unduplicated, report as of the end of the 6-month reporting period)

Sustainability (to be reported annually)

How many partners have firm plans in place to continue the project activities (program implementation, training, research, etc.) after the end of OPA grant funding, including activities related to body literacy education and reproductive goals counseling? _____

How much funding have you secured to continue project activities beyond the end of the project period? (Enter an amount)

How many different sources of funding do you have in place to support the grant project beyond the end of the project period? _____

Training

Trainings would include professional development activities or technical assistance relevant to the implementation of project activities, including training on medically accurate and age-appropriate content, body literacy education, and reproductive goals counseling, and provided to anyone responsible for implementing any aspect of the TPP grant project. Trainings may be for staff (from grantee and partner agencies) or community members (for example, youth trained as peer educators, community members serving on advisory groups.) Stakeholders who receive the TPP intervention as the end user or target population of the TPP intervention/program proven effective should be included under the reach section and not under training.

In the reporting period, how many TPP program trainings (e.g. training of facilitators on the content of and/or how to implement TPP programs proven effective [Tier 1] have been provided through the TPP grant project? _____

In the reporting period, how many individuals affiliated with the TPP grant project (such as partner agencies, community members, stakeholders, project staff, youth who work with the project) have you or one of your partners trained on the TPP program (i.e. programs proven effective or TPP intervention) via the grant funding? _____

In the reporting period, how many *other* trainings (professional development or technical assistance activities relevant to the project) related to the execution of the TPP project (e.g., classroom management, community engagement, adolescent development, delivery of body literacy education, reproductive goals counseling, etc.) have been provided through the TPP grant project? _____

In the reporting period, how many individuals affiliated with the TPP grant project (such as partner agencies, community members, stakeholders, project staff, youth who work with the project) have you or one of your partners trained (professional development or technical assistance activities relevant to the project) on other topics related to the execution of the TPP project (e.g. classroom management, community engagement, adolescent development, etc.) via the grant funding? _____

Questions at Group (Program or Intervention) Level

For each group (this can be a group, section, unit, or class) receiving the Teen Pregnancy Prevention (TPP) program proven effective (Tier 1)

Name of the TPP Program (Tier 1) being delivered:

Tier 1 grantees would report the name of the effective program (i.e., program proven effective).

State/Territory where implemented:

Setting of Implementation: *select one or more of the following that best describes where the majority of sessions in the group took place*

In-school (Programs that take place primarily or exclusively during a school day on a school campus. This category may include public or private schools, traditional or alternative schools, of any grade level).

Clinic-based (to include school-based health centers)

Faith-based

Settings specifically serving homeless youth such as drop-in centers and shelters (such as drop in shelter/centers, other)

Settings specifically serving youth in foster care (such as the child welfare system/foster care, group homes, residential centers)

Juvenile offenders (such as detention centers, residential centers, camps)

Other out-of-school time/community (programs that primarily take place outside of school hours, and may be located within a community organization not listed above or on a school campus before or after the school day)

Technology-based (includes programs that do not take place in a physical location, such as virtual programs, text messaging, apps, internet-based programs, etc.)

Urbanicity of Implementation Site: urban, rural, suburban

Reach and Demographics of TPP Participants

For each section (class or group) of TPP effective programs or promising interventions implemented with youth, how many youth participated in your program for at least one

activity in the reporting period? Report total numbers per group and numbers by each demographic category below:

Age – 10 or younger, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20 or older, Not reported

Grade – 6 or less, 7, 8, 9, 10, 11, 12, GED program, Technical/vocational training/college, Ungraded, Not currently in school, Not reported

Ethnicity – Hispanic or Latino/a, Not Hispanic or Latino/a, Not reported

Race – American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, More than one race, Not reported

Sex¹⁴ – Male, Female, Not reported

Total

For each section (class or group) of the effective program (Tier 1) implemented with non-youth participants, how many non-youth participants attended at least one activity of your effective program (Tier 1) in the reporting period? Indicate the unduplicated total number in each category and report numbers by each demographic category below

Caregivers (such as parents, legal guardians, siblings, extended family; foster parents; “chosen” family members of adolescents): _____

Ethnicity – Hispanic or Latino/a, Not Hispanic or Latino/a, Not reported

Race – American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, More than one race, Not reported

[Note: this count should only include caregivers who receive a TPP effective program (Tier 1). Caregivers who are engaged in other aspects of the grant project should be included elsewhere in the stakeholder engagement item.)

Youth-serving professionals (such as social workers, health care providers, teachers, juvenile offender staff, court staff): _____

Ethnicity – Hispanic or Latino/a., Not Hispanic or Latino/a, Not reported

Race – American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, More than one race, Not reported

[Note: this count should only include youth-serving professionals for whom a TPP effective program (Tier 1) are the target population. Professionals who are trained to provide services to youth should be included in the partner’s item. Professionals who are involved in the systems approaches should be included within the stakeholder engagement item]

¹⁴ Sex data collected under this NOFO refers to biological sex, male or female, except where a different reporting requirement is expressly required by law.

Dosage of TPP effective programs/promising interventions

These items track the amount of programming received by participants in each group of the TPP effective program (Tier 1). Program participants are anyone (youth, caregivers, youth-serving professionals) who are the target population for an effective program (Tier 1).

What is the average (mean) attendance for program participants in each group? (determined by the percentage of sessions attended by each participant in the section) _____

How many participants in each group received at least 75% of the programming?

Observational Fidelity and Quality

All TPP Grantees are expected to observe at least 5% of the sessions of the TPP effective program (Tier 1). Each session should be observed for fidelity (adherence) to planned activities and overall quality, including whether content is delivered in a medically accurate and age-appropriate manner consistent with program requirements. TPP grantees are expected to develop schedules, and implementation plans to ensure that the minimum number of sessions are observed. An observer ideally should be independent from the implementation, familiar with the program model, and may be an internal or external evaluator, supervisor (program director, program coordinator), or a program partner.

In order to track completions, grantees are asked to report general information about sessions implemented. A session is generally a unit of the program delivered within a meeting day of the section. A session may correspond to a full lesson (or module) from the curriculum. In instances where multiple lessons are being implemented in a single day, a grantee may choose to define a session as the entire day's programming, provided that by doing so, the grantee is still able to report observed sessions as a whole number.

Session Information:

Note: these must be reported as whole numbers

Number of sessions (lessons) planned _____

Number of sessions (lessons) completed _____

Number of sessions (lessons) observed _____

Observer reported fidelity

Using the fidelity monitoring tool from the program/intervention developer, report the adherence (%) for observed sessions within each section.

For each effective program (meeting or lesson) that was observed during the section, what is the percent adherence to the number of activities planned? (Grantees who observe more than one session per section report the average (mean) adherence percentage for the session)

Adherence = number of activities completed/number of activities planned.

To the extent feasible, grantees should also assess whether key content areas (e.g., body literacy education and reproductive goals counseling) were delivered as intended.

Observer reported quality (Based on the [TPP observation form](#)).

Rate the overall quality of the session observed on scale of 1 (poor) – 5 (excellent). Quality ratings should also consider clarity, accuracy, and appropriateness of content, including support for informed decision-making.

Fidelity Process Form (see the TPP Fidelity Process form below)

What is the overall total score on the TPP fidelity process form (Scale of 0 – 26).

Stakeholder Engagement Measures

The stakeholder engagement items are designed to track individuals who were engaged within the overall grant project. Engagement could involve providing input on any stage of the overall grant project's implementation, such as, but not limited to, serving on an advisory group, providing feedback on the development of program materials, participating in the continuous quality improvement processes for the project, helping to plan participant recruitment strategy, rating the youth-friendliness of supportive services, etc. The participants served by an actual TPP program (effective program in Tier 1) should be counted under the reach section and not under stakeholder engagement.

Project stakeholder engagement: How many stakeholders (such as youth, youth-serving professionals, caregivers, or other community members) were engaged within the grant project during the reporting period? Report the number for each category below.

Youth _____

Caregivers _____ (such as parents, guardians, foster parents of youth, etc.)

Youth-serving professionals _____ (teachers, educators, social workers, clinical providers, other healthcare workers, juvenile probation officers, , etc.)

Community members _____ (such as faith leaders, business leaders, and any other members of the community that may not fit into categories above)

Fidelity Process Report Form for TPP Grantees

The grantee project director should complete the questions below each reporting period.

There are a total of 13 items in this scale. Score 0 for each item you mark “not at all”, 1 for each item you score as “somewhat,” and 2 for each item you score as “completely.” Your total score is what will be entered into the web-based performance measures reporting system. A total of 26 points are possible, if you score a 2 on every item.

Orientation and Training

1. Have all facilitators received training on the program intervention, including body literacy education and reproductive goals counseling?

Not at all

Somewhat

Completely

2. Have all independent observers received training on the program intervention?

Not at all

Somewhat

Completely

3. Does staff training include the use of a logic model to facilitate staff understanding of the “logic” or “theory” supporting the intervention?

Not at all

Somewhat

Completely

4. Does staff training provide staff with an understanding of the core components of the intervention, including body literacy education and reproductive goals counseling where applicable?

Not at all

Somewhat

Completely

5. Are all of the intervention structures and processes stated in written training materials and are these communicated in staff training, including expectations related to medical accuracy and age-appropriate content?

Not at all	Somewhat	Completely

6. Does staff training include detailed instructions on the use of and expectations for completing fidelity monitoring logs after each session?

Not at all	Somewhat	Completely

Ongoing Fidelity Management

7. Does the grantee have a fidelity monitoring plan in place?

Not at all	Somewhat	Completely

8. Is the grantee implementing its fidelity monitoring plan as intended?

Not at all	Somewhat	Completely

9. Does the grantee's fidelity monitoring plan include:

- a. Facilitator completion of fidelity monitoring logs after each session

Not at all	Somewhat	Completely

- b. Independent observation of at least 5% (Tier 1) of all sessions

Not at all	Somewhat	Completely

- c. Systematic review of completed fidelity monitoring logs and observation reports

Not at all	Somewhat	Completely

10. Does the grantee use data collected through fidelity monitoring logs and observations to provide periodic feedback to program facilitators to support continuous quality improvement?

Not at all	Somewhat	Completely

11. Is there evidence that corrective feedback has been used by program staff to increase fidelity?

Not at all	Somewhat	Completely

Appendix C – Resources

Bayesian Analysis

Office of Population Affairs. (February 2022). Tier 2 Phase II Webinar Bayesian Interpretation and Core Components Introduction. Evaluation Technical Assistance Webinar. Online at: <https://rhntc.org/resources/tier-2-phase-ii-webinar-bayesian-interpretation-and-core-components-introduction>.

Core Components

Office of Population Affairs (OPA) (September 2022). Core Components Analysis. Evaluation technical assistance webinar. Online at: <https://rhntc.org/resources/core-components-analysis>

Office of Population Affairs (OPA). (March 2020) Understanding How Components of an Intervention Can Influence Outcomes. Online at: <https://opa.hhs.gov/sites/default/files/2020-07/corecomponentsbrief.pdf>

Fidelity Monitoring and Observations

Bradley, M.C., Borradaile, K., and Knab, J., (2020). Tip Sheet for Conducting Observations, Washington, DC: Office of Population Affairs, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services. Online at: https://rhntc.org/sites/default/files/resources/opa_observation_tip_2020_04_17.pdf.

Chan, S., and Scher, L., (2020). Documenting Adaptations Tip Sheet, Washington, DC: Office of Population Affairs, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services. Online at: <https://opa.hhs.gov/sites/default/files/2021-05/document-adaptations-tip-sheet-july-2020.pdf>.

Office of Population Affairs (OPA). (July 2020) Fidelity Monitoring Tip Sheet. Online at: <https://opa.hhs.gov/sites/default/files/2021-05/fidelity-monitoring-tip-sheet-july-2020.pdf>

Impact Evaluation Resources

Office of Population Affairs (OPA). Evaluation Technical Assistance Webinars and Briefs. Online at: <https://opa.hhs.gov/research-evaluation/evaluation-training-and-technical-assistance>

Office of Adolescent Health (OAH). (September 2017) Estimating Program Effects on Program Participants. Online at: <https://opa.hhs.gov/sites/default/files/2020-07/estimating-program-effects-on-program-participants-brief.pdf>

Implementation Evaluation and Evaluation Planning Resources

Office of Population Affairs (OPA). Formative Evaluation Toolkit. Online at: <https://rhntc.org/resources/formative-evaluation-toolkit>

Office of Population Affairs (OPA). (June 2022). Assessing Readiness for Rigorous Evaluation. Evaluation Technical Assistance webinar. Online at: <https://rhntc.org/resources/assessing-readiness-rigorous-evaluation-webinar>

Appendix D – Sample Evaluation Design Template

Sample Evaluation Design Plan

This is an optional template that can be used for the Evaluation Design Plan

Study Design and Assignment Methods

Clearly identify the study design for the proposed evaluation. Explains how you would assign participants to the treatment and comparison groups. Describe the assignment mechanism and justify that the proposed mechanism will produce equivalent groups (intervention and comparison conditions).

- If a *Randomized Controlled Trial* (RCT) is proposed: Identify the unit of random assignment and align it with the unit of analysis. Describe the procedures to conduct the random assignment, including who would implement the random assignment, how the procedure would be implemented, and procedures to verify probability of assignment groups, described and generated by random numbers. Discuss any concerns that proposed strategies or approaches may lead to nonequivalent groups.
- If a *Quasi-Experimental Design* (QED), Matching Study is proposed: Clearly identify the unit of matching and align it with the unit of analysis. Describe procedures to carry out the matching. Indicate whether the variables to be used in the matching are supported by precedent in the literature. Describe the methods used to form the comparison group and show the validity of the matching. Describe reasons why the comparison group might differ from the treatment group and threaten internal validity and discuss the ways in which the proposed methods adjust for those differences.
- If a *Regression Discontinuity Design* (RDD) is proposed: Clearly identify the measures and cutoff score and align it with the unit of analysis. Clearly delineate and justify the cutoff score.

Research Questions

Include a list of research questions that align with the intended goals of the intervention and are clearly related to unplanned Teen Pregnancy Prevention, underlying risk factors, or associated risk behaviors. Identify outcome measures that can be used to reasonably evaluate the effect of the intervention (in particular, at least one sexual behavior outcome). Confirm that you propose an intention-to-treat analysis.

Counterfactual and Context

Describe any services provided to the comparison group and contrast the services to those provided to individuals receiving the intervention. Explain that the services provided to the intervention and comparison groups will be sufficiently different from each other so that the proposed project would be likely to change behavior and create meaningful impacts on the behaviors that you would detect during analysis.

Consent Methods

Provide an explanation of how you will acquire the consent and assent of participants. Describe the estimated rate of consent for study participants and provide a reasonable justification of the expected consent rate.

Data, Instruments & Timing

Provide a detailed description of the impact survey that you will administer. Clarify that the survey would gather information for each measure that you will use to evaluate the impact of the intervention. Clearly define the timing of data collection relative to the delivery of the intervention. Describes plans to collect implementation data, and impact survey data at 3 points in time from study participants.

Clearly indicate how the evaluation timeline provides adequate time for planning and final analysis by devoting a few months at the start of the grant to planning and piloting and approximately six-eight months at the end of the grant period for analysis and developing reports (you may reference your work plan). Justify that the timing of intervention administration, data collections (including a complete an analysis of long-term outcomes), and the reporting process, can be completed by the end of the fifth year of grant funding. If only using administrative data, describe the data sets(s), confirm that their use is feasible for the project, and indicate the timeline for obtaining data (see the next section).

Procedures/Modes of data collection

Discuss a process for protecting human subjects and a timeline for acquiring the approval of an IRB. Identified the IRB to be used during the study. Provide a detailed explanation of the data collection process, including who will collect the data and primary and secondary methods for contacting participants. Describe any systems that will be used to enter and store data. Discuss whether the mode of data collection is the same for the intervention and control groups. Include the expected sample sizes at each data point. If administrative records (such as, but not limited to, school academic records) will be used, describe the source and availability of these data as well as the evaluator's experience using these data sources.

Sampling Plan and Power Analyses

Provide criteria that will be used to select a sample to evaluate the intervention. Provide evidence that a large enough sample exists to evaluate the intervention. Describe your plan to recruit participants for the study and discuss and address any potential challenges you might face when attempting to recruit participants. Describe how the contact information of evaluation participants will be acquired and regularly updated. Justify that the information is comprehensive enough to allow you to remain in contact with participants throughout the study. Discuss any methods to maximize the participation of individuals who are part of the evaluation sample – both treatment and control/comparison groups. Explain how the methods discussed seem likely to be approved by the IRB and would successfully improve participation. Describe and justify the expected survey response rates. Estimate statistical power for the study and explain why the power is consistent with study design. Describe the statistical power analysis used to arrive at the sample size. Include the Minimum Detectable Effect (MDE) that has an 80% chance of being statistically significant at a specific alpha level, for each outcome. Describe the outcomes and assumptions used in the statistical power calculations. Indicate how the assumptions for the MDE calculation are consistent with information presented earlier in the proposal (e.g., the number of participants in the study, after non-consent and non-response). Provide sufficient justification as to why the study will find

an effect larger than the MDE calculated. If you plan to conduct analyses of subgroups, present additional statistical power analyses to estimate those MDEs.

Evaluation Limitations

Describe any limitations of the proposed evaluation and how you will attempt to address the limitations described. Explain how you will address potential conflicts of interest and ensure independence of the intervention implementation and the evaluation.

Appendix E – Planning Period Deliverables

Please see key deliverables expected during the first 12 months of funding (Year 1). Recipients are expected to be ready to begin fully implementing and evaluating and the proposed intervention by the end of Year 1. Failure of a recipient to receive OPA approval for their evaluation plan or make satisfactory progress toward completion of planning period milestones by the end of year one may impact funding for Year 2.

Within 1 month of funding	Confirm that the project does not duplicate other programming already offered within proposed sites or communities
Within 6 months of funding	Have finalized formal, written agreements (memorandum of understanding/agreements, contract, etc.) with all key partners and subrecipients
Within 9 months of funding	Conduct a materials review to ensure that all materials delivered to study participants are medically accurate and age appropriate
Within 10 months of funding	Pilot-test intervention materials
Within 12 months of funding	- Finalize intervention materials. - Complete OPA-provided components checklist - Have a data collection plan - Finalize detailed evaluation design - Obtain any necessary Institutional Review Board (IRB) approvals - Have all project staff trained to successfully execute the project

CIVIL COVER SHEET

JS-44 (Rev. 11/2020 DC)

I. (a) PLAINTIFFS Hennepin Cnty., MN; King Cnty., WA; Planned Parenthood of the Heartland, Inc.; Sexuality Info. & Educ. Council of the U.S. d/b/a SIECUS: Sex Ed for Social Change (b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF <u>88888</u> (EXCEPT IN U.S. PLAINTIFF CASES)	DEFENDANTS U.S. Dep't of Health & Hum. Servs.; Robert F. Kennedy, Jr., in his official capacity as Sec'y of U.S. Dep't of Health & Hum. Servs. COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT _____ (IN U.S. PLAINTIFF CASES ONLY) NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED																								
(c) ATTORNEYS (FIRMNAME, ADDRESS, AND TELEPHONE NUMBER) Michael J. Torcello, et al. Democracy Forward Foundation T: 202-448-9090 P.O. Box 34553, Washington, D.C. 20043 <i>*See attached for full list of Counsel for Plaintiffs.</i>	ATTORNEYS (IF KNOWN)																								
II. BASIS OF JURISDICTION (PLACE AN x IN ONE BOX ONLY)	III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN x IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT) FOR DIVERSITY CASES ONLY!																								
☐ 1 U.S. Government Plaintiff ☒ 2 U.S. Government Defendant ☐ 3 Federal Question (U.S. Government Not a Party) ☐ 4 Diversity (Indicate Citizenship of Parties in item III)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">PTF</th> <th style="text-align: center;">DFT</th> <th></th> <th style="text-align: center;">PTF</th> <th style="text-align: center;">DFT</th> </tr> </thead> <tbody> <tr> <td>Citizen of this State</td> <td style="text-align: center;">☐ 1</td> <td style="text-align: center;">☐ 1</td> <td>Incorporated or Principal Place of Business in This State</td> <td style="text-align: center;">☐ 4</td> <td style="text-align: center;">☐ 4</td> </tr> <tr> <td>Citizen of Another State</td> <td style="text-align: center;">☐ 2</td> <td style="text-align: center;">☐ 2</td> <td>Incorporated and Principal Place of Business in Another State</td> <td style="text-align: center;">☐ 5</td> <td style="text-align: center;">☐ 5</td> </tr> <tr> <td>Citizen or Subject of a Foreign Country</td> <td style="text-align: center;">☐ 3</td> <td style="text-align: center;">☐ 3</td> <td>Foreign Nation</td> <td style="text-align: center;">☐ 6</td> <td style="text-align: center;">☐ 6</td> </tr> </tbody> </table>		PTF	DFT		PTF	DFT	Citizen of this State	☐ 1	☐ 1	Incorporated or Principal Place of Business in This State	☐ 4	☐ 4	Citizen of Another State	☐ 2	☐ 2	Incorporated and Principal Place of Business in Another State	☐ 5	☐ 5	Citizen or Subject of a Foreign Country	☐ 3	☐ 3	Foreign Nation	☐ 6	☐ 6
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Citizen of Another State	☐ 2	☐ 2	Incorporated and Principal Place of Business in Another State	☐ 5	☐ 5																				
Citizen or Subject of a Foreign Country	☐ 3	☐ 3	Foreign Nation	☐ 6	☐ 6																				

IV. CASE ASSIGNMENT AND NATURE OF SUIT

(Place an X in one category, A-N, that best represents your Cause of Action and one in a corresponding Nature of Suit)

☐ A. Antitrust ☐ 410 Antitrust	☐ B. Personal Injury/Malpractice ☐ 310 Airplane ☐ 315 Airplane Product Liability ☐ 320 Assault, Libel & Slander ☐ 330 Federal Employers Liability ☐ 340 Marine ☐ 345 Marine Product Liability ☐ 350 Motor Vehicle ☐ 355 Motor Vehicle Product Liability ☐ 360 Other Personal Injury ☐ 362 Medical Malpractice ☐ 365 Product Liability ☐ 367 Health Care/Pharmaceutical Personal Injury Product Liability ☐ 368 Asbestos Product Liability	☐ C. Administrative Agency Review ☐ 151 Medicare Act <u>Social Security</u> ☐ 861 HIA (1395ff) ☐ 862 Black Lung (923) ☐ 863 DIWC/DIWW (405(g)) ☐ 864 SSID Title XVI ☐ 865 RSI (405(g)) <u>Other Statutes</u> ☐ 891 Agricultural Acts ☐ 893 Environmental Matters ☐ 890 Other Statutory Actions (If Administrative Agency is Involved)	☒ D. Temporary Restraining Order/Preliminary Injunction Any nature of suit from any category may be selected for this category of case assignment. <i>*(If Antitrust, then A governs)*</i>
☐ E. General Civil (Other) OR ☐ F. Pro Se General Civil			
<u>Real Property</u> ☐ 210 Land Condemnation ☐ 220 Foreclosure ☐ 230 Rent, Lease & Ejectment ☐ 240 Torts to Land ☐ 245 Tort Product Liability ☐ 290 All Other Real Property <u>Personal Property</u> ☐ 370 Other Fraud ☐ 371 Truth in Lending ☐ 380 Other Personal Property Damage ☐ 385 Property Damage Product Liability	<u>Bankruptcy</u> ☐ 422 Appeal 28 USC 158 ☐ 423 Withdrawal 28 USC 157 <u>Prisoner Petitions</u> ☐ 535 Death Penalty ☐ 540 Mandamus & Other ☐ 550 Civil Rights ☐ 555 Prison Conditions ☐ 560 Civil Detainee – Conditions of Confinement <u>Property Rights</u> ☐ 820 Copyrights ☐ 830 Patent ☐ 835 Patent – Abbreviated New Drug Application ☐ 840 Trademark ☐ 880 Defend Trade Secrets Act of 2016 (DTSA)	<u>Federal Tax Suits</u> ☐ 870 Taxes (US plaintiff or defendant) ☐ 871 IRS-Third Party 26 USC 7609 <u>Forfeiture/Penalty</u> ☐ 625 Drug Related Seizure of Property 21 USC 881 ☐ 690 Other <u>Other Statutes</u> ☐ 375 False Claims Act ☐ 376 Qui Tam (31 USC 3729(a)) ☐ 400 State Reapportionment ☐ 430 Banks & Banking ☐ 450 Commerce/ICC Rates/etc ☐ 460 Deportation ☐ 462 Naturalization Application	☐ 465 Other Immigration Actions ☐ 470 Racketeer Influenced & Corrupt Organization ☐ 480 Consumer Credit ☐ 485 Telephone Consumer Protection Act (TCPA) ☐ 490 Cable/Satellite TV ☐ 850 Securities/Commodities/Exchange ☐ 896 Arbitration ☒ 899 Administrative Procedure Act/Review or Appeal of Agency Decision ☐ 950 Constitutionality of State Statutes ☐ 890 Other Statutory Actions (if not administrative agency review or Privacy Act)

☐ G. Habeas Corpus/ 2255 ☐ 530 Habeas Corpus – General ☐ 510 Motion/Vacate Sentence ☐ 463 Habeas Corpus – Alien Detainee	☐ H. Employment Discrimination ☐ 442 Civil Rights – Employment (criteria: race, gender/sex, national origin, discrimination, disability, age, religion, retaliation) *(If pro se, select this deck)*	☐ I. FOIA/Privacy Act ☐ 895 Freedom of Information Act ☐ 890 Other Statutory Actions (if Privacy Act) *(If pro se, select this deck)*	☐ J. Student Loan ☐ 152 Recovery of Defaulted Student Loan (excluding veterans)
☐ K. Labor/ERISA (non-employment) ☐ 710 Fair Labor Standards Act ☐ 720 Labor/Mgmt. Relations ☐ 740 Labor Railway Act ☐ 751 Family and Medical Leave Act ☐ 790 Other Labor Litigation ☐ 791 Empl. Ret. Inc. Security Act	☐ L. Other Civil Rights (non-employment) ☐ 441 Voting (if not Voting Rights Act) ☐ 443 Housing/Accommodations ☐ 440 Other Civil Rights ☐ 445 Americans w/Disabilities – Employment ☐ 446 Americans w/Disabilities – Other ☐ 448 Education	☐ M. Contract ☐ 110 Insurance ☐ 120 Marine ☐ 130 Miller Act ☐ 140 Negotiable Instrument ☐ 150 Recovery of Overpayment & Enforcement of Judgment ☐ 153 Recovery of Overpayment of Veteran's Benefits ☐ 160 Stockholder's Suits ☐ 190 Other Contracts ☐ 195 Contract Product Liability ☐ 196 Franchise	☐ N. Three-Judge Court ☐ 441 Civil Rights – Voting (if Voting Rights Act)

V. ORIGIN
☒ 1 Original Proceeding
 ☐ 2 Removed from State Court
 ☐ 3 Remanded from Appellate Court
 ☐ 4 Reinstated or Reopened
 ☐ 5 Transferred from another district (specify)
 ☐ 6 Multi-district Litigation
 ☐ 7 Appeal to District Judge from Mag. Judge
 ☐ 8 Multi-district Litigation – Direct File

VI. CAUSE OF ACTION (CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE.)
 5 U.S.C. § 701; Defendants' "2026 Policy" rejecting the Teen Pregnancy Prevention Program as it was established by Congress violates the Administrative Procedure Act (5 U.S.C. § 701) and the 2026 Appropriations Act.

VII. REQUESTED IN COMPLAINT

☐ CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23

DEMAND \$

JURY DEMAND:

Check YES only if demanded in complaint
 YES ☐ NO ☒

VIII. RELATED CASE(S) IF ANY

(See instruction)

YES ☐ NO ☒

If yes, please complete related case form

DATE: 07/14/2026

SIGNATURE OF ATTORNEY OF RECORD /s/ Michael J. Torcello

INSTRUCTIONS FOR COMPLETING CIVIL COVER SHEET JS-44
 Authority for Civil Cover Sheet

The JS-44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and services of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. Listed below are tips for completing the civil cover sheet. These tips coincide with the Roman Numerals on the cover sheet.

- I. COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF/DEFENDANT (b) County of residence: Use 11001 to indicate plaintiff if resident of Washington, DC, 88888 if plaintiff is resident of United States but not Washington, DC, and 99999 if plaintiff is outside the United States.
- III. CITIZENSHIP OF PRINCIPAL PARTIES: This section is completed only if diversity of citizenship was selected as the Basis of Jurisdiction under Section II.
- IV. CASE ASSIGNMENT AND NATURE OF SUIT: The assignment of a judge to your case will depend on the category you select that best represents the primary cause of action found in your complaint. You may select only one category. You must also select one corresponding nature of suit found under the category of the case.
- VI. CAUSE OF ACTION: Cite the U.S. Civil Statute under which you are filing and write a brief statement of the primary cause.
- VIII. RELATED CASE(S), IF ANY: If you indicated that there is a related case, you must complete a related case form, which may be obtained from the Clerk's Office.

Because of the need for accurate and complete information, you should ensure the accuracy of the information provided prior to signing the form.

**Addendum to Civil Cover Sheet:
Full List of Counsel for Plaintiffs**

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Skye L. Perryman
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Dylan Cowit
Valentina De Fex
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Phone: (212) 261-4696

*Counsel for Planned
Parenthood of the
Heartland, Inc.*

AO 440 (Rev. 06/12; DC 3/15) Summons in a Civil Action

for the

District of Columbia

Hennepin County, Minnesota, et al.

Plaintiff(s)

V.

U.S. Department of Health and Human Services, et
al.

Defendant(s)

Civil Action No. 26-cv-2460

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* U.S. Department of Health and Human Services
c/o General Counsel, U.S. Department of Health and Human Services
200 Independence Avenue, SW,
Washington, DC 20201.

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff’s attorney, whose name and address are:

Michael J. Torcello
Democracy Forward Foundation
P.O. Box 34553,
Washington, D.C. 20043

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ANGELA D. CAESAR, CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No. 26-cv-2460

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* _____
 was received by me on *(date)* _____.

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☐ Other *(specify)*:

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

Print

Save As...

Reset

District of Columbia

Signature of Clerk or Deputy Clerk

Civil Action No. 26-cv-2460

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Civil Action No. 26-cv-2460

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District of Columbia

Civil Action No. 26-cv-2460

Signature of Clerk or Deputy Clerk

Civil Action No. 26-cv-2460

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