

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH  
LIFESPAN HEALTH SERVICES UNIT**

**REQUEST FOR APPLICATIONS**

**PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)**

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## Request for Application Summary

**Grantor:** Nebraska Department of Health and Human Services

**Division and Unit:** Public Health, Lifespan Health Services Unit

**Office:** Perinatal, Child and Adolescent Health

**Contact:** linda.henningsen@nebraska.gov

*The information contained in this summary highlights items of immediate importance to all applicants. Applicants are reminded that this summary is not intended as a substitute for reading all of the materials contained in this document in their entirety.*

**Funds to Be Awarded:** It is anticipated that Nebraska's Personal Responsibility Education Program (PREP) funding will be \$198,143.00 per year to fund up to eight (8) PREP program sites with an annual budget of \$24,800 for each site. Funding is subject to the availability of federally appropriated funds.

**State PREP Model to be Replicated:** Wyman Center's *Teen Outreach Program* (TOP™).

**Project Period:** August 1, 2011 – September 30, 2015

**Funding Purpose:** Funds must be used for a program designed to educate adolescents on both abstinence and contraception to prevent pregnancy and sexually transmitted infections (STIs), including HIV/AIDS, and at least three adulthood preparation subjects.

**Reporting Requirements:** Quarterly narrative progress, data, and budget reports.

**Description of Eligible Applicants:** Any Nebraska public or private non-profit entity, coalition of entities, collaborative, partnership or federally recognized Native American Tribe headquartered in Nebraska with the expertise and capacity to implement the state's selected PREP model. A non-Tribal applicant proposing to provide services on any of Nebraska's Native American reservations or federally-recognized Tribal land must include a letter of support from the applicable Tribal Council.

**Letter of Intent Due Date:** June 8, 2011

**Application Due Date:** June 24, 2011, 5:00 p.m. CT

**Anticipated Date of Award Notification:** July 15, 2011

**Description of Review Criteria:** Each application will be reviewed for responsiveness to this guidance including ability to meet state PREP goals as well as capacity to implement the state's selected PREP model and experience working with the project's target population.

# **Request for Applications Nebraska Personal Responsibility Education Program**

## **Section I. Background Information**

**Adolescent Health and Development:** Adolescence represents a special time in the life cycle. It is a time of great physical, emotional, mental and social change. During this stage, youth are building skills, accomplishing important tasks and making choices that will affect them during adulthood. They are setting the foundation for their health and well-being as adults.

Helping young people achieve their full potential is the best way to help them avoid unhealthy behaviors. Incorporating an understanding of the interconnectedness of youth risk behaviors and related protective factors into our programming strengthens our efforts and enhances the likelihood that our intervention and prevention programs will be successful. To be effective in addressing teen sexual risk behaviors we must also address correlating risk behaviors i.e. poor school performance, alcohol use, poor physical/mental health and social and economic disadvantages. A holistic approach to teen pregnancy and STD prevention, one that addresses the needs of the whole youth and not just a singular behavior, lays a foundation or framework from which all youth services and programs should evolve.

Though Nebraska's teen pregnancy and birth rates fall below national rates we know that our youth continue to be sexually active. Rates for pregnancy, out-of-wedlock births and STDs in some areas of the state are out-pacing national trends. The rates for achievement of positive developmental outcomes show significant disparities among our racial and ethnic minority youth populations. The purpose of this sub grant opportunity is to impact these negative outcomes and adolescent health and development in general by providing for holistic teen pregnancy and STD prevention programming through the Personal Responsibility Education Program (PREP).

**State PREP Model:** Nebraska has selected the Teen Outreach Program (TOP™) as the model to be replicated by sub grantees under the PREP funding. The model was developed by the Wyman Center of Eureka, Missouri who holds the copyright and provides the required certification and resources for replication. TOP™ is one of the most popular evidence-based teen pregnancy prevention programs selected for replication with federal grant funds whose effectiveness has been proven in 30 years of operation. Wyman's TOP™ is currently being administered in over 400 organizations and schools in the United States, Virgin Island and United Kingdom.

Based on the principles of youth development and the socio-emotional well being and mental health of teens, TOP™ is one of the few programs proven to be highly effective in preventing risk factors of school dropout, academic failure and teen pregnancy.

The TOP™ program teaches healthy behaviors, life skills and a sense of purpose that youth can apply now and throughout their lives. Among the topics included are; relationships, communication and assertiveness, goal setting, human development and sexuality and community service learning.

Replicating TOP™ In Nebraska and How It Works. Nebraska’s PREP funding is providing the initial start up costs associated with obtaining the required certification for DHHS to become a “replication partner” with Wyman and provider of TOP™ in the state. These costs include licensing fees, training costs, resources and on-going technical assistance necessary to replicate TOP™ across the state. As a certified replication partner, DHHS is now seeking qualified entities through this RFA opportunity that seek to initiate a TOP™ site under the Department’s certification. The following paragraphs describe how TOP™ is replicated at the local site level.

The TOP™ model addresses the needs of culturally diverse adolescents in grades 6-12. TOP™ youth participants gather for a minimum of 25 weekly meetings over nine months to participate in curriculum-guided discussions and complete at least 20 hours of community service learning. The TOP™ curriculum is arranged in four age/stage appropriate levels. Curriculum levels are: Level 1- ages 12-13, Level 2- age 14, Level 3-ages 15-16 and Level 4 – ages 17. Youth TOP™ groups or “clubs” may not exceed 25 youth participants and are generally organized by the age corresponding to the curriculum level being taught although other factors e.g. social/emotional development of youth participants are also considered when assembling a TOP™ youth group. A description of curriculum content for each level is further outlined in Attachment 1

The type of community service learning is generally categorized as direct, indirect or civic action and may include group service projects or individual volunteer work. Additional description of service learning is found in Attachment 2 Successful community service learning requires methods and techniques to engage youth in brainstorming and planning for the service. It also requires committed community resources and organizations that support the youth service work.

Is TOP™ a good fit for you? There are several essential components or characteristics necessary to ensure that TOP™ is successfully replicated with fidelity. Potential applicants seeking sub grant funds to become a TOP™ site should ask the following questions before making application:

- As an applicant do you (or your organization) have the capacity to champion and coordinate a local TOP™ site? Do you have many community connections and are you able to leverage local resources? Are you passionate about positive youth development?
- Are you able to recruit, train and retain a TOP™ youth group facilitator who youth respect and who is an approachable, positive youth mentor dedicated to serving youth?
- Have you considered potential barriers (e.g. transportation and other competing after-school activities) and identified resources and strategies to overcome them?

- Are you able to assist the state’s TOP™ program in participating in and/or providing ongoing training and technical assistance to site coordinators and facilitators as well as opportunities to network with others replicating TOP™ in the state?

Nebraska’s Vision for TOP™ Replication Federal PREP funding is providing Nebraska with the means to implement an evidence-based teen pregnancy prevention initiative statewide. Though the Department’s federal PREP allocation is modest in comparison to other states, the selection of the TOP™ model is seen as a unique programming investment that allows us to leverage our limited funding in a way that yields the most returns in positive youth outcomes far into the future. Nebraska’s available PREP funding is such that we are able to initiate and sustain a TOP™ club in eight replication sites through the course of the state’s project period (September 30, 2015).

Ideally, though not mandatory, DHHS sub grantees would replicate the program model beginning with a sixth grade TOP™ club that would be sustained and supported by grant funds so that participating youth can be involved in TOP™ through their middle and high school years. With this in mind our vision is that successful sub grantees will capitalize on the state’s certification and investment by initiating and supporting one or more additional TOP™ groups through their own resources. DHHS is seeking sub grants under this RFA who share this vision and are able and ready to tap into and enhance this initial investment.

**Target Populations for PREP:** Nebraska has identified the following two target youth populations and locations to receive programming under the PREP initiative. Applicants seeking sub grant funds under PREP must direct their TOP™ programming to one or both of the following target populations.

**1. Youth ages 11-19 who are:**

- In state custody either under the state’s Child Welfare Unit or Office of Juvenile Services, and who are
- Residing in the six counties with highest numbers of these youth who are in state custody. Counties identified are as follows.
  - Douglas/Sarpy Counties
  - Lancaster County
  - Hall County
  - Lincoln County, and
  - Scottsbluff County

**2. African, African American, Hispanic and Native American youth who are:**

- Ages 10-14, and
- Identified at-risk for subsequent sexual activity and as referred by middle schools with high rates of truancy, delinquency, violence, parental incarceration and youth pregnancy, and

- Reside in any Nebraska county where county data for teen birth and STD rates supports a need for prevention and intervention programming.

**Program Goals and Objectives:** Nebraska has identified the following goals and objectives for the state’s PREP program for FY 2010-2014. Applicants selected to receive funds to implement the PREP program model will be required to report on progress made toward achieving the objectives. See the table in Attachment 4, Exhibit 1A for reporting periods and requirements.

- Goals:**
1. PREP program participants avoid pregnancy, STDs and risk behaviors associated with teen sexual activity.
  2. PREP program participants value and feel connected to their school.

**Objectives**

<b>Short-Term</b>	<b>Intermediate</b>	<b>Long-Term</b>
1. Increased knowledge of positive health behaviors associated with teen sexuality among program participants ages 10-19.	5. Delayed onset of sexual debut among program participants ages 10-19.	9. Reduced birth and STD rates among program participants ages 10-19.
2. Increased clarity of values about sexual behavior and school completion among program participants ages 10-19.	6. Reduced frequency of sex among program participants ages 10-19 who are sexually active.	10. Increased rates of school retention/graduation among program participants ages 10-19.
3. Increased engagement to school and school achievement among program participants ages 10-19.	7. Increased use of refusal skills for risk behaviors associated with sexual activity among program participants ages 10-19.	
4. Increased ability to adopt and attain personal health and education goals among program participants ages 10-19.	8. Increased school attendance among program participants ages 10-19.	

**SECTION II. FUNDING OPPORTUNITY DESCRIPTION**

**A. Federal Legislation and Purpose of Funding**

The Nebraska Department of Health and Human Services, Division of Public Health announces the availability of funds as a provision of the Patient Protection and Affordable Care Act of 2010, Pub.L. 111-148 which adds a new Section 513 to Title V of the Social Security Act, to be codified at 42 U.S.C. § 713, authorizing a new formula grant for the Personal Responsibility Education Program (PREP). Funds must be used for a program designed to educate adolescents on both abstinence and contraception to prevent pregnancy and sexually transmitted infections (STIs), including HIV/AIDS, and at least three adulthood preparation subjects. PREP funding is available for fiscal years 2010 through 2014.

Nebraska’s priority needs remain centered on reducing the rates of pregnancy, out-of-wedlock births and sexually transmitted disease (STD) among the teen population. Beginning with FY 2010 a continued focus will be placed on those populations identified in greatest need and/or at

highest risk. Identification of these groups and locations was made based on the data drawn from extensive needs assessment processes conducted within the Department on behalf of related MCH programs.

**B. Funding Period and Availability of Funds**

Nebraska Department of Health and Human Services (DHHS), Division of Public Health requests applications for a fifty (50) month period beginning August 1, 2011. Successful applicants will receive an award letter for the initial fourteen-month (14) budget period of the fifty month period. Subsequent funding at the same or reduced levels will be available through continuation awards for up to three additional twelve (12) month periods. The award of continuation funds to an applicant in these subsequent periods will be dependent upon the sub grantee’s success in meeting program objectives, timely reporting of program data and progress and the availability of federal funds.

Federal funding available to support sub grants is based on the federal fiscal year. Availability of federal fiscal year 2010 is shortened due to a delay in federal allocation of funds for this period. The following table lists the state project year for each federal fiscal year and identifies the corresponding sub grant budget period.

<b>Federal Fiscal Year</b>	<b>State Project Year</b>	<b>Sub Grant Period</b>
FY 2010	Year 1	August 1, 2011 through September 30, 2012
FY 2011		
FY 2012	Year 2	October 1, 2012-September 30, 2013
FY 2013	Year 3	October 1, 2013-September 30, 2014
FY 2014	Year 4	October 1, 2014-September 30, 2015

The state expects to replicate TOP™ in up to eight (8) sites state wide. The projected amount of funds available is approximately \$24,800.00 per site to implement a nine-month, after-school program within the initial fourteen-month budget period and every twelve months thereafter. The following table represents the expected budget for each site during the first fourteen-month period.

<b>Site Budget Category</b>	<b>Amount Allocated</b>
Site Facilitator @ .25 FTE/\$18 per hour	\$9360
Operating Expense (space rental/utilities/I.T.)	\$4900
On-site t/a – TOP™ personnel travel & materials	\$2386
Youth Incentives/Transportation/Food - for 25 youth	\$6375
Operating Supplies and Materials	\$454
Grantee mileage/lodging – State TOP™ 2 ½ day training	\$1325
<b>Total Per Site</b>	<b>\$24,800</b>

Disbursement of funds to selected sub grantees will be made based on the above per site budget and upon receipt of the required reports as outlined in the Terms and Assurances (See Attachment 4). Continuation awards of the funded TOP™ sites for project years two through four (2-4) will be based on the above per site budget. Continuation will be dependent on each site's performance in meeting the requirements outlined for the state's PREP grant and the TOP™ program model as well as availability of federal funds. Detailed instructions for submitting requests for continuation awards will be made available to sub grantees sometime late Spring-early Summer 2012.

**C. Timeline for Application Process, Review, and Notification\***

Request for Application issued	May 26, 2011
Letter of Intent to Apply due	June 8, 2011*
Deadline for Applicant Written Questions	June 15, 2011*
State Responds to Written Questions	On-going through 6/17/11*
Application deadline	June 24, 2011*
Application review	June 27-July 8, 2011
Notification of sub grant awards	July 15, 2011
Contingencies due	July 22, 2011
Final award letters	July 29, 2011
Project period begins	August 1, 2011

\* Confirmed dates; all other dates are approximate.

**D. Specific Requirements for Sub grants Conducting the TOP™ Program.**

An applicant seeking to implement a TOP™ site through Nebraska's PREP initiative must meet and/or agree to the following requirements:

- Uphold fidelity to all aspects of the state's selected model including the implementation of TOP™ as a nine-month after-school program consisting of a minimum of 25 weekly group sessions and a minimum of 20 hours of community services.
- Demonstrated experience operating or facilitating a comparable prevention program in a youth group setting.
- Experience with or ability to access the state's target population for PREP
- Agree to coordinate with DHHS Division of Children and Families if accessing/recruiting youth who are in state custody either under the state's Child Welfare Unit or Office of Juvenile Services for program participants.
- Attend the state directed 2 ½ day TOP™ training to be conducted late summer early fall 2011 for selected sub grantees.
- Participate in any evaluation implemented by the federal PREP funding agency, Wyman Center or the state.

### **III. Eligibility Information**

#### **A. Eligibility**

The following information is provided to assist potential applicants in determining eligibility and applicability of this grant program to their scope of work. The information should be used in the development of any subsequent application.

**Eligible applicants** include any public or private non-profit entity, coalition of entities, collaborative, partnership or federally recognized Native American Tribe headquartered in Nebraska. A non-Tribal bidder proposing to provide services on any of Nebraska's Native American reservations or federally-recognized Tribal land must include a letter of support from the applicable Tribal Council.

Each applicant must identify a lead agency if applying as a coalition of entities, collaborative or formal partnership. Applicant must also identify a fiscal agent, who may or may not be the same as the lead agency. The fiscal agent must have a non-profit status at the time of the application, have the capacity to receive these funds, is committed to the project, and is acceptable to all application partners. Proof of non-profit status from the Internal Revenue Service (IRS) must be submitted upon request of the granting agency.

#### **B. Cost Sharing/Matching**

There is no match requirement under this funding opportunity. However some cost-sharing on the part of the applicant will be necessary in order to effectively implement the state's selected model and efficiently support the state's limited funding allocation provided by the federal funding agency. While some costs are provided as outlined in the tentative site budget (Section II-B) this budget does not provide for all potential costs associated with implementing a TOP™ site. The degree to which an applicant is able to provide cost-sharing is a demonstration of the applicant's capacity to carry out the state's PREP initiative through TOP™ and their willingness and ability to share in the state's investment. Therefore, at a minimum, applicants must be able to provide a portion of a FTE to be allocated on a cost-sharing basis in fulfilling the site's coordination/administrative oversight and/or reporting requirements and duties specific to this grant program. Administrative time is anticipated to be less than .15 FTE. Additional but optional cost-sharing opportunities are highly desirable, encouraged and serve to enhance the applicant's TOP™ program. These cost-sharing examples include volunteer personnel, donated resources and services e.g. transportation.

#### **C. Other Mandatory Requirements**

The following required elements are mandatory for all applicants. Applicants must uphold each element in the delivery of their PREP sub grant. The mandatory requirements are as follows:

1. **Cultural Competency:** Applicants must demonstrate cultural competence following the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) and describe in detail how they will integrate these standards into their TOP™ programs. (See Attachment 3 for a definition and discussion of CLAS Standards.)
2. **Program Integrity:** Applicants must clearly and consistently uphold fidelity to the TOP™ model in replicating and conducting the program as identified by Wyman Center, the model developer. Adaptations to the TOP™ curriculum and/or any supplementary information provided to youth participants as part of TOP™ replication at selected sites must have prior approval from the state PREP office of any proposed adaptations or supplements. Failure to adhere to this requirement may result in forfeiture of funds. (See Terms and Assurances document – Attachment 4)
3. **Non-Sectarian Instruction:** It should be noted that sub grantees may not expend Federal funds for sectarian instruction, worship, prayer, or proselytizing. Applicants must provide signed assurance that they will respect this requirement. (See Terms and Assurances document – Attachment 4) If the applicant is a faith-based or religious organization and it does offer such sectarian activities, these activities shall be voluntary for the individuals receiving services under this program and must be offered separately from the program activities. Each program or project must be accessible to the public generally, not just to those of a particular religious affiliation. Finally, sanctuaries of religious worship may not be utilized as a site though religious educational facilities may be eligible under certain circumstances.
4. **Instructional Content:** Applicants must agree to follow/adhere to the instructional content of the Wyman’s curriculum for TOP™ with the exception that it will not demonstrate or provide any form of contraception to any youth participating as a member of the state’s TOP™ program.
5. **Equal Access:** This program is subject to Title IX of the Education Amendments of 1972 (Title IX 20 U.S.C. §§ 1861-62), which prohibits discrimination based on sex in programs which receive financial assistance. Both boys and girls must be given “equal access” to educational opportunities. Projects are not required to provide equal number of classes or serve equal numbers of participants for each sex, but they are required to provide equal access.
6. **Medical Accuracy:** The selected state PREP model (Wyman Center’s TOP™) has been deemed medically accurate as required by the federal legislation authorizing the PREP funding. Applicants must attest and certify that they will ensure that any supplemental materials proposed for use with the replication of TOP™ will have been pre-approved

and certified by the state as medically accurate and acceptable for use. (See Terms and Assurances document – Attachment 4)

7. **Referrals:** Applicants must agree to refer youth to appropriate social or health services when necessary and as appropriate. Services may include but are not limited to CHIP/Medicaid, economic and family support assistance including food and transportation, behavioral treatment services and physical health care. Payments or fees resulting from any social or health-related referral are not covered under this funding opportunity. For the purpose of health care referrals for youth who are presenting as sexually active, the selected program sites are required to include documentation (MOA/MOU or similar) in their application that a qualified health care provider (physician, PA, APRN) practicing privately or within a local/regional health clinic is participating as a permanent member/partner of their on-going PREP/ TOP™ replication “team”. Acceptable health care providers will be those with practices specific to adolescent, family or reproductive health. Specific referral methods including how any associated costs will be addressed and reconciled, must be described in the application. **The Applicant must provide assurances that neither it nor the health care provider will refer for, perform, or counsel for abortion.** (See Terms and Assurances document – Attachment 4)
  
8. **Program Training and Technical Assistance:** Applicants must agree to participate in a state-directed 2 ½ day training for TOP™ prior to initiating their TOP™ sites. Training will occur in Lincoln, NE as scheduled late summer or early fall, 2011. Costs associated for sub grantees to attend (mileage/lodging) may be charged against their site expenses as indicated in the tentative budget for sites referenced in Section II. – B. Applicants must also agree to participate in any on-going, on-site technical assistance offered by Wyman Center or the state where appropriate.
  
9. **Reporting:** Applicants must agree to routinely collect and submit the required project data as a recipient of these federal grant funds. Data may include but are not limited to; 1) results of pre/post tests, 2) TOP™ youth group demographic information, 3) referral services conducted and 4) other information deemed essential by Wyman Center and/or the state. The state will make every effort to limit administrative time necessary in the collection and reporting of the identified data including the provision of reporting forms and technical assistance or guidance in the implementation of any data collection activity.

## IV. Application Submission Information

### A. Letter of Intent

If you intend to submit an application for this grant program, please notify DHHS, Division of Public Health, Lifespan Health Services Unit in writing by **June 8, 2011**. Specify in your correspondence the **CFDA # 93.092**, the name and address of applying organization and the name, phone number and email address of a contact person at your organization. **The submission of the letter of intent is required and allows DHHS staff to determine logistical needs for the application review process. You may indicate in writing your intent to apply in one of three ways:**

**Fax:** (402) 471-7049 ATTN: Personal Responsibility Education Program

**Mail:** Personal Responsibility Education Program  
Attention Linda Henningsen  
DHHS, Division of Public Health  
Lifespan Health Services Unit  
301 Centennial Mall South, P.O. Box 95026  
Lincoln, NE 68509

**Email:** [linda.henningsen@nebraska.gov](mailto:linda.henningsen@nebraska.gov)

### B. Questions and Communication with Staff

Any explanation desired by a respondent regarding the meaning or interpretation of any provision of this Request for Application must be in writing and may be submitted to the point of contact at the address listed below through **June 15, 2011**. This format allows more specific needs of Applicants to be addressed throughout the application period. **In the interest of consistency and fairness, person-to-person or telephone questions will not be accepted.**

Questions may be transmitted by one of the methods listed below (listed in order of preference) and clearly marked “**PREP Grant Question**”. Due to the response time, email or fax communication is preferred and strongly encouraged. Responses to questions will be posted under the heading “Adolescent Health” on the Lifespan Health Services Unit/Adolescent Health web site at: <http://www.dhhs.ne.gov/LifespanHealth/Adolescenthealth/>. The site will be updated at a minimum of every 48 hours, M-F excluding holidays through **June 17, 2011**. Please check the site before submitting questions as the question may have already been asked and answered. Facsimiles sent to the DHHS, Lifespan Health Services Unit at (402) 471-7049, must include a cover sheet clearly indicating the number of pages transmitted. Facsimile must also reference the RFA for the Personal Responsibility Education Grant Program (PREP) on the cover sheet. The State assumes no liability for assuring accurate or complete facsimile transmission or receipt.

**Methods for submitting questions (in order of preference):**

- By email to: [linda.henningsen@nebraska.gov](mailto:linda.henningsen@nebraska.gov).
- By Fax to (402) 471-7049
- Mail: Personal Responsibility Education Program, Attention Linda Henningsen  
DHHS, Division of Public Health  
Lifespan Health Services Unit  
P.O. Box 95026  
Lincoln, NE 68509

From the date the RFA is issued until a determination is made and announced regarding the selection of sub grantees, contact between potential sub grantees and individuals employed by the State is restricted only to written communication with the staff designated specifically to the RFA. Violation of this condition may be considered sufficient cause to reject an applicant's application and/or selection irrespective of any other condition.

**C. Application Submission Requirements**

The following describes the requirements related to Application submission.

To facilitate the application evaluation process, one (1) signed original and four (4) copies of the entire application should be submitted by the application due date and time. Applications must be mailed to the address and attention of the contact listed under sub heading "A", "Letter of Intent".

Emphasis should be concentrated on conformance to the Request for Application instructions, responsiveness to requirements, completeness and clarity of content. If the respondent's application is presented in such a fashion that makes evaluation difficult or overly time consuming, it is likely that points will be lost in the evaluation process. Elaborate and lengthy applications are neither necessary nor desired.

The applications will first be examined to determine if all mandatory inclusions listed below have been addressed to warrant further evaluation. Applications not meeting these mandatory inclusions will be excluded from further evaluation. The mandatory items are as follows:

1. The signed Request for Applications for Sub Grant Services Cover Sheet ( see Attachment 5 );
2. Application Narrative
3. Signed Terms and Assurances and corresponding Exhibits
4. Signed Certifications

**Data Universal Numbering System (DUNS ) Number:** Effective October 1, 2003 all Federal Grant Applications are required to contain a DUNS number. The Federal Funding Accountability and Transparency Act of 2006 (FFATA) requires full disclosure to the public of all entities or organizations receiving federal funds (i.e. sub grants). Therefore, all applicants seeking funds as a sub grant under this RFA must have a DUNS number. The process to receive a DUNS number can take up to several weeks. If an applicant does not already have a DUNS number, one should be obtained and documented on the cover sheet. To apply for a DUNS number go to <http://fedgov.dnb.com/webform?rfid=redrep> . **Caution: Before applying, please be certain that your organization does not already have a DUNS number, as having more than one would likely cause unnecessary complications. Should an applicant not receive their DUNS number by the due date of application submission (June 24, 2011), it should be noted on the cover sheet and documentation of the “pending” request must be included with the application.**

**Other submission requirements:**

- Applications must be presented unbound and on standard 8½ x 11 inch paper, except that charts, diagrams and the like may be on fold-outs, which, when folded, fit into the 8½ x 11 format. Pages must be consecutively numbered for the entire application. Figures and tables must be numbered and referenced in the text by that number. They should be placed as close as possible to the referencing text. Text should be typewritten, line spacing not less than 1.5 with margins set at 1”. Use a standard font size 12 inch easily-read typeface, such as Times New Roman (as in this document) or Universal. Do not use a condensed font.
- A signed Cover Sheet must be included using the required form (See Attachment 5). Failure to comply with this requirement will unnecessarily delay the review process and potentially increase the chance of misinterpretation of the application. The cover sheet will be posted in Word format on the Department’s web site for this RFA for ease in duplication and completion.
- Include a Table of Contents with page numbers referenced in the application. The Table of Contents should follow the same headings as the application.
- Do not place the original or copies in a binder, folder, or notebook.
- Do not include brochures or any attachments other than the required sections as instructed in this document. The requirements may be submitted as part of the application, or attached and incorporated by reference in the text. Other acceptable attachments include, as relevant to a application and as instructed in this document: proof of non-profit IRS status, Indirect Cost Rate Agreement, Memorandum(s) of Understanding/Agreement, and Letters of Support.

- Submission by fax, e-mail, or disk will not be accepted because original signatures are required on the Cover Sheet and Certifications.
- Mail the complete, signed application original and four copies. Applications must be received in the Division of Public Health, Lifespan Health Services Unit by 5:00 PM Central Daylight Time on **Friday, June 24, 2011**. Additions or corrections will not be accepted after the closing date and time. Applicants are strongly encouraged to use a “guaranteed” commercial carrier service (i.e. UPS/FedEx), USPS registered mail or at least first-class mail. Do not send third class or book rate. For security reasons, the envelope must bear a return address and be addressed to:

Personal Responsibility Education Program, Attention: Linda Henningsen  
DHHS, Division of Public Health, Lifespan Health Services Unit  
301 Centennial Mall South, P.O. Box 95026,  
Lincoln, NE 68509

Applicants whose applications have been received on or before the deadline, will receive an email acknowledgement within 7 days of receipt of the application. Applicants who do not receive this acknowledgement within that timeframe, should contact the PREP Program in the Lifespan Health Services Unit by email to the following address:  
[linda.henningsen@nebraska.gov](mailto:linda.henningsen@nebraska.gov) .

Applications hand delivered or by courier service will be received during business hours (8:00 a.m.-5:00 p.m.), CDT., Monday-Friday, excluding state-observed holidays through Friday, June 24, 2011. Hand delivery or courier service will be received at the 3<sup>rd</sup> floor reception desk, DHHS, Nebraska State Office Building, 301 Centennial Mall South, Lincoln, Nebraska. Applications transmitted by hand delivery or courier must be received at NHHS no later than **5:00 p.m. Friday June 24, 2011**.

## **V. Application Content and Format**

The Department of Health and Human Services has selected Wyman Center’s Teen Outreach Program (TOP™) as the PREP model to be *replicated* through the sub grant process in selected sites statewide. As such, the application process for sub grant funds deviates from other state/federal sub grant funding opportunities in that successful applicants will not be selected based on a proposed program plan and subsequent supportive budget but rather on an applicant’s experience, readiness and capacity to replicate the state’s selected PREP model. To meet this requirement the state has set forth this application process to select qualified entities to replicate TOP™ based on identified qualifications and characteristics deemed essential to successful TOP™ replication and fidelity to the selected model. Applicants are asked to address the specified topic areas falling under five qualifying application categories or components (noted below) deemed essential for sub grantees under PREP funding and TOP™ replication.

An applicant's proposal should be developed to include the following components and submitted in the order listed below. Required forms are noted as relevant and templates suitable for reproduction are provided in the Attachment Section of this RFA or posted on the corresponding web site for this RFA. Referenced components under Application Narrative each carry a potential score value of 20 points for a total of 100 possible points. Page limits are given where appropriate.

1. **Application Cover Sheet or Face Page:** (See Attachment 5)
2. **Table of Contents:** The application should be presented in the order of the table of contents.
3. **Application Narrative** – Address the topic areas as noted under each of the following component headings. Supportive documentation referenced e.g. resumes, letters of support and memorandum of agreements are not included in the page count but should be referenced in the component text and included as attachments to the application.
  - A. **Applicant Profile** – Limit 3 pages
    - Background and organizational history of applicant
    - Experience working with adolescent population generally and high-risk adolescent population specifically
    - Ability and willingness to expand on state's initial investment for TOP™
    - Related/comparable programs delivered or services performed (past/current)
    - Cultural competency
  - B. **Applicant Readiness**- Limit 5 pages
    - Identification of intended target population
    - Means and readiness to access target population.
    - Assessment results for available referral links to related social/health services
    - TOP™ facilities and supportive resources for TOP™ club
    - Potential partners/resource for community service learning component
    - Quality and capacity of regional/community partners
    - Familiarity with TOP™ and/or other youth development programs.
  - C. **Applicant TOP™ facilitation, management and oversight** – Limit 5 pages
    - Identification, qualification and experience of TOP™ site “facilitator” (see Attachment 6 for position functions and qualification requirements.)
    - Organizational fiscal/administrative management of local TOP™
    - Referral methods/mechanism for and oversight of social/health services
    - Supportive documentation e.g. organization charts and resumes.
  - D. **Applicant partnerships, collaborations and support** – Limit 5 pages
    - Type and value of cost-sharing
    - Ability/willingness to implement additional, applicant-supported TOP™ club
    - Referral mechanism for participant social/health services
    - Health care provider(s) for health referrals identified and MOA secured.
    - Referring school(s) collaborations and partnerships
    - Additional regional/community level support and resources
    - Supportive documentation of collaborations e.g. letters of support/agreement

**E. Adherence to Federal and State requirements and expectations - Limit 2 pages**

- Fidelity to TOP™ requirements
- Evidence of coordination with DHHS, Division of Children & Families- Child Welfare unit or Juvenile Justice System as needed.
- Participation in required training and technical assistance
- Commitment to state/federal goals and objectives
- Progress and data reporting
- Adherence to mandatory requirements as described in Section III

**4. Assurances and Certifications: Total Points-n/a Page Limit-n/a**

Applicant must submit the complete and appropriately signed Terms and Assurances document including the related certifications (see Attachment 4). This document, along with the submitted application as detailed in #3 above becomes the legally binding document for any subsequent grant award between the state and the applicant as a result of this RFA.

**5. Attachments: Total Points-n/a Page Limit-n/a**

Applicant may include, as attachments, appropriate supplemental documents necessary to support the application narrative. These attachments may include but are not limited to letters of support, resumes, memorandum of agreements and/or contracts.

## **VI. Application Review Information**

**A. Application Review and Evaluation**

Applications received on or before the closing date will be logged in, then screened for compliance with the requirements as detailed in the Request for Applications. Applications with an omission of any required section, form, signatures, or that fail to use required forms or formats, will not advance to the next level of review. **Late, incomplete or non-compliant applications will not be considered for funding.** The state will conduct a fair, impartial and comprehensive evaluation of all applications in accordance with review criteria. All responses to this Request for Application which fulfill all mandatory requirements will be evaluated. Each category will have a maximum possible point potential.

Additional considerations for determining the responsiveness level of each applicant shall include but not be limited to:

1. The ability, capacity and skill of the applicant to replicate TOP™ in a manner that meets the requirements of this Request for Application;
2. The character, integrity, reputation, judgment, experience and efficiency of the applicant;
3. Whether the applicant can perform the sub grant within the specified time frame;
4. The quality of applicant performance on prior projects.

**Evaluation Committee:** Applications will be independently evaluated by members of the Evaluation Committee. The Evaluation Committee represents a variety of perspectives, i.e. public health, social services, education, data management, and financial management with the appropriate expertise to conduct such application evaluations. Names of Evaluation Committee members and any working documents will not become public information.

Applicants are advised that only members of the Evaluation Committee, meeting in their official capacity, can clarify issues or render any opinion regarding this Request for Applications. No individual member of the State, employee of the State or member of the Evaluation Committee is empowered to make binding statements regarding this Request for Application.

**Review Criteria:** Each member of the Evaluation Committee will score and comment on applications using Review Criteria and Summary Sheet. This evaluation Summary Sheet will be compiled for each reviewed application to include total score and identified strengths and weaknesses of each component. The Summary will be used to rank and select successful applications. The table in Attachment 7 identifies the Review Criteria and maximum point value. An example of the Summary Sheet is also provided.

#### **B. Notification**

Applicants will be notified in writing of the funding decisions, whether selected or denied. If selected, award letters may be tentative, pending satisfactory resolution of any outstanding requirements. A tentative award letter will be accompanied by a list stating requirements, actions needed to satisfy the requirements, and a required due date for response. If the requirements are not satisfactorily met by the due date, DHHS reserves the right to rescind the tentative award. Applicants may request a copy of the Review Summary for their application.

#### **C. Rejection of Proposals**

DHHS reserves the right to reject any or all applications, wholly or in part, or to award to multiple applicants in whole or in part. DHHS reserves the right to waive any deviations or errors that are not material, do not invalidate the legitimacy of the application and do not improve the applicant's competitive position. All awards will be made in a manner deemed in the best interest of the State.

## **ATTACHMENTS**

## TOP™ *Changing Scenes* Curriculum

### Content Description-learning objectives by Grade<sup>1</sup>

The TOP™ *Changing Scenes* lesson plans guide conversations around topics of particular interest to adolescents. Research shows that while there are some commonalities among adolescents aged 12-1, there are also many variations along the developmental continuum in relationship to needs, skills and capabilities. The curriculum, divided into four levels, is designed to address the ever-shifting landscape of this population.

#### **Level 1**

Designed for adolescents aged 12-13, who are experiencing changes in their physical, emotional, intellectual and social development. Curriculum content at this level focuses on adolescent growth and development, relationships with family/friends, building self-esteem and confronting influences that impact the lives of adolescents at this stage of development.

#### **Level 2**

While younger adolescents aged 12-13 are entering puberty and overwhelmed by new emotions and body changes, 14 year olds are often experiencing their first love, searching for their own identity, or confronting new peer pressure. Emphasis in the curriculum at this level is on self-awareness, dealing with emotions, accepting responsibility and decision-making.

#### **Level 3**

Reflects the needs of teens aged 15-16 who are struggling for independence and need to have a sense of self-initiated learning around content areas they can apply to their lives. Curriculum content and activities promote healthy attitudes and behavior in romantic relationships, helping young people to explore their values and give youth an opportunity to acquire valuable life skills such as goal setting and assertiveness.

#### **Level 4**

Addresses the needs of 17 year olds who are preparing to meet new challenges as they approach the much anticipated, yet challenging reality of finally being in control of their own lives. Level 4 concentrates on helping students fine-tune their skills and capacities as they embark on an exploration of adulthood.

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<sup>1</sup> Wyman Center Learning Objectives for TOP™

## Service Learning Options<sup>2</sup>

The following list is provided as a general overview of the types of service learning options and is not intended to be prescriptive or all-inclusive.

### Direct Service

- Time physically spent serving and addressing community needs (i.e. building a house, raking leaves)
- Time spent helping with ongoing and existing service projects in the community (i.e. tutoring children)
- Time spent assisting the community in accomplishing necessary tasks (i.e. serving food at the Market Street Festival)

### Indirect Service

- Time spent planning and preparing for a service event, program, or activity
- Time spent on creating PR materials or posting PR materials for the organization's service activity
- Time spent on set up or tear down for a service activity
- Time spent recruiting members for the organization or "building capacity"
- Time spent on fundraising for an outside agency or your club/organization's needs in assisting the community (i.e. supplies to make cards for soldiers)
- Time spent on service-learning initiatives
- Time spent educating others about a community, environmental, and/or social need or problem to be addressed
- Time spent in formalized group reflection, as recognized by the University, upon service and/or focusing on an environmental or social problem associated with the service

*Not all time spent related to a service organization can be categorized as direct service or indirect service. The following activities are neither.*

### **Not Considered Service**

- Time spent at an organization's meeting socializing, having a pizza party, etc.
- Travel time to/from a service activity
- Time spent on fundraising for your campus club/organization's own benefit (i.e. social events, transportation costs)

**Volunteering** is an opportunity to engage as a community member and citizen *with* and *in service to* other members of a given community in an effort to make the world a better place.

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<sup>2</sup> Missouri State University, *Definition of Service: Protocol for Types of Activities Which Qualify as Service Hours*

**NATIONAL STANDARDS FOR CULTURALLY  
AND  
LINGUISTICALLY APPROPRIATE SERVICES IN HEALTH CARE (CLAS)**

**What are CLAS Standards?**

The collective set of Culturally and Linguistically Appropriate Services mandates, guidelines, and recommendations issued by the U.S. HHS Office of Minority Health intended to inform, guide, and facilitate required and recommended practices related to culturally and linguistically appropriate health services.

**What is cultural and linguistic competence?**

Cultural and linguistic competence is “a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in a cross-cultural situation”.

“Competence implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.”

Cross, T., et al, *Towards a Culturally Competent System of Care*, Volume 1, 1989.

**Why are CLAS Standards needed?**

The standards “respond to the need to ensure that all people entering the health care system receive **equitable and effective** treatment in a culturally and linguistically appropriate manner” and are proposed “as a means to **correct inequities** that currently exist in the provision of health services and to make these services more responsive to the individual needs of all patients/consumers.”

“They are especially designed to address the needs of racial, ethnic, and linguistic population groups that **experience unequal access** to health services” and “ultimately to contribute to the elimination of racial and ethnic health disparities and to improve the health of all Americans.”

**How are the CLAS Standards applied?**

There are 14 Standards. Four of the Standards (4,5,6, & 7) are mandates and are required to be adopted for all recipients of Federal Funds. These four standards are based on Title VI or the Civil Rights Act of 1964 (Title VI) with respect to services for limited English proficient (LEP) individuals. Additionally, nine of the Standards are guidelines that are activities that are

recommended by the Office of Minority Health (OMH) for adoption as mandates by Federal, State, and national accrediting agencies. This distinction applies to Standards 1,2,3,8,9,10,11,12, & 13. Finally, Standard 14 is a recommendation that is suggested by OMH for voluntary adoption by health care organizations.

What is Title VI?

This refers to Title VI of the Civil Rights Act of 1964. Specifically, Title VI provides that no person in the U.S. shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

Full text of the Act may be found in *Title VI of the Civil Rights Act of 1964*, as amended, 42 U.S.C. §2000d, *et seq.*

A manual providing an overview of the Act may be found at [http://www.usdoj.gov/crt/grants\\_statutes/legalman.html#Introduction](http://www.usdoj.gov/crt/grants_statutes/legalman.html#Introduction)

The courts have held that Title VI prohibits recipients of Federal financial assistance from denying LEP persons access to programs, on the bases of national origin. Any organization, or individual,, that receives

Federal financial assistance, either directly or indirectly, through a grant contract, or subcontract, is covered by Title VI. For more information on Title VI Language Assistance obligation, see: <http://www.hhs.gov/ocr/lep/fact.html>

### **Which CLAS mandates are current Federal requirements for all recipients of Federal funds based on Title VI?**

**Standards 4 , 5, 6 & 7 are mandates. These standards are:**

4. Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.
5. Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.
6. Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).
7. Health care organizations must make available easily understood patient-related materials and post signage in the languages of commonly encountered groups and/or groups represented in the service area.

**As a recipient of Federal funds, what are some options to comply with the language access requirement?**

For oral language assistance, options that can be used to comply with the language access requirement include: hiring bilingual staff for patient and client positions, hiring staff interpreters, contracting for interpreter services, engaging community volunteers, and contracting for telephone interpreter services. Translation of written documents depends on several factors, including the size of the population being served.

Which CLAS Standards are recommendations?

**CLAS standards that are recommended by the Office of Minority Health (OMH) for adoption are Standards 1, 2, 3, 8, 9, 10, 11, 12 & 13:**

1. Health care organizations should ensure that patients/consumers receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.
2. Health care organizations should implement strategies to recruit, retain and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.
3. Health care organizations should ensure that staff at all levels, and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.
8. Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.
9. Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations. Title VI Language Assistance Obligations.
10. Health care organizations should ensure that data on the individual patients/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

11. Health care organizations should maintain a current demographic, cultural and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.
12. Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS – related activities.
13. Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross – cultural conflicts or complaints by patients/consumer.

**Which CLAS Standard is suggested by OMH for voluntary adoption by health care organizations?**

**Standards 14 is suggested as a voluntary step:**

14. Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

**Where can I find more information about CLAS Standards?**

The following website provides the Federal Registry announcement of CLAS Standards.  
<http://www.omhrc.gov/clas/frclas2.htm>

The Office for Civil Rights (OCR) has a website that provides information on Title VI Language Assistance Obligations, compliance with the language access requirement, examples of prohibited practice, and compliance and enforcement. <http://www.hhs.gov/ocr/lep/fact.html>

Nebraska is in HHS Region VII, with its headquarters in Kansas City, MO. The Regional Office of Civil Rights Manager can be reached at 816-426-7278, fax 816-426-3686, and TDD 816-426-7065.

**NEBRASKA PERSONAL RESPONSIBILITY EDUCATION PROGRAM**  
**(PREP)**  
**SUB GRANT TERMS AND ASSURANCES**

The following documents shall be reviewed, forms completed as relevant, signed by an Authorized Official, and **submitted as part of the Application for funding. The following definition applies to any entity making application:**

**Entities making application for sub grant funds will be regarded as sub-recipients. A sub-recipient is:**

A non-federal entity that expends federal awards received from a pass-through entity to carry out a federal program, but does not include an individual that is a beneficiary of such a program. A sub recipient may also be a recipient of other federal awards directly from a federal awarding agency.

**Sub grant Terms and Assurances\*:**

<u>Exhibit 1 A &amp; B:</u>	Sub recipient Reporting Requirements
<u>Exhibit 2:</u>	Program Specific Requirements
<u>Exhibit 3:</u>	DHHS Administrative & Audit Guidance for Sub grants
<u>Exhibit 4:</u>	DHHS Audit Requirement Certification and the applicable Federal Certifications

- ▶ DHHS Audit Requirement Certification \*
- ▶ Certification Regarding Lobbying \*
- ▶ Certification Regarding Environmental Tobacco Smoke \*
- ▶ Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion \*
- ▶ Certification Regarding Drug-Free Workplace Requirements \*

**\* Signature of Authorized Official is required.**

## **SUB GRANT TERMS AND ASSURANCES**

Nebraska Department of Health and Human Services (DHHS)

### **Division of Public Health**

The Nebraska Department of Health and Human Services (DHHS) is the prime recipient of federal financial assistance, and the pass-through entity for those funds it sub grants to eligible entities based on a Request for Application (RFA). Applicants awarded federal financial assistance passed through DHHS become known as sub recipients. By accepting this sub grant, the sub recipient acknowledges its understanding of and agrees to comply with the general terms and assurances described herein.

Sub recipient must perform sub grant activities in compliance with the following documents governing the particular award.

1) **Sub grant Terms and Assurances**, and its appendices:

- **Sub recipient Reporting Requirements** (Exhibit 1A and B);
- **Program Specific Requirements** (Exhibit 2);
- **Administrative and Audit Guidance for Sub grants** (Exhibit 3);
- **DHHS Audit Requirement Certification** and the applicable **Federal Certifications** (Exhibit 4).

2) **Request for Application** (RFA) for competitive funds;

3) **Sub grant Application** in response to RFA, and

4) **Letter of award** issued by DHHS which includes the award period, amount of funds awarded, and any contingencies to the Sub grant award.

## GENERAL TERMS AND ASSURANCES

A. Access to Records and Audit Responsibilities. All Sub recipient books, records, and documents relating to work performed or monies received under this Sub grant shall be subject to audit at any reasonable time upon the provision of reasonable notice by DHHS. The Sub recipient must maintain these records for a period of six (6) full years from the date of final payment, or until all issues related to an audit, litigation or other action are resolved, whichever is longer. All records shall be maintained in accordance with generally accepted accounting principles.

The Sub recipient agrees to provide to DHHS any and all written communications received by the Sub recipient from an auditor related to Sub recipient's internal control over financial reporting requirements and communication with those charged with governance, including those in compliance with or related to Statement of Auditing Standards (SAS) 112 *Communicating Internal Control related Matters Identified in an Audit* and SAS 114 *The Auditor's Communication with Those Charged With Governance*. The Sub recipient agrees to provide DHHS with a copy of all such written communications immediately upon receipt or instruct any auditor it employs to deliver copies of such written communication to DHHS at the same time copies are delivered to the Sub recipient, in which case the Sub recipient agrees to verify that DHHS has received a copy.

The Sub recipient agrees to immediately correct any material weakness or condition reported to DHHS in the course of an audit and notify DHHS that the corrections have been made.

In addition to, and in no way in limitation of any obligation in this Sub grant, the Sub recipient agrees that it will be held liable for audit exceptions, and shall return to DHHS all payments made under this Sub grant for which an exception has been taken or which has been disallowed because of such an exception, upon demand from the Department.

B. Authorized Official. A person authorized by the Sub recipient to sign legally-binding documents. By submitting the signed Application Cover Sheet and the Sub grant Terms and Assurances, the Applicant agrees that if a Sub grant is awarded, it will operate the grant-funded activities as described in the Application and in accordance with the Sub grant Terms and Assurances.

C. Availability of Funding. Due to possible future reductions in appropriations, DHHS cannot guarantee the continued availability of funding for this Sub grant. In the event funds to finance this Sub grant become unavailable either in full or in part due to such reductions in appropriations, DHHS may terminate the Sub grant or reduce the award upon notice in writing to the Sub recipient. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. DHHS shall be the final authority as to the availability of funds.

The effective date of such Sub grant termination or reduction in the award shall be specified in the notice as the date of service of said notice or the actual effective date of the funding reduction, whichever is later. Provided that reductions shall not apply to payments made for services satisfactorily completed prior to said effective date. In the event of a reduction in the award, the Sub recipient may cancel this Sub grant as of the effective date of the proposed reduction upon provision of advance written notice to DHHS.

D. Budget Changes. The Sub recipient is permitted to reassign funds from one line item to another line item within the approved budget. If funds are reassigned between line items, prior approval from DHHS is required for cumulative budget transfer requests for allowable costs, allocable to the Sub grant exceeding ten percent (10%) of the current total approved budget. Budget revision requests shall be submitted in writing to DHHS. DHHS will provide written notification of approval or disapproval of the request within 30 days of its receipt.

E. Data Ownership and Copyright. All data collected as a result of this project shall be the property of DHHS. The Sub recipient, or other entities with which it enters into legal agreement with, may copyright any of the copyrightable material produced in conjunction with the performance required under this Sub grant. DHHS hereby reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use, and to authorize others to use the copyrightable material for State purposes.

F. Documents Incorporated by Reference. All laws, rules, regulations, guidelines, directives and documents, attachments, and exhibits referred to in these terms and assurances shall be deemed incorporated by this reference and made a part of this Sub grant as though fully set forth herein.

G. Drug-Free Work-Place Policy. The Sub recipient hereby assures DHHS that it will operate a drug-free workplace in accordance with state and federal guidelines and has implemented a drug-free workplace policy which is available to DHHS upon request.

H. Federal Governing Requirements. Sub recipient must perform Sub grant activities, expend funds, and report financial and program activities in accordance with Federal grants administration regulations, U.S. Office of Management and Budget (OMB) Circulars governing cost principles and audits (Appendix 3), OMB Circulars governing administrative requirements, and to comply with the certifications attached hereto.

I. Independent Legal Entity. The Sub recipient is an independent legal entity and neither it nor any of its employees shall be deemed employees of DHHS for any purpose. The Sub recipient shall employ and direct such personnel as it requires to perform its obligations under this Sub grant, shall exercise full authority over its personnel, and shall comply with all worker's compensation, employer's liability, and other federal, state, county, and municipal laws, ordinances, rules, and regulations required of an employer providing services as contemplated by this Sub grant.

J. Monitoring. Sub recipient shall facilitate DHHS’s monitoring and oversight activities of Sub recipient to include: (1) fiscal and program review using monitoring mechanisms including but not limited to, progress reports, site visits, financial reports, independent (third party) financial audits, and/or internal (State-conducted) financial audits to ensure compliance with program and fiscal requirements; and (2) ensuring that Sub recipient receives a Single Audit if it meets the annual threshold under OMB Circular A-133.

K. Nondiscrimination. The Sub recipient warrants and assures that it complies, as applicable, with Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, and the Nebraska Fair Employment Practice Act, to the effect that no person shall, on the grounds of race, color, national origin, sex, pregnancy, marital status, age, religion, or disability, be excluded from participation in, denied benefits of, or otherwise be subjected to discrimination under any program or activity of the Sub recipient. This provision shall include, but not be limited to, employment, promotion, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training including apprenticeship. The Sub recipient further agrees to insert similar nondiscrimination provisions in all subcontracts utilized in the performance of this grant.

L. Notices. All notices given under the terms of this Sub grant shall be sent by certified mail, postage prepaid, addressed to the respective party at the address set forth below, or to such other addresses as the parties shall designate in writing from time to time. Notice by Sub recipient to DHHS shall be addressed to Nebraska Health and Human Services, Division of Public Health, P.O. Box 95026, Lincoln, NE 68509-5026, Attn: Lifespan Health Services.

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\_\_\_\_\_  
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[Sub recipient name and address

M. Programmatic changes. The Sub recipient shall request in writing DHHS approval for programmatic changes. DHHS shall send a written determination regarding the request to the Sub recipient within 30 days of its receipt.

N. Public Counsel. In the event the Sub recipient provides health and human services to individuals on behalf of DHHS under the terms of this Sub grant, Sub recipient shall submit to the jurisdiction of the Public Counsel under Neb. Rev. Stat. §§81-8,240 to 81-8,254 with respect to the provision of services under this Sub grant. This clause shall not apply to grants or contracts between DHHS and long-term care facilities subject to the jurisdiction of the state long-term care ombudsman pursuant to the Long-Term Care Ombudsman Act.

O. Publications, Publicity, Conferences or Training and Acknowledgment of Support. Sub recipient shall submit a copy of all presentations, writings and materials developed as a result of activities funded through this Sub grant for purposes of review and comment. Publicity, presentations and written materials concerning activities supported under this Sub grant shall acknowledge the financial support of DHHS and the federal granting agency by including a statement therein (see Appendix 2)

P. Payment. DHHS will make payments subject to Sub recipient's submission of reports according to the Sub recipient Reporting Requirements [Exhibit 1A], pursuant to the Nebraska Prompt Payment Act, Neb. Rev. Stat. §81-2401 et seq., and will be a cost reimbursement based on the state's identified per-site budget for grant funds unless otherwise specified.

Q. Release and Indemnity. The Sub recipient shall assume all risk of loss and hold DHHS, its employees, agents, assignees and legal representatives harmless from all liabilities, demands, claims, suits, losses, damages, causes of action, fines or judgments and all expenses incident thereto, for injuries to persons and for loss of, damage to, or destruction of property arising out of or in connection with this grant, and proximately caused by the negligent or intentional acts or omissions of the Sub recipient, its officers, employees or agents; for any losses caused by failure by the Sub recipient to comply with terms and conditions of the grant; and, for any losses caused by other parties which have entered into agreements with the Sub recipient.

R. Religious Activities. The Sub recipient is prohibited from engaging in inherently religious activities like worship, religious instruction, or proselytization financed with federal financial assistance.

S. Reports. The Sub recipient must submit data, program, and financial reports according to the reporting requirements (Appendix 1). Extensions for the submission of reports and reimbursement must be submitted in writing to DHHS for approval to prevent withholding of payment.

T. Subcontracting or Sub granting. The Sub recipient agrees that subcontractors and/or sub grantees will not be utilized in the performance of this Sub grant without prior written authorization from DHHS.

U. Sub grant Close-out. Upon the expiration or notice of termination of this Sub grant, the following procedures shall apply for close-out of the Sub grant:

- 1) Upon request from Sub recipient, any allowable reimbursable cost not covered by previous payments shall be paid by DHHS.
- 2) The Sub recipient will not incur new obligations after the termination or expiration of the Sub grant, and shall cancel as many outstanding obligations as possible. DHHS shall give full credit to Sub recipient for the federal share of non-cancelable obligations

properly incurred by Sub recipient prior to termination, and costs incurred on, or prior to, the termination or expiration date.

- 3) Sub recipient shall immediately return to DHHS any unobligated balance of cash advanced or shall manage such balance in accordance with DHHS instructions.
- 4) Within a maximum of 90 days following the date of expiration or termination, Sub recipient shall submit all financial, performance, and related reports required by the Sub recipient Reporting Requirements (Exhibit 1A). DHHS reserves the right to extend the due date for any report and may waive, in writing, any report it considers to be unnecessary.
- 5) DHHS shall make any necessary adjustments upward or downward in the federal share of costs.
- 6) The Sub recipient shall assist and cooperate in the orderly transition and transfer of Sub grant activities and operations with the objective of preventing disruption of services.
- 7) Close-out of this Sub grant shall not affect the retention period for, or state or federal rights of access to, Sub recipient records, or Sub recipient's responsibilities regarding property or with respect to any program income for which Sub recipient is still accountable under this Sub grant. If no final audit is conducted prior to close-out, DHHS reserves the right to disallow and recover an appropriate amount after fully considering any recommended disallowances resulting from an audit which may be conducted at a later time.

V. Sub recipient Procurement. Sub recipient shall be responsible for the settlement and satisfaction of all contractual and administrative issues arising out of procurement entered into by it in connection with the Sub grant, without recourse to DHHS. Such issues include, but are not limited to, disputes, claims, protests of award, source evaluation and other matters of a contractual nature. DHHS is not a party to any other legal agreement entered into between the Sub recipient arising out of this Sub grant award.

W. Technical Assistance. DHHS will provide training and materials, procedures, assistance with quality assurance procedures, and site visits by representatives of DHHS and the federal granting agency in order to review program accomplishments, and other technical assistance as needed or requested.

X. Termination. This Sub grant is subject to termination in the following conditions:

- 1) Termination by DHHS due to unavailability of funding.

- 2) **Termination by Mutual Consent:** This Sub grant may be terminated in whole or in part, prior to the completion of the Sub recipient's project activities, when both parties agree that continuation is not feasible or would not produce beneficial results commensurate with the further expenditure of funds. The parties must agree on the termination conditions, including effective date and the portion to be terminated.
- 3) **Termination for Cause:** In the event of a default or violation of the terms of this Sub grant by the Sub recipient or failure to use the Sub grant for only those purposes set forth, DHHS may take the following action:
  - (a) **Suspension -** After notice to the Sub recipient, suspend the Sub grant and withhold any further disbursement or prohibit the Sub recipient from incurring additional obligations of Sub grant funds, pending corrective action by the Sub recipient.
  - (b) **Termination -** Terminate the Sub grant in whole, or in part, at any time before the date of completion, whenever it is determined that the Sub recipient has failed to comply with the terms and conditions of the Sub grant. DHHS will promptly notify the Sub recipient in writing of the determination and the reasons for the termination, together with the effective date.

Payments made to the Sub recipient or recoveries by DHHS under this subsection, will be in accordance with the legal rights and liabilities of the parties.

Payments and recoveries may include, but are not limited to, payments allowed for costs determined to be not in compliance with the terms of this Sub grant up to the date of termination. The Sub recipient will return to DHHS all unencumbered funds. Further, any costs previously paid by DHHS which are subsequently determined to be unallowable through audit and close-out procedures may be recovered pursuant to the closeout procedures herein.

- 5) **Recovery of Funds:** In the event of default, failure to complete the project, or violation of the terms of this Sub grant by the Sub recipient, DHHS may institute such action as necessary to reduce, withdraw, or recover all or part of the project funds from the Sub recipient.

If a Sub grant is awarded, Sub recipient agrees it will operate the activities as described in the Application (or Request for Continuation Funds) and in accordance with these Sub grant Terms and Assurances, with Exhibits 1-A & B, 2, 3, and 4.

[Name Organization]

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Official

Exhibit 1A

## Nebraska Department of Health and Human Services (DHHS)

## Personal Responsibility Education Program (PREP)

## Sub-recipient Reporting Requirements for FY 2010-2012

<b>Report</b>	<b>Date Due</b>	<b>DATE SUBMITTED</b>	<b>Period Covered</b>
<b>1<sup>st</sup> Quarter – 14 Month Grant Period</b> Progress Report Expenditure Report	October 15, 2011		August 1 – September 30, 2011 <b>Disbursement of Funds</b>
<b>2<sup>nd</sup> Quarter – 14 Month Grant Period</b> Progress Report Expenditure Report Data Reports	January 15, 2012		October 1-December 31, 2011 <b>Disbursement of Funds</b>
<b>3<sup>rd</sup> Quarter – 14 Month Grant Period</b> Progress Report Expenditure Report Data Reports	April 15, 2012		January 1- March 31, 2012 <b>Disbursement of Funds</b>
<b>4<sup>th</sup> Quarter – 14 Month Grant Period</b> Progress Report Expenditure Report Data Report	July 15, 2012		April 1- June 30, 2012 <b>Disbursement of Funds</b>
<b>5<sup>th</sup> Quarter – 14 Month Grant Period</b> <b>End of Initial Award Period</b> Final Progress Report Final Expenditure Report Final Data Reports	October 15, 2012		July 1 – September 30, 2012 <b>Disbursement of Funds</b>

## Exhibit 1-B

EXPENDITURE REPORT  
Line Item Section

SUBAWARD #: \_\_\_\_\_  
 AGENCY: \_\_\_\_\_  
 PROJECT: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY & ZIP: \_\_\_\_\_

REPORTING PERIOD: \_\_\_\_\_ TO: \_\_\_\_\_  REVISED BUDGET  
 FEDERAL I.D. NUMBER: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**TWO (2) ORIGINAL SIGNATURES** (representing each financial and program) ARE REQUIRED FOR  
 PROMPT PROCESSING OF REIMBURSEMENTS. UNSIGNED FORMS OR INSUFFICIENTLY  
 SIGNED FORMS WILL RESULT IN A PAYMENT DELAY.

Check if prepared using computerized spreadsheet function.

SITE BUDGET		EXPENDITURES DURING REPORTING PERIOD		CUMULATIVE EXPENDITURES	
Budget Category	Grant Funds Allocated	<u>Grant Funds</u>	<u>Cost-Sharing</u>	<u>Grant Funds</u>	<u>Cost-Sharing</u>
<b>Personnel Costs</b>					
a. Site Facilitator	\$9360				
b. Admin/Director					
<b>Benefits</b>					
<b>Operating Expense (SpaceRental/utilities/IT)</b>	\$4900				
<b>Supplies/Materials</b>	\$454				
<b>Travel</b>					
a. Site TOP Training	\$1325				
b. TOP T/A Personnel	\$2386				
<b>Other</b>					
a. Youth Incentives	\$6375				
<b>Total</b>	\$24,800				

## EXHIBIT 2

**Program Specific Requirements****Compliance for Nebraska Personal Responsibility Education Program.**

- A. The Sub-recipient acknowledges that it may not use amounts paid to it for:
1. inpatient services, other than inpatient services provided to children with special health care needs or to high-risk pregnant women and infants and such other inpatient services as the Secretary may approve;
  2. cash payments to intended recipients of program services;
  3. the purchase or improvement of land, the purchase, construction, or permanent improvement (other than minor remodeling) of any building or other facility, or the purchase of major medical equipment;
  4. satisfying any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds;
  5. providing funds for research or training to any entity other than a public or nonprofit private entity; or
  6. payment for any item or service (other than an emergency item or service) furnished;
    - a. by an individual or entity during the period when such individual or entity is excluded from providing service under the Maternal and Child Health Act or Title XVIII (Medicare), Title XIX (Medicaid) or Title XX (Services for Families, Children, Aged or Disabled) of the Social Security Act pursuant to section 42 U.S.C. 1320a-7, 42 U.S.C. 1320a-7a, 42 U.S.C. 1320c-5, or 42 U.S.C. 1395u(j)(2) of the Social Security Act; or
    - b. at the medical direction or on the prescription of a physician during the period when the physician is excluded from providing services in the Maternal and Child Health program or Title XVIII (Medicare), Title XIX (Medicaid) or Title XX (Services for Families, Children, Aged and Disabled) of the Social Security Act pursuant to 42 U.S.C. Section 1320a-7, 42 U.S.C. Section 1320a-7a, 42 U.S.C. Section 1320-5, or 42 U.S.C. 1395u(j)(2) of the Social Security Act and when the person furnishing such item or service knew or had reason to know of the exclusion (after a reasonable time period after reasonable notice has been furnished to the person).

- B. The Sub-recipient assures that it is a public or nonprofit entity, and will provide proof of its nonprofit status upon request of DHHS.
- C. The Sub-recipient assures that it will not engage in inherently religious activities or proselytizing.
- D. Sub-recipient assures that it will clearly and consistently uphold fidelity to the TOP™ model in replicating and conducting the program as identified by Wyman Center.
- E. The Sub-recipient assures that it attests and certifies that materials proposed in its application have been reviewed by the state and are determined to be appropriate for use with the TOP™ model and medically accurate. Materials presented as factual will be grounded in scientific research.
- F. The Sub-recipient assures that it will refer youth to appropriate social or health services when necessary and as appropriate, and that referrals for health services will be to a qualified health care provider (physician, PA, APRN) practicing privately or within a local/regional health clinic.
- G. The Sub-recipient assures that neither it nor its referral partners will refer for, perform or counsel for abortion.
- H. The Sub-recipient assures it will participate in state-directed training for TOP™ prior to initiating their TOP™ sites as well as any ongoing on-site technical assistance offered by the state or Wyman.
- I. The Sub-recipient assures it will routinely collect and submit the required project data as a recipient of these federal grant funds.
- J. The Sub-recipient assures it will uphold Title IX of the Education Amendments of 1972 (Title IX 20 U.S.C. §§ 1861-62), which prohibits discrimination based on sex in programs which receive financial assistance.
- K. The sub-recipient assures that it will adhere to the instructional content of the Wyman's curriculum for TOP™ with the exception that it will demonstrate or provide any form of contraception to any youth participating as a member of the state's TOP™ program.

## II. Reimbursement

A. Reduction in Funding. In the event DHHS experiences funding shortages, the dollar amounts specified in the award may be reduced accordingly, and the Sub-recipient may be required to reduce project activities.

B. Reservation of Right. DHHS reserves the right to the following provisions:

1. To reallocate funds among local agencies as needed to insure service to individuals at highest levels of priority.
2. To either terminate or curtail all or part of the activities of the Sub-recipient in order to best utilize available funding in the event that all or part of the federal or state funds are terminated, suspended, not released, or otherwise are not forthcoming.
3. To suspend the Sub-recipient's authority to obligate funds provided by DHHS pursuant to this Sub grant pending corrective action by this Sub-recipient or a decision to terminate this Sub grant.
4. To terminate immediately this Sub grant, in whole or in part, when federal funding is terminated, suspended, not released or otherwise forthcoming.

## IV. Program Income

Program income will not be carried over between fiscal years, *i.e.* no program income may remain unused after September 30 in any fiscal year. The beginning balance of program income each fiscal year must be zero. As program income is earned, it shall be utilized to enhance the program, resulting in a zero balance on the final expenditure report. If the final expenditure report reflects a program income balance, reimbursement for 4th Quarter expenses will be reduced by the amount of the balance. In the event that the approved reimbursement of 4th Quarter expenses is less than the program income balance, a refund must be submitted by the Sub-recipient to DHHS.

## V. Match and Cost-Sharing

Sub-recipients of Nebraska Personal Responsibility Education Program (PREP) grant funds are not required to provide matching resources. Sub-recipients must provide a portion of a FTE to be allocated on a cost-sharing basis to fulfill the site's coordination and administrative oversight to include reporting requirements and duties specific to this grant program. Sub-recipients must document the value of any and all cost-sharing on their required expenditure report.

## Exhibit 3

**Nebraska Department of Health and Human Services***Administrative and Audit Guidance*

To recipients of state funds and Sub-recipients of federal funds: *An independent certified public accountant (CPA) licensed to practice in the state of Nebraska must prepare and issue all types of reports, i.e. review, audit or A-133 reports. Audit or A-133 reports for governmental organizations and not-for-profit organizations who receive federal payments are to be prepared in accordance with Government Auditing Standards as promulgated by the Comptroller General of the United States.*

<b>Types of Organizations</b>	<b>Federal Authority</b>	<b>Cost Principles</b>	<b><u>Year-end Financial Reporting</u></b> Type of Report by Payment Threshold
Not-for-profit organizations	45 CFR Part 74	A-122	<ul style="list-style-type: none"> <li>▪ If state and federal payments from DHHS are <i>less than \$75,000</i>, a <u>review report</u> is needed.</li> <li>▪ If state and federal payments from DHHS are <i>\$75,000 or greater</i>, an <u>audit report</u> is needed.</li> <li>▪ If federal payments from all sources are <i>\$500,000 or greater</i>, <u>A-133 report</u> is needed.</li> </ul>
College or University	45 CFR Part 74	A-21	<ul style="list-style-type: none"> <li>▪ If state and federal payments from DHHS are <i>less than \$75,000</i>, a <u>review report</u> is needed.</li> <li>▪ If state and federal payments from DHHS are <i>\$75,000 or greater</i>, an <u>audit report</u> is needed.</li> <li>▪ If federal payments from all sources are <i>\$500,000 or greater</i>, <u>A-133 report</u> is needed.</li> </ul>
State, Local or Tribal Government	45 CFR Part 92	A-87	<ul style="list-style-type: none"> <li>▪ If state and federal payments from DHHS are <i>less than \$75,000</i>, a <u>review report</u> is needed.</li> <li>▪ If state and federal payments from DHHS are <i>\$75,000 or greater</i>, an <u>audit report</u> is needed. <ul style="list-style-type: none"> <li>• If federal payments from all sources are <i>\$500,000 or greater</i>, <u>A-133 report</u> is needed.</li> </ul> </li> </ul>

## Exhibit 4

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
*Personal Responsibility Education Grant Program*

**AUDIT REQUIREMENT CERTIFICATION**

Sub grantees receiving funds from the Nebraska Department of Health and Human Services are required to complete this document. Reference to the Office of Management and Budget Circular A-133, Audits of States, Local Governments and Non-Profit Organizations, in this document is "Circular A-133".

**Grant Name** Personal Responsibility Education Grant Program

**CFDA\* #** 93.092 \*(Catalog of Federal Domestic Assistance)

*Grant Name and CFDA # are pre-filled by the DHHS program office. Grant #s are assigned by the DHHS program office to individual Sub grantees. This blank will be filled by DHHS program office when this Certification is received.*

**Sub grantee Name** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**FTIN\*\*** \_\_\_\_\_ **\*\*Federal Tax Identification Number**

**Sub grantee's Fiscal Year** \_\_\_\_\_, 20\_\_ to \_\_\_\_\_, 20\_\_

*This is NOT the fiscal year of the grant award.*

All written communications from the Certified Public Accountant (CPA) engaged under #1 and #2 below, given to the sub grantee **including those** in compliance with or related to Statement of Auditing Standards (SAS) 112 *Communicating Internal Control related Matters Identified in an Audit* and SAS 114 *The Auditor's Communication with Those Charged With Governance* must be provided by the sub grantee to the Nebraska Department of Health and Human services immediately upon receipt, unless the sub grantee has directed the CPA to provide the copy directly to the Department and has verified this has occurred.

*(Check either #1 or #2 and complete the signature block on page 2):*

#1 \_\_\_ As the sub grantee named above, we expect to expend less than \$500,000 from all Federal Financial Assistance sources, not just the grant named above, and including commodities in our current fiscal year. Therefore, we are not subject to the audit requirements of Circular A-133.

We are, however, responsible for engaging a licensed Certified Public Accountant (CPA) to conduct and prepare either, a review (expenditures less than \$75,000) or audit report (expenditures \$75,000-\$499,999) of our organization's financial statements and a report issued by the CPA. We acknowledge the audit must be completed no later than nine months after the end of our organization's current fiscal year. A copy of the report must be submitted to the Nebraska Department of Health and Human Services address as shown below.

#2 \_\_ As the sub grantee named above, we expect to expend \$500,000 or more from all Federal Financial Assistance sources, not just the grant named above, and including commodities in our current fiscal year. Therefore we are subject to the single audit requirements of Circular A-133.

We will engage a licensed Certified Public Accountant to conduct and prepare the audit of our organization’s financial statements and components of the single audit pertaining to those financial statements. We acknowledge the audit must be completed no later than nine months after the end of our current fiscal year.

We further acknowledge, as the sub grantee, that a single audit performed in accordance with Circular A-133 must be submitted to the Federal Audit Clearinghouse. The reporting package, as evidence the audit was completed must contain:

- The sub grantee’s financial statements,
- A schedule of Expenditure of Federal Awards,
- A Summary Schedule of Prior Audit Findings (if applicable),
- A corrective action plan (if applicable) and
- The auditor’s report(s) which includes an opinion on this sub grantee’s financial statements and Schedule of Expenditures of Federal Awards, a report on this sub grantee’s internal control, a report on this sub grantee’s compliance and a Schedule of Findings and Questioned Costs.

We further acknowledge the auditor and this sub grantee must complete and submit with the reporting package a *Data Collection Form for Reporting on Audits of States, Local Governments and Non-Profit Organizations* (SF-SAC).

We further acknowledge a copy of this sub grantee’s financial statements, auditor’s report and SF-SAC must be submitted, at the time these documents are submitted to the Federal Audit Clearinghouse, to the:

Nebraska Department of Health and Human Services  
Financial Services Division  
Grants and Cost Management  
P.O. Box 95026  
Lincoln, NE 68509-5026

The foregoing submissions must be made within the earlier of 30 days after receipt of the auditor’s report(s), or nine months after the end of the audit period.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number

**Exhibit 4**  
**CERTIFICATION REGARDING LOBBYING**

The undersigned certifies, to the best of his or her knowledge and belief that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, A Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans and cooperative agreements) and that all Sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Name and Title of Authorized Official  
*(please print legibly or type)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Exhibit 4****CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE**

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable Federal funds in Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this certification, the applicant/sub grantee certifies that the submitting organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

---

Organization

---

Name and Title of Authorized Official  
(*please print legibly or type*)

---

Signature

---

Date

**Exhibit 4**  
INSTRUCTIONS  
FOR  
CERTIFICATION REGARDING DEBARMENT,  
SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION

1. By signing and submitting the Application, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this Application is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, Application, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this Application is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this Application that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this Application that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**Exhibit 4**  
**Certification Regarding**  
**Debarment, Suspension, Ineligibility and**  
**VOLUNTARY EXCLUSION**  
**LOWER TIER COVERED TRANSACTIONS**

*Before completing certification, read instructions on the previous pages.*

1. The prospective lower tier participant certifies, by submission of this Application, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
  
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this Application.

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Name and Title of Authorized Official  
*(please print legibly or type)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Exhibit 4**  
**INSTRUCTIONS**  
**FOR**  
**CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS**

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.
2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free workplace Act.
3. For grantees other than individuals, Alternate I. applies.
4. For grantees who are individuals, Alternate II. applies.
5. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of the application, or upon award, if there is no application, the grantee must keep the identity of the workplaces(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios.)
7. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the changes(s), if it previously identified the workplaces in question (see paragraph five).
8. Definitions of terms in the Non procurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantee's attention is called in particular, to the following definitions from these rules:

*Controlled substance* means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. § 812) and as further defined by regulation (21 C.F.R. § 1308.11 through §1308.15);

*Conviction* means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

*Criminal drug statute* means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

*Employee* means the employee of a grantee directly engaged in the performance of work under a grant. Including: (i) All direct charge employees; (ii) all indirect charge employees unless their impact or involvement is insignificant to the performance of the grant; and (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include worker not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not the grantee's payroll; or employees of Sub recipients or subcontractors in covered workplaces).

## EXHIBIT 4

## CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

## Alternate I. (Grantees Other Than Individuals)

*Before completing certification, read instructions on the previous pages*

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
  - a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
  - b. Establishing an ongoing drug-free awareness program to inform employees about –
    - (i) The dangers of drug abuse in the workplace;
    - (ii) The grantee's policy of maintaining a drug-free workplace;
    - (iii) Any available drug counseling, rehabilitation, and employee assistance programs; and
    - (iv) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
  - c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;
  - d. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will—
    - (i) Abide by the terms of the statement; and
    - (ii) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace not later than five calendar days after such conviction;
  - e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph d.(ii) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
  - f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph d.(ii), with respect to any employee who is so convicted—
    - (i) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended, or

(ii) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

2. The grantee may insert in the space provide below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (street address, city, county, state, zip code)

\_\_\_\_\_  
\_\_\_\_\_

Check if there are workplaces on file that are not identified here.

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Name and Title of Authorized Official  
*(please print legibly or type)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Exhibit 4**

**CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS**

Alternate II. (Grantees Who Are Individuals)

1. The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in conducting any activity with the grant;

2. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

\_\_\_\_\_

Name (please print)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**COVER SHEET**

**Nebraska Department of Health and Human Services  
Division of Public Health  
Personal Responsibility Education Program (PREP) Grant**

**Applicant Organization** \_\_\_\_\_

**Federal Tax Identification Number** \_\_\_\_\_

**DUNS#** \_\_\_\_\_

**Address** \_\_\_\_\_ **City/Zip** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Fax** \_\_\_\_\_

*By Submitting and signing this application, the Applicant agrees that if a sub grant is awarded, it will operate the program as described in the Sub Grant Application for funding in accordance with the Sub Grant Terms and Assurance.*

**Name of Authorized Official (Please Print)** \_\_\_\_\_

**Signature of Authorized Official** \_\_\_\_\_

**Title** \_\_\_\_\_

**Project Director or Contact Person:**

**Financial Officer:**

**Name** \_\_\_\_\_ **Name** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Title** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Email** \_\_\_\_\_ **Email** \_\_\_\_\_

## Teen Outreach Program (TOP™) Site Facilitator

### Essential Functions and Qualifications

**Position Summary:** The TOP™ facilitator is responsible for facilitating weekly TOP™ youth group lessons, assisting in the coordination of community service learning opportunities and providing overall support for teens enrolled in the program.

#### **Essential Functions:**

- Facilitate TOP™ in accordance with the training received from the state as certified replication partner and/or Wyman.
- Facilitate lessons from the *Changing Scenes* © Curriculum during group sessions
- Collaborate in the planning and implementation of community service activities with TOP™ participants
- Provide “continuing contact” and support to designated TOP™ teens (e.g. maintaining their school and community service information, keeping them connected to the program, serving as a liaison with their parent/guardian) through email, phone calls and personal interaction.
- Participate in planning for TOP™ sessions through participating in scheduled staff meetings
- Maintain healthy and appropriate relationships with TOP™ teens, focusing on safety, support, interaction and engagement.
- Facilitate TOP™ program pre/post tests, assist with and/or facilitate collection of required data. Participate in any evaluation implemented by the federal funding agency, the state or Wyman Center.
- Maintain professional and open communication with the state as certified TOP™ replication partner and/or Wyman.

#### **Desired Facilitator Characteristics, Skills and Abilities:**

- Minimum 1 year successful experience working directly with teens in teen program delivery.
- Proven success in teen and family interactions and peer facilitation experience.
- Knowledge of the stages of youth development and positive approaches to behavior management.
- Ability to foster diversity and open communication within teams and programs
- Strong verbal and written skills
- Ability to work individually as well as within a team
- Friendly, approachable and respected by youth.

## Evaluation Review Criteria

Applications will be evaluated and scored based on the responsiveness or degree to which each component is addressed. At a minimum, applicants should address the topics listed for each component. Additional relevant and supportive information is welcomed and will be considered when determining component score. Supportive documentation referenced e.g. resumes, letters of support and memorandum of agreements are not included in the page count but should be referenced in the component text and included as attachments to the application.

Component Review Criteria and Possible Point Value	
<p><b>A. Applicant Profile – 15 Points – Page Limit - 3</b></p> <ul style="list-style-type: none"> <li>• Background and occupational history of applicant</li> <li>• Experience working with adolescent population generally and high-risk adolescent population specifically</li> <li>• Ability and willingness to expand on state’s initial investment for TOP™</li> <li>• Related/comparable programs delivered or services performed</li> <li>• Cultural competency</li> </ul>	
<p><b>B. Applicant Readiness – 25 Points – Page Limit - 5</b></p> <ul style="list-style-type: none"> <li>• Identification of intended target population</li> <li>• Means and readiness to access target population.</li> <li>• Assessment results for available referral links to related social/health services</li> <li>• TOP™ facilities and supportive resources for TOP™ club</li> <li>• Potential partners/resource for community service learning component</li> <li>• Quality and capacity of regional/community partners</li> <li>• Familiarity with TOP™ and/or other youth development programs.</li> </ul>	
<p><b>C. TOP™ Facilitation, Management and Oversight – 20 Points – Page Limit - 5</b></p> <ul style="list-style-type: none"> <li>• Identification, qualification and experience of TOP™ site “facilitator”</li> <li>• Organizational fiscal/administrative management of local TOP™</li> <li>• Referral methods/mechanism for social/health services</li> <li>• Supportive documentation e.g. organization charts and resumes.</li> </ul>	
<p><b>D. Partnerships, Collaborations and Support – 25 Points – Page Limit - 5</b></p> <ul style="list-style-type: none"> <li>• Type and value of cost-sharing</li> <li>• Ability/willingness to implement additional, applicant-supported TOP™ club</li> <li>• Referral mechanism for participant social/health services</li> <li>• Health care provider(s) for health referrals identified and MOA secured.</li> <li>• Referring school(s) collaborations and partnerships</li> <li>• Additional regional/community level support and resources</li> <li>• Supportive documentation of collaborations e.g. letters of support/agreement</li> </ul>	
<p><b>E. Federal and State Requirements and Expectations – 15 Points – Page Limit - 2</b></p> <ul style="list-style-type: none"> <li>• Fidelity to TOP™ requirements</li> <li>• Evidence of coordination with DHHS, Division of Children &amp; Families- Child Welfare unit or Juvenile Justice System as needed.</li> <li>• Participation in required training and technical assistance</li> <li>• Commitment to state/federal goals and objectives</li> <li>• Progress and data reporting</li> <li>• Adherence to mandatory requirements as described in Section III</li> </ul>	
Total Score: 100	

## Review Summary

Applicant: \_\_\_\_\_

REVIEW SUMMARY	POINTS	SCORE
<b>A. Applicant Profile</b>	<b>15 points</b>	
<u>Strengths:</u>	Excellent = 14 - 15	
	V Good = 11 - 13	
	Good = 8 - 10	
<u>Weaknesses:</u>	Fair = 5 - 7	
	Poor = <5	
<b>B. Applicant Readiness</b>	<b>25 points</b>	
<u>Strengths:</u>	Excellent = 21 - 25	
	V Good = 15 - 20	
	Good = 10 - 14	
<u>Weaknesses:</u>	Fair = 5 - 9	
	Poor = <5	
<b>C. TOP™ Facilitation, Management and Oversight</b>	<b>20 points</b>	
<u>Strengths:</u>	Excellent = 17 - 20	
	V Good = 13 - 16	
	Good = 9 - 12	
<u>Weaknesses:</u>	Fair = 5 - 8	
	Poor = <5	
<b>D. Partnerships, Collaborations and Support</b>	<b>25 points</b>	
<u>Strengths:</u>	Excellent = 21 - 25	
	V Good = 15 - 20	
	Good = 10 - 14	
<u>Weaknesses:</u>	Fair = 5 - 9	
	Poor = <5	
<b>E. Federal and State requirements and expectations</b>	<b>15 points</b>	
<u>Strengths:</u>	Excellent = 14 - 15	
	V Good = 11 - 13	
	Good = 8 - 10	
<u>Weaknesses:</u>	Fair = 5 - 7	
	Poor = <5	
<b>Total Points</b>	<b>100 Points</b>	